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Excluding To Be Determined Partners

2007

Ethiopia

Country Contacts

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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, 2007

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2007	USG Upstream (Indirect) Target End FY2007	USG Total Target End FY2007
Prevention				
	End of Plan Goal: 810,202			
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		10,000	0	10,000
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		180,000	0	180,000
Care				
	End of Plan Goal: 1,050,000	475,000	0	475,000
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		260,000	0	260,000
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		51,000	0	51,000
Number of OVC served by OVC programs		215,000	0	215,000
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		500,000	0	500,000
Treatment				
	End of Plan Goal: 210,000	75,500	0	75,500
Number of individuals receiving antiretroviral therapy at the end of the reporting period		75,500	0	75,500

2.2 Targets for Reporting Period Ending September 30, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
	End of Plan Goal: 810,202			
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		18,000	0	18,000
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		260,100	0	260,100
Care				
	End of Plan Goal: 1,050,000	810,500	0	810,500
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		338,000	0	338,000
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		66,807	0	66,807
Number of OVC served by OVC programs		472,500	0	472,500
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		1,097,000	0	1,097,000
Treatment				
	End of Plan Goal: 210,000	111,000	0	111,000
Number of individuals receiving antiretroviral therapy at the end of the reporting period		111,000	0	111,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Private Sector Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5465
Planned Funding($): $ 5,721,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: ABT Associates
New Partner: No

Sub-Partner: Banyan Global
Planned Funding: $ 102,960.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Sister Aklesia Memorial Hospital
Planned Funding: $ 64,766.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: African Services Committee
Planned Funding: $ 36,592.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Population Services International
Planned Funding: $ 857,623.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Sub-Partner: IntraHealth International, Inc
Planned Funding: $ 1,277,107.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXS - ARV Services

Mechanism Name: Academy for Educational Development/FANTA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5542
Planned Funding($): $ 500,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5526
Planned Funding($): $ 1,986,400.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Addis Ababa Regional HIV/AIDS Prevention and Control Office
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5525
Planned Funding($): $ 120,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Addis Ababa University
New Partner: No

Mechanism Name: ANECCA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8366
Planned Funding($): $ 230,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: African network for Care of Children Affected by HIV/AIDS
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5530
Planned Funding($): $ 100,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Alemaya University
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5537
Planned Funding($): $ 1,576,000.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: American International Health Alliance Twinning Center
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5531
Planned Funding($): $ 556,725.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: American Society of Clinical Pathology
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5532
Planned Funding($): $ 500,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Association of Public Health Laboratories
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5466
Planned Funding($): $ 400,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Carter Center
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4697
Planned Funding($): $ 485,628.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Catholic Secreteriat of Ethiopia
Planned Funding:

Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: *

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5500
Planned Funding($): $ 1,074,060.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
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: HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Missionaries of Charity
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Organization of Social Services for AIDS, Ethiopia
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8609
Planned Funding($): $ 60,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Clinical and Laboratory Standards Institute
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5506
Planned Funding($): $ 8,818,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Columbia University
New Partner: No

Sub-Partner: Johns Hopkins University
Planned Funding: $ 250,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Mechanism Name: Renovations - Health Center ART

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5501
Planned Funding($): $ 5,800,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Crown Agents
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5533
Planned Funding($): $ 100,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Debub University
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5534
Planned Funding($): $ 100,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Defense University
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5502
Planned Funding($): $ 700,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Development Associates Inc.
New Partner: No

Sub-Partner: Integrated Service for AIDS Prevention & Support Organization
Planned Funding: $ 6,992.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Progress Integrated Community Development Organization
Planned Funding: $ 6,992.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Social Welfare Development Association
Planned Funding: $ 6,992.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Ethiopian Kale Hiwot Church
Planned Funding: $ 14,042.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Mekdim Ethiopian National Association
Planned Funding: $ 19,568.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Addis Hiwot PLWHAs and AIDS Orphans Rehabilitation and Reintegration Association
Planned Funding: $ 6,984.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Bridge to Israel
Planned Funding: $ 6,984.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Family Guidance Association of Ethiopia
Planned Funding: $ 6,984.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Netsebrak Reproductive Health and Social Development Organization
Planned Funding: $ 6,984.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Tana Medhanealem Integrated Development Association
Planned Funding: $ 6,984.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Mirror Professionals Association
Planned Funding: $ 6,984.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Pro Poor
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Welfare for the Street Mothers and Children Organization
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Mechanism Name: ACQUIRE/EngenderHealth

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6125
Planned Funding($): $ 1,100,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: EngenderHealth
New Partner: No

Sub-Partner: Hiwot Integrated Family Services
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5493
Planned Funding($): $ 6,656,850.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ethiopian Health and Nutrition Research Institute
New Partner: No

Mechanism Name: EMA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8368
Planned Funding($): $ 200,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ethiopian Medical Association
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5491
Planned Funding($): $ 2,515,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ethiopian Public Health Association
New Partner: No

Mechanism Name: Family Health Int

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5527
Planned Funding($): $ 10,364,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Family Health International
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4698
Planned Funding($): $ 1,750,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: Federal Ministry of Health, Ethiopia
New Partner: No

Sub-Partner: World Health Organization
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HMBL - Blood Safety

Sub-Partner: Ethiopian Red Cross Society
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HMBL - Blood Safety

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5490
Planned Funding($): $ 1,100,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Federal Ministry of Health, Ethiopia
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8606
Planned Funding($): $ 1,325,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Federal Ministry of Health, Ethiopia
New Partner: No

Mechanism Name: MOH-USAID

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5486
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Federal Ministry of Health, Ethiopia
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5543
Planned Funding($): $ 50,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Federal Police
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4699
Planned Funding($): $ 295,770.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
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: HVAB - Abstinence/Be Faithful

Sub-Partner: Ethiopian Kale Hiwot Church
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Life in Abundance

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

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Save Lives Ethiopia
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5535
Planned Funding($): $ 100,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Gondar University
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5523
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Hope for African Children Initiative
New Partner: No

Mechanism Name: *

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5515
Planned Funding($): $ 2,099,914.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
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: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HKID - OVC

Mechanism Name: International Rescue Committee

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7335
Planned Funding($): $ 75,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: International Rescue Committee
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5536
Planned Funding($): $ 276,219.00
Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Prime Partner: International Rescue Committee
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5467
Planned Funding($): $ 400,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Internews
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5549
Planned Funding($): $ 5,616,692.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: IntraHealth International, Inc
New Partner: No

Sub-Partner: Abebech Gobena Yehitsanat Kebekabena Limat Dirijit
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Anti Malaria Association
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Beza Youth Center

Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Ethiopian Evangelical Church Mekane Yesus
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Hiwot Ethiopia
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Integrated Service for AIDS Prevention & Support Organization
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Jember Art Association
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Netsebrak Reproductive Health and Social Development Organization
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Organization for Social Services for AIDS - National and Addis Ababa Branch
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Ethiopian Red Cross Society
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5468
Planned Funding($): $ 6,221,500.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: JHPIEGO
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7410
Planned Funding($): $ 500,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: JHPIEGO
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5546
Planned Funding($): $ 100,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Jimma University
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4700
Planned Funding($): $ 422,744.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: National HMIS Support

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8582
Planned Funding($): $ 800,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: John Snow, Inc.
New Partner: Yes

Mechanism Name: FMOH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5484
Planned Funding($): $ 9,181,760.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Johns Hopkins University Bloomberg School of Public Health
New Partner: No

Mechanism Name: jhu-ccp

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5469
Planned Funding($): $ 4,132,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Johns Hopkins University Center for Communication Programs
New Partner: No

Mechanism Name: HCP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5470
Planned Funding($): $ 1,700,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
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: HVAB - Abstinence/Be Faithful

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

Associated Program Areas: HVAB - 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: HVAB - Abstinence/Be Faithful

Sub-Partner: Ethiopian Youth Network
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Family Health International
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Save the Children US
Planned Funding: $ 52,601.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Academy for Educational Development
Planned Funding: $ 1,249,911.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5497
Planned Funding($): $ 150,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Macro International
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5516
Planned Funding($): $ 11,130,820.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Management Sciences for Health
New Partner: No

Mechanism Name: MSCI

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5545
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Medical Service Corporation International
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5547
Planned Funding($): $ 100,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Mekele University
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5544
Planned Funding($): $ 480,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ministry of National Defense, Ethiopia
New Partner: No

Mechanism Name: NASTAD

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5471
Planned Funding($): $ 590,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: National Association of State and Territorial AIDS Directors
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4701
Planned Funding($): $ 1,208,396.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Pact, Inc.
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5517
Planned Funding($): $ 671,440.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
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: HVAB - Abstinence/Be Faithful

Sub-Partner: Ogaden Welfare and Development Association
Planned Funding: $ 129,699.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Rohee Wedu Pastural Women Development Association

Planned Funding: $ 63,070.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: PSCMS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5499
Planned Funding($): $ 46,593,021.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5518
Planned Funding($): $ 1,000,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Population Council
New Partner: No

Sub-Partner: Ethiopian Orthodox Church, Development Inter-Church Aid Commission
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Ethiopian Muslim Development Association
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: psi-cdc

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5551
Planned Funding($): $ 310,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Population Services International
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4702
Planned Funding($): $ 663,810.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
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: HKID - OVC

Sub-Partner: Family Health International
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HKID - OVC

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

Associated Program Areas: HKID - OVC

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

Associated Program Areas: HKID - OVC

Mechanism Name: PCI-USAID

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5503
Planned Funding($): $ 200,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
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: HKID - OVC

Sub-Partner: Family Health International
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HKID - OVC

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

Associated Program Areas: HKID - OVC

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

Associated Program Areas: HKID - OVC

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5504
Planned Funding($): $ 100,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Relief Society of Tigray, Ethiopia
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4703
Planned Funding($): $ 566,186.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Samaritan's Purse
New Partner: No

Mechanism Name: *High Risk Corridor Initiative

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5472
Planned Funding($): $ 1,053,491.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
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: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVCT - 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: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

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

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5473
Planned Funding($): $ 4,230,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
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: HKID - OVC

Sub-Partner: World Vision International
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: World Learning
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: CARE International
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Hope for African Children Initiative
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Ratson: Women, Youth and Children Development Program
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Children Aid Ethiopia
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Education for Development Association
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Zema Le Setoch
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Liben Pastoralist Development Association
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Dubaf Yelimat Mahiber
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: EveryONE
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5463
Planned Funding($): $ 7,990,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Tulane University
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5524
Planned Funding($): $ 892,700.00
Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Prime Partner: United Nations High Commissioner for Refugees
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5481
Planned Funding($): $ 6,058,750.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: University of California at San Diego
New Partner: No

Mechanism Name: aa

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5495
Planned Funding($): $ 1,174,000.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
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: HTXS - ARV Services

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5488
Planned Funding($): $ 8,768,000.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
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: HTXS - ARV Services

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5475
Planned Funding($): $ 5,427,990.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: CDC GAP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5552
Planned Funding($): $ 5,800,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5480
Planned Funding($): $ 4,799,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 670,750.00
Early Funding Request Narrative: N/A

Early Funding Associated Activities:

Program Area:HVMS - Management and Staffing
Planned Funds: $1,345,000.00
Activity Narrative: This activity only includes direct hire salaries, contractors, and technical support contracts. Re

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5538
Planned Funding($): $ 1,563,300.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5476
Planned Funding($): $ 7,364,369.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: US Department of State
New Partner: No

Mechanism Name: pc

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5522
Planned Funding($): $ 4,255,000.00
Agency: Peace Corps
Funding Source: GHAI
Prime Partner: US Peace Corps
New Partner: No

Mechanism Name: USAID Central Commodity Fund

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8370
Planned Funding($): $ 2,000,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: USAID Central Commodity Fund
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5520
Planned Funding($): $ 4,677,539.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: World Food Program
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4704
Planned Funding($): $ 400,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: World Health Organization
New Partner: No

Sub-Partner: Federal Ministry of Health, Ethiopia
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HMBL - Blood Safety

Sub-Partner: Ethiopian Red Cross Society
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HMBL - Blood Safety

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5477
Planned Funding($): $ 3,175,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: World Health Organization
New Partner: No

Mechanism Name: WHO-CDC*

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5550
Planned Funding($): $ 900,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: World Health Organization
New Partner: No

Mechanism Name: World Learning-OVC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5521
Planned Funding($): $ 4,600,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: World Learning
New Partner: No

Mechanism Name: Young Mens Christian Association

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7249
Planned Funding($): $ 500,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Young Men Christian Association
New Partner: No

Mechanism Name: Young Mens Christian Association

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7328
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Young Mens Christian Association
New Partner: Yes

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: $ 8,969,452.00

Program Area Context:

PEPFAR Ethiopia continues to support the expansion of PMTCT services to the health network and surrounding community.

Four US Universities are providing training, mentoring and supervision efforts at hospitals. IntraHealth supports training and supervision efforts at health centers and private higher clinics. To support decentralization of ART, a Care and Support Contract (formerly referred to as BERHAN) will provide enhanced site-level TA to health centers. Given health center staffing patterns and service packages, IntraHealth will transition 150 ART health centers to the Care and Support Contract (CSC).

IntraHealth and JHPIEGO will implement community-based Mother-to-Mother support groups with local sub grantees in 70 networks. A new TBD partner will lead efforts to expand community-based PMTCT services through Health Extension Workers (HEW) and Traditional Birthing Attendants (TBA). NetMark will continue to prime demand for ANC attendance with targeted promotion and community-level campaigns. SCMS will quantify ARV prophylaxis and other essential commodities.

A USG PMTCT TA visit yielded several recommendations that contributed to development of this portfolio:
(1) Strengthen linkages and referrals across PEPFAR Ethiopia's health network (Care, OVC, ART) and non-PEPFAR Ethiopia programs in child survival, family planning, malaria, nutrition and program implementation. Specifically, accelerate enrolment of pregnant women in HAART through screening/staging and by investing in MCH-based and community-based delivery models.
(2) Expand psychosocial support services for pregnant women and mothers within communities drawing on the successful IntraHealth pilot Mother-to-Mothers support groups (M2M).
(3) Begin transitioning from single dose Nevirapine to combination regiments of AZT/NVP and HAART throughout the system including quantification, logistics, provider training and community level support.
(4) Implement new PMTCT guidelines, including standard opt-out testing and provider-initiated testing for symptomatic and at-risk children in all facilities.

The Ethiopian Ministry of Health reports 126 hospitals and 519 health centers are operational. As of September 2006, PMTCT services had been expanded to 89 hospitals and 145 health centers. ANC based PMTCT was standardized. L&D services were limited.

As of the SAPR06, 14,919 pregnant women were counseled and testing at a hospital or health center, of which 730 women received ARV prophylaxis. Based on ANC 2005 projections, approximately 103,000 HIV+ pregnant women resided in Ethiopia and 26,364 annual HIV+ births occurred in 2006, of which 46,000 women resided and 10,589 births occurred in urban areas. The majority of births occur in Addis Ababa, Amhara, Oromia, SNNPR and Tigray.

PMTCT services are provided with group counseling sessions. In the past, opt-in approaches were supported. At present, USG partners are supporting, through training and site supervision, the transition to opt-out testing with same day results in all public facilities. All testing is done with rapid Determine test kits.

Health center cascades indicate that 72 percent of ANC attendees participated in counseling, 60 percent were tested and received results, and 9 percent were HIV+. Of those HIV+, 44 percent of mothers received single dose NVP of which 29 percent of mothers were referred for care. Fifty percent of infants received single dose NVP, and of those, 8 percent received CTX. Hospitals present similar cascades with higher mother - infant NVP pairs.

By September 2008, 121 hospitals and 417 health centers will offer PMTCT services. An additional 75 private higher clinics and non-governmental MCH organizations in urban areas will offer PMTCT services.

Referrals and Linkages: USG is introducing several activities that will strengthen the ART health network, consisting of one hospital and three health centers. In addition, a care network encompasses ART sites with case managers at hospitals and health centers. In addition, outreach agents will collaborate with Government of Ethiopia HEW at the primary health care level to support the identification, referral and follow up of target groups such as pregnant women.

Hospital-based care and treatment services are provided through US Universities. Health center-based care and treatment services will be provided through the CSC. In addition, IntraHealth will provide technical assistance to a total of 267 sites, of which, 150 ART health center sites will be transitioned to the CSC for intensive on-site technical assistance for HIV services. IntraHealth will work with regional health bureaus to identify an additional 150 health centers to initiate PMTCT services and community mobilization efforts. In addition, IntraHealth's community mobilization activities in 131 sites will invite partners for VCT. Columbia's family-focused approaches are also being adapted throughout care and treatment services.

To support referral of pregnant women into HAART and preventive care, the USG will ensure that partners collaborate with the Government of Ethiopia to coordinate outreach of services from hospitals to health centers to communities. This may include specific days for specimen collection and pediatric follow up. Supported will be provided for Food-by-Prescription activities for pregnant and lactating women until weaning, and exposed infants until up to 24 months. The US Universities and new Care and Support Contract will provide adult and pediatric preventive care package elements. Through Columbia University, early infant diagnosis services will be broadened into several regional reference laboratories.

In addition, IntraHealth and JHPIEGO will broadly expand Mother to Mother support groups (M2M) for HIV+ pregnant women to seventy networks. Women will be referred to these groups prior to delivery or during post-partum follow up. Through M2M, follow up of woman/infant clinical, social and psychosocial services will be coordinated based on the group's schedule. ANECCA's technical support to the program will identify methods for pediatric case finding, including utilization of the WHO presumptive algorithm, growth faltering and community-based identification.

Throughout 2006 and into 2007, the USG will focus on enrolling pregnant women into care and treatment services by strengthening referral linkages within and between facilities, training health center staff on clinical staging and beginning post-partum follow-up with the widespread implementation of adult and pediatric preventive care packages and pediatric case detection activities.

The USG will support the Government of Ethiopia efforts to implement combination AZT/NVP regimens for mother/infant pairs in selected networks. In addition, Johns Hopkins University will work with the Ghandi OB/GYN Hospital to delivery HAART in MCH clinics. A new partner will expand the involvement of traditional birthing attendants and health extension workers in high prevalence areas.

The USG will coordinate with Regional Health Bureaus to ensure adequate MCH supplies and non-essential commodities are available at the site level. One regional PMTCT implementation meeting will be held in each region coordinated by IntraHealth International and the US Universities.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national and international standards	656
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	12,831
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	260,103
Number of health workers trained in the provision of PMTCT services according to national and international standards	2,762

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:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	10451
Planned Funds:	$ 495,000.00

Activity Narrative: This is a continuing activity from FY06. Columbia University's International Center for AIDS Care and Treatment Programs (CU) has been working with JHPIEGO in providing site level support for 30 hospitals, organizing PMTCT trainings for providers and doing site level assessment of additional hospitals using FY06 resources.

The funding level for FY07 has increased from the FY06 amount, in part because CU has taken additional PMTCT responsibilities including training of staff in PMTCT service areas, formerly carried out by JHPIEGO, and in part because CU will expand services from 30 to 42 hospitals. The budget increase is also in line with the recommendations from the OGAC PMTCT TA visit held in July 2006.

CU has extensive experience supporting PMTCT and "PMTCT plus" programs (programs that link PMTCT initiatives with care and treatment for women and families) in resource-limited settings. Their major areas of emphasis include the use of the maternal child health (MCH) platform to identify HIV-infected women and families, providing PMTCT interventions, and engaging HIV-infected patients in care and treatment. This expertise will enhance CU activities in Ethiopia as they expand to include PMTCT training and direct implementation of PMTCT services in COP07.

At the national level, CU will continue to provide technical input and guidance to the MOH and Regional Health Bureaus (RHB), supporting initiatives to expand PMTCT beyond single-dose NVP where appropriate, enhancing PMTCT-plus training, and supporting links between PMTCT programs, ART programs, and pediatric services.

At the facility level, hospital-based PMTCT programs were initiated by the MOH and have previously been supported by JHPIEGO. In COP06, JHPEIGO provided central-level support and training on PMTCT, while CU supported site-level PMTCT activities, in collaboration with the MOH and RHB. In COP07, CU will add PMTCT training activities to its portfolio, expanding its activities to include training, supervision, and implementation of PMTCT programs at 42 hospitals in Oromia, Somali, Dire Dawa, and Harari.

In COP07, CU will increase the quality and uptake of PMTCT services and ensure that women enrolled in PMTCT are rapidly staged and referred for care and treatment services when needed. The CU-supported package of PMTCT Plus/family-focused care includes:
- Formation of multi-disciplinary care teams in each facility, including representation from the PMTCT service.
- Assessment of new sites, followed by development of site-specific work plans. This includes evaluation of each site's capacity to provide more advanced ART regimens, with the idea that sites should move beyond single-dose Nevirapine PMTCT regimens when sufficient capacity exists.
- Immediate assessment of HIV-infected pregnant women for ART eligibility, routine CD4 testing, and provision of appropriate clinical services, including ART when indicated.
- Promotion of a family-centered care model in which women are encouraged to bring their children, partners, and other family members to the facility for counseling, education, testing and care and treatment if needed.
- Support for appropriate post-natal follow up of mothers and infants, including close follow-up of infants, growth and development monitoring, provision of appropriate immunizations, nutritional counseling and support, provision of prophylactic cotrimoxazole, and ongoing assessment of eligibility for ART (see CU's Pediatrics narrative);
- Attention to supplies management for services;
- Referral linkages between PMTCT and TB, STI, FP, and ART clinics;
- Access to appropriate pre-natal care, including nutritional counseling;
- Facilitation of access to IPT and bed nets in coordination with the Global Fund and other partners;
- Access to nutritional education, support and "therapeutic feeding" for pregnant and breast-feeding women in the 6-months post-partum period;
- Promotion of safer infant feeding, especially exclusive breastfeeding with rapid cessation when replacement feeding is not acceptable, feasible, affordable, sustainable and safe ("AFASS"); 12) Increased infant diagnosis capacity (DBS) at selected facilities and strengthened linkages with regional labs with infant diagnosis capacity (see the Pediatric narrative);
- Determination of infection status at 18 months for HIV-exposed infants;
- Quality assurance by supporting staff to implement performance standards and the

JHPIEGO-supported Standard-based Management Program;
- Implementation of peer educator programs and support groups at selected sites, designed to maximize adherence to care and treatment among pregnant HIV-infected women, and to strengthen their links to support groups and community resources;
- Provision of PMTCT-Plus training to multi-disciplinary teams at the facility level;
- Ongoing clinical mentoring and supervision will be provided by CU's Clinical Advisors, in partnership with RHB in the respective regions;
- Ongoing development and distribution of provider job aids and patient education materials related to PMTCT-plus;
- Routine monitoring of PMTCT-plus programs, reporting of their progress against targets and enhancement of patient tracking to enable assessment of linkages within facilities (from PMTCT to ART clinics, for example) and to evaluate the uptake of services by family members; and
- Support for the availability and correct usage of PMTCT registers and forms, timely and complete transmission of monthly reports to regional and central levels, and appropriate use of collected data.

Added July 2007 Reprogramming:
Public education through radio and production of IEC/BCC materials

In COP07, in addition to the package of PMTCT Plus/family-focused care support, Columbia University will undertake Public education through radio and production of IEC/BCC materials to improve the uptake of PMTCT services in Oromia, Harari and Somali regions.

The CU-supported program will run for one year and activities include:
• Social marketing and branding of PMTCT in collaboration with other partners, which brings important social marketing skills to improve knowledge and create demand for PMTCT services.
• The social marketing of PMTCT services will unveil a communication campaign using television, radio, print and road shows in local languages (i.e. Oromiffa, Somali and Harari) to help address misconceptions about PMTCT and create demand for services.

Continued Associated Activity Information

Activity ID:	5637
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Columbia University
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 160,000.00

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of women screened for HAART		☑
Number of infants who received a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of HIV exposed infants provided with Cotrimoxazole Prophylactic Therapy (CPT)		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	42	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	21,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	740	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	200	☐

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Pregnant women
Prisoners
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Public health care workers
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

Twinning

Coverage Areas

Dire Dawa

Hareri Hizb

Oromiya

Sumale (Somali)

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: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 10460
Planned Funds: $ 130,000.00

Activity Narrative: This is a continuing activity from FY06. UCSD has been working with JHPIEGO in providing site level support for hospital-based PMTCT programs in the Uniformed Services in FY06. During this period, UCSD complemented these activities by supporting the implementation of PMTCT programs at 13 hospitals in the NDFE and PFE.

The funding level for FY07 has increased from the FY06 amount, in part because UCSD has taken additional PMTCT responsibilities including training of staff in PMTCT service areas, formerly carried out by JHPIEGO, and in part because UCSD will expand services from 13 to 24 hospitals, and in part in response to recommendations from the OGAC PMTCT TA visit held in July 2006.

Their major areas of emphasis include the use of the maternal child health (MCH) platform to identify HIV-infected women and families, providing PMTCT interventions, and engaging HIV-infected patients in care and treatment. This expertise will enhance UCSD activities in Ethiopia as they expand to include PMTCT training and direct implementation of PMTCT services in COP07.

At the facility level, hospital-based PMTCT programs were initiated by MOH and JHPIEGO in collaboration with the coordinating offices for the uniform health services. In COP06, JHPEIGO provided central-level support and training on PMTCT, while UCSD supported site-level PMTCT activities, in collaboration with the MOH and coordinating offices for the uniform health services. In COP07, UCSD will add PMTCT training activities to its portfolio, expanding its activities to include training, supervision, and implementation of PMTCT programs by increasing the coverage from 13 sites to 24 sites of the Uniform Services medical centers. In COP07, UCSD will increase the quality and uptake of PMTCT services and ensure that women enrolled in PMTCT are rapidly staged and referred for care and treatment services when needed. The PMTCT intervention package will include:
- Assessment of new sites, followed by development of site-specific work plans. This includes evaluation of each site's capacity to provide more advanced ART regimens, with the idea that sites should move beyond single-dose Nevirapine PMTCT regimens when sufficient capacity exists.
- Immediate assessment of HIV-infected pregnant women for ART eligibility, routine CD4 testing, and provision of appropriate clinical services, including ART when indicated.
- Promotion of a family-centered care model in which women are encouraged to bring their children, partners, and other family members to the facility for counseling, education, testing and care and treatment if needed.
- Support for appropriate post-natal follow up of mothers and infants that will include close follow-up of infants, nutritional counseling and support, provision of prophylactic cotrimoxazole, and ongoing assessment of eligibility for ART
- Tracking the supplies management required for PMTCT services.
- Referral linkages between PMTCT and TB, STI, FP, and ART clinics;
- Access to appropriate pre-natal care, including nutritional counseling;
- Facilitation of access to IPT and bed nets in coordination with the Global Fund and other partners;
- Access to nutritional education, support and "therapeutic feeding" for pregnant and breast-feeding women in the 6-months post-partum period;
- Promotion of safer infant feeding, especially exclusive breastfeeding with rapid cessation when replacement feeding is not acceptable, feasible, affordable, sustainable and safe ("AFASS");
- Quality assurance by supporting staff to implement performance standards and the JHPIEGO-supported Standard-based Management Program;
- Implementation of peer educator programs and support groups at selected sites; designed to maximize adherence to care and treatment among pregnant HIV-infected women, and to strengthen their links to support groups and community resources;
- Provision of PMTCT-Plus training to multi-disciplinary teams at the facility level;
- Support for the availability and correct usage of PMTCT registers and forms, timely and complete transmission of monthly reports to regional and central levels, and appropriate use of collected data to support quality care and ongoing performance improvements;
- Supporting the Military Women's Anti-AIDS Coalition, an organization comprised of military and civilian women working toward educating and increasing awareness on HIV/AIDS and linking the PMTCT service the MARCH prevention intervention of the uniform services.

Continued Associated Activity Information

Activity ID: 5638
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University of California at San Diego
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 40,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	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 and international standards	24	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	2,400	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	84	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	68	☐

Target Populations:

Doctors
Nurses
Pharmacists
Discordant couples
Mobile populations
Pregnant women
Prisoners
HIV positive pregnant women
Laboratory workers
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: aa
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 10465
Planned Funds: $ 310,000.00

Activity Narrative: This is a continuing activity from FY06. I-TECH has been working with JHPIEGO in providing site level support for hospital-based PMTCT programs at 32 hospitals in Amhara, Tigray and Afar regions. The funding level for FY07 has increased from the FY06 amount, in part because I-TECH has taken additional PMTCT responsibilities including training of staff in PMTCT service areas, formerly carried out by JHPIEGO, and in part in response to recommendations from the OGAC PMTCT TA visit held in July 2006.

Their major areas of emphasis include the use of the maternal child health (MCH) platform to identify HIV-infected women and families, providing PMTCT interventions, and engaging HIV-infected patients in care and treatment. This expertise will enhance I-TECH activities in Ethiopia as they expand to include PMTCT training and direct implementation of PMTCT services in COP07.

At the national level, I-TECH will continue to provide technical input and guidance to the MOH and RHB, supporting initiatives to expand PMTCT beyond single-dose NVP where appropriate, enhancing PMTCT-plus training, and supporting links between PMTCT programs, ART programs, and pediatric services.

In COP06, JHPEIGO provided central-level support and training on PMTCT, while I-TECH supported site-level PMTCT activities, in collaboration with the MOH and RHB. In COP07, I-TECH will add PMTCT training activities to its portfolio, expanding its activities to include training, supervision, and implementation of PMTCT programs at 31 hospitals. In FY07, I-TECH will increase the quality and uptake of PMTCT services and ensure that women enrolled in PMTCT are rapidly staged and referred for care and treatment services when needed. The PMTCT intervention package will include:
- Assessment of new sites, followed by development of site-specific work plans. This includes evaluation of each site's capacity to provide more advanced ART regimens, with the idea that sites should move beyond single-dose Nevirapine PMTCT regimens when sufficient capacity exists.
- Immediate assessment of HIV-infected pregnant women for ART eligibility, routine CD4 testing, and provision of appropriate clinical services, including ART when indicated.
- Promotion of a family-centered care model in which women are encouraged to bring their children, partners, and other family members to the facility for counseling, education, testing and care and treatment if needed.
- Support for appropriate post-natal follow up of mothers and infants that will include close follow-up of infants, nutritional counseling and support, provision of prophylactic cotrimoxazole, and ongoing assessment of eligibility for ART
- Tracking the supplies management required for PMTCT services.
- Referral linkages between PMTCT and TB, STI, FP, and ART clinics;
- Access to appropriate pre-natal care, including nutritional counseling and multivitamins;
- Facilitation of access to IPT and bed nets in coordination with the Global Fund and other partners;
- Access to nutritional education, support and "therapeutic feeding" for pregnant and breast-feeding women in the 6-months post-partum period;
- Promotion of safer infant feeding, especially exclusive breastfeeding with rapid cessation when replacement feeding is not acceptable, feasible, affordable, sustainable and safe ("AFASS");
- Quality assurance by supporting staff to implement performance standards and the JHPIEGO-supported Standard-based Management Program;
- Implementation of peer educator programs and support groups at selected sites, designed to maximize adherence to care and treatment among pregnant HIV-infected women, and to strengthen their links to support groups and community resources.
- Provision of PMTCT-Plus training to multi-disciplinary teams at the facility level. Ongoing clinical mentoring and supervision will be provided by I-TECH, in partnership with RHB in the respective regions.
- Ongoing production and distribution of provider job aids and patient education materials related to PMTCT-plus.
- Routine monitoring of PMTCT-plus programs, reporting of their progress against targets and enhancement of patient tracking to enable assessment of linkages within facilities (from PMTCT to ART clinics, for example) and to evaluate the uptake of services by family members.
- Support for the availability and correct usage of PMTCT registers and forms, timely and complete transmission of monthly reports to regional and central levels, and appropriate

use of collected data to support quality care and ongoing performance improvements.

Continued Associated Activity Information

Activity ID:	5639
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	University of Washington
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 160,000.00

Emphasis Areas	**% Of Effort**
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
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of women screened for HAART		☑
Number of infants who received a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of HIV exposed infants provided with Cotrimoxazole Prophylactic Therapy (CPT)		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	32	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	23,500	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	738	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	194	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Family planning clients
Doctors
Nurses
Pharmacists
Infants
International counterpart organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Public health care workers
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Stigma and discrimination

Volunteers

Coverage Areas

Afar

Amhara

Tigray

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 10480
Planned Funds: $ 755,000.00

Activity Narrative: Mother to Mother (M2M) Training and Supervision Support

In FY 07, JHPIEGO will establish Mothers to Mothers (M2M) referral linkages between hospitals delivering PMTCT services and M2M Support Groups supported by IntraHealth (10633) in the community. In addition to establishing referral linkages with community based M2M services, JHPIEGO will support IntraHealth's activities through training and supportive supervision. JHPIEGO will also form M2M Support Groups, based on IntraHealth's existing program, in Networks where IntraHealth is not currently working.

The M2M groups are primarily established by IntraHealth as referrals from the PMTCT services both at hospital and health center level: mothers who are found HIV+ join a support group with other mothers. The support group will have from 8 to 12 HIV+ pregnant women as members. Each support group will have regular meeting at least once every 2 weeks and will focus on key aspects of HIV care and other related available services for HIV+ pregnant women and infants in the facility and in the family. The support groups will be led by Mothers who are both educators and counselors and will have the flexibility to fit specific facility circumstances and will be linked to other programs. JHPIEGO will assign points of contacts and will establish referral linkages at 15 Networks where IntraHealth is not working. That will enable facilities to effectively refer and link HIV+ mothers to M2M services in the community.

Using recent experience training lay counselors for C and T, JHPIEGO will assist IntraHealth in providing courses in opt out counseling and health education for all mothers even before testing. JHPIEGO will also ensure that M2M support groups create a link to PLWHA associations especially those dealing with women to strengthen the second prong of comprehensive PMTCT. The support group will also address some of the challenges PMTCT programs suffer, lost to follow up. The group will promote follow up of mother baby pairs, for all relevant clinical service through education and support for transportation of HIV+ mothers and their babies coming form distant areas. The group, led by the mentor mother, will develop a directory of care and support services outside of hospitals. JHPIEGO will support the training of M2M support group members in collaboration with IntraHealth.

Nationally, JHPIEGO plans to facilitate the development and revision of a directory of organizations involved in Nutritional support to HIV+ pregnant women during pregnancy and up to six months post delivery as well as to HIV exposed infants whose mothers opt to exclusively formula feed. JHPIEGO will help members of the support group access nutritional support by developing a M2M nutritional referral system.

Added July 2007 Reprogramming:
Accelerated Roll out of Opt-out Counseling and Testing and Collection and implementation of PMTCT best practices in selected pilot sites. In COP07, JHPIEGO-Ethiopia in collaboration with PMTCT partners will undertake accelerated roll out of the use of opt out testing for PMTCT with the following objectives:
1. To orient national PMTCT trainers and PMTCT advisors of PEPFAR partners and others on the use of opt out testing
2. Standardize training incorporating opt out testing for PMTCT
3. To document the findings of using opt out implementation and TC tools for subsequent evaluation of the approach and tools.

In COP07, JHPIEGO supported activities include:
1. To orient national PMTCT trainers and PMTCT advisors of PEPFAR partners and others on the use of opt out testing
   a. Communicate with CDC Ethiopia and Atlanta and conduct a two days orientation on the use of PMTCT TC tools
   b. Conduct three days workshop on opt out testing and use of tools for trainers from all USG PMTCT partners supported regions.
2. Standardize training incorporating opt out testing for PMTCT
   a. TA to CDC partners implementing PMTCT while they are conducting offsite and onsite training and mentoring on PMTCT focusing on the Counseling and Testing
   b. Prepare a CD room on the use of the TC tools and samples for easy duplication by partners, regions and facilities to use it in need of regional expansion
3. To document the findings of using opt out implementation and TC tools for subsequent

evaluation of the approach and tools.
a. Work with university partners to come up with standardized recording and reporting of the implementation of opt out testing and use of TC tools
b. Communicate with CDC Ethiopia and CDC Atlanta on preparation of evaluation of the use of TC tools following the preliminary data acquired from sites

In COP07, JHPIEGO will implement the following activities:
a. Preparation of PMTCT best practices booklet for Ethiopia on the following areas:
i. Counseling and Testing of women and partners
ii. Testing during labor and delivery
iii. Linkages to ART clinic and Pediatric follow up inside the facility and outside the facility
iv. Improved FP services in MCH
v. Strengthened M2M activities
vi. Increased motivation for follow up and support
vii. Support for infant feeding
viii. Safe obstetric practices, with an emphasis on using partograph, AMTSL and appropriate management of complications
ix. Infection prevention
b. Implementation of the best practices on selected pilot sites

Continued Associated Activity Information

Activity ID: 5569
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: JHPIEGO
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 860,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	51 - 100
Information, Education and Communication	51 - 100
Policy and Guidelines	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	20	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards		☑

Target Populations:

People living with HIV/AIDS
Pregnant women
HIV positive pregnant women

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Academy for Educational Development/FANTA
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 10569
Planned Funds: $ 300,000.00

Activity Narrative: Targeted Promotion and Community Mobilization of ANC/MCH and PMTCT/Pediatric Services

This is a continuing activity from FY06 supplemental. As of August 2006, the partner received 100% of FY06 funds and is on track according to the original targets and work plan. This activity leverages $700,000 from USAID/Ethiopia's malaria resources.

This activity is expected to increase ANC attendance and the uptake of PMTCT/pediatric care services in selected ART health networks. This activity aims to reach women of child bearing age. Utilizing the partner's pre-existing communications platform (i.e. low level road shows and household level promotion) with adapted ANC/assisted delivery messaging throughout regional capitals and secondary towns, PEPFAR Ethiopia will promote ANC attendance and assisted delivery to those living in communities where HIV prevalence remains highest, yet where ANC attendance and assisted delivery statistics are low. It is anticipated that 50 percent of Amhara and Oromia's urban population will be covered. If this results in an additional 20 percent of pregnant women attending ANC or assisted delivery within the health network, approximately 24,600 pregnant women would attend ANC services leading to an entry into PMTCT.

The partner's pre-existing communications platform is a low-level platform conducting road shows and low-level communications to households in many areas. Since 2004, the partner has primed knowledge of and market demand for insecticide treated nets (ITNs) utilizing USAID/Ethiopia's malaria resources. In addition, they have participated in several activities with the Ministry of Health and Amhara regional health bureau to improve MCH uptake through targeted subsidy.

Reviewing the recent EDHS, low ANC attendance and assisted delivery remain major impediments to progress on PMTCT targets. Fifty-six percent of urban women delivered in their home and 30 percent of urban women did not receive delivery assistance from a health provider or traditional birthing attendant. The median duration of pregnancy of those who attended ANC was 4.2 months. Eighty-eight percent of urban-based pregnant women expressed several factors impacting their decision to attend ANC or assisted delivery:
1) Concern there may not be a health provider (71 percent)
2) Concern there may be no one to complete household chores (57 percent)
3) Getting money for treatment (53 percent)

The partner has supported market demand creation of insecticide treated nets since 2004. In addition, the partner has facilitated, through a public private partnership, several commercial distributors to import, brand and distribute ITNs to improve accessibility. In addition, the partner has provided extensive support to the Amhara and Oromia Regional Health Bureaus and the Ministry of Health's Health Education Center to improve communication materials on ITN utilization.

The partner launched an umbrella media campaign in 2005 targeting all socio-economic groups through channels appropriate for each. The campaign took a segmented approach, targeting each group with relevant messages. The targeted subsidy program specifically targets pregnant women through interactive communication and road shows to increase ANC attendance.

Through a targeted subsidy program, approximately 20,000 ITNs were distributed to pregnant women attending ANC. In addition, approximately 200,000 ITNs were commercially sold based on intensive branding and marketing activities. This occurred in an environment where the MOH has committed to distribute free ITNs but implementation remains problematic.

The partner's competency in creating market demand and improving supply is well oriented to assist the PEPFAR Ethiopia program to improve community awareness of ANC and assisted delivery.

COP07 Proposed Activities:

The first component includes targeted promotion through targeted social organizations,

women's groups, and community-based organizations with household level activities and interactive community activities including road shows. The proposed targeted promotion activity aims to increase uptake of facility-based maternal health services, which remains a major impediment to PMTCT service uptake. Targeted promotion activities will reach women and families, educate communities and improve understanding of maternal health services with emphasis on ANC and assisted delivery (ANC/PMTCT/pediatric care services including treatment).

Activities will take place throughout Oromia and Amhara within the health network, where the USG has made prior investments to install PMTCT and ART services. This activity currently operates in 55 hospitals, health centers and NGO clinics in Amhara and Oromia. PEPFAR Ethiopia's investment in NetMark represents a leveraging of USAID's child survival/malaria resources. NetMark's activities utilize interactive and interpersonal communications at the grassroots to prime market demand for ANC services. In addition, NetMark, through a targeted voucher subsidy, builds in a tangible incentive to attend ANC: attendees receive a voucher entitling them to a 70 percent subsidy on an insecticide treated nets. This is anticipated to increase flow through of clients at ANC/MCH clinics. To support this component the following strategies will be utilized:

1) Leverage existing messages through a multi-channeled, comprehensive program utilizing mass media road shows, and house hold level communication to mobilize ANC attendance in/around hospitals and health centers in Oromia and Amhara.
2) Mobilize marketing agents in the community, including Woreda Action Committees and Kebele Action Committees, Community Malaria Agents, Community-Based Reproductive Health Agents, Health Promoters and Traditional Birthing Attendants to support demand creation of ANC services with an existing ITN targeted subsidy program within selected ART Health Networks in Oromiya and Amhara region.
3) Emphasize household level and interpersonal communication, dramas, community groups/meetings, community activations, social mobilization and ANC counseling at health centers. This will also include training and educational materials for the various expected audiences.

The second component includes the targeted subsidy of ITNs to ANC attendees. NetMark's pre-existing targeted subsidy activity will be further expanded to include additional malarious sites within the ART health network. Under this system, ANC attendees are provided with a voucher entitling all mothers to a commercial ITN subsidy, supported under non-PEPFAR resources. To operationalize this activity, public facilities and commercial sales outlets require training, distribution of IEC and vouchers to sites, intensive targeted promotion activities as described in the first component.

In coordination with regional authorities, NetMark will participate in outreach campaigns that promote services to target audiences through offsite campaigns. Following the promotion, regional authorities will ensure support to larger numbers of attendees. The partner will collaborate with IntraHealth and US Universities to increase the number of women entering the ANC system.

Continued Associated Activity Information

Activity ID:	6632
USG Agency:	U.S. Agency for International Development
Prime Partner:	Academy for Educational Development
Mechanism:	Academy for Educational Development/Netmark
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

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 the minimum package of PMTCT services according to national and international standards	79	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards	480	☐

Target Populations:

Business community/private sector
Community-based organizations
Doctors
Nurses
Traditional birth attendants
Pregnant women
Women (including women of reproductive age)
HIV positive pregnant women
Pharmacists
Traditional birth attendants

Coverage Areas

Oromiya

Amhara

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: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 10615
Planned Funds: $ 2,670,000.00

Activity Narrative: PMTCT/Health Centers and Communities

This is a continuing activity from FY06. As of May 2006, the partner received 100% of FY06 funds and is on track according to the original targets and work plan. As of Sept. 2006, 145 health centers implemented PMTCT services. This activity relates to IntraHealth/ANECCA (10652) supporting pediatric case finding and post-partum follow-up, Food 10398 by Prescription (Palliative Care) and IntraHealth and JHPIEGO/Mothers to Mothers Support Groups (10633).

This activity is linked with: Prevention – Making Medical Injections Safer/JSI,(8094) inother/policy local voices (10381) Communication/IEC - InterNews; Care/Support – CT, TB/HIV, Palliative Care: BERHAN pallative care (10647) TB/HIV (10400)CT (10399) at health centers, support groups for HIV + women, PLWHA associations, Treatment Services –IMAI/WHO, LMIS/MSH for ARV (10534) and related commodities, Pediatric (10436)ART/Columbia University(10436), User Support Center for ART Service Outlets(10550)/Addis Ababa University.

COP06 Summary: Between 10/2005 and 6/2006, supported health centers served 11,408 pregnant women with counseling and delivered 315 women with single dose NVP. HIV prevalence in sites ranges from 3.1 to 12.5 percent in peri-urban health centers to 8.0 to 16 percent in urban health centers. Furthermore, a well-developed community-level mobilization campaign has reached households around 131 health centers and continues to be expanded. Partner invitations have improved male involvement in counseling and testing, labor and delivery. In Modjo health center, all HIV+ mothers returned for assisted delivery. In Soddo health center, all HIV+ mothers return monthly for post-partum follow up including infant provision of CTX. Significant involvement of regional health bureaus and district health offices led to joint analysis of service statistics, quantification of commodities, strengthened linkages with hospitals, and monitoring of quality of care. Pilot Mother to Mother support groups that have waiting lists due to popularity are being expanded in a new activity by IntraHealth. Additionally, ANECCA, based on strong experiences in East Africa, will provide this activity with experience sharing to rapidly expand pediatric case finding, post-partum follow up and pediatric care package delivery.

This activity will collaborate with USAID/Ethiopia's MCH and RH/FP programs. This activity supports wrap-arounds in food and nutrition with the World Food Program (OVC) and income generation activities with DAI's Urban Gardens (Palliative Care). To support coordinated outreach, this activity will collaborate with US University partners to improve access for health center attendees for hospital pediatric/adult care and treatment and laboratory services. This activity will continue to support the PMTCT Secretariat to support USG and non-USG partners and UNICEF to synchronize PMTCT assistance.

COP07 Proposed Activities: This activity has several components. One component will support 267 health centers to support clinical PMTCT services. In collaboration with the Care and Treatment RFP (i.e. BERHAN), IntraHealth will graduate sites falling within ART health networks to the new mechanism and expand to complement non-ART and non-network health centers. This is possible given standardization of trainings through IMAI, health center staffing size and intensive site-level mentoring and assistance provided through the new mechanism. The scheduled of assistance is noted:
9/2006 145 health centers
4/2007 267 health centers
6/2007 267 health centers (25 ART health centers graduate to Care/Treatment RFP, 25 new)
9/2007 267 health centers (50 ART health centers graduate to Care/Treatment RFP, 75 new)
12/2008 267 health centers (25 ART health centers graduate to Care/Treatment RFP, 25 new)
4/2008 267 health centers (50 ART health centers graduate to Care/Treatment RFP, 75 new)

Technical assistance will include:
1) Training to deliver elements of the adult and pediatric preventive care package at ANC, including referral to non-PEPFAR services (i.e. FP, CSH, Malaria);
2) Coordination of outreach services (lab and pediatric treatment) with US Universities at

health centers;
3) Supportive supervision for health providers to strengthen performance and referral patterns;
4) On the Job training of national PMTCT curriculum including opt-out CT, utilization of HMIS, implementation of PMTCT guidelines (including use of AZT/NVP and HAART), TB/CD4 screening procedures, and stigma reduction with health providers;
5) Provision of basic commodities such as gloves, goggles, smocks, privacy screens and non-monetary incentives schemes; and
6) Coordination with Crown Agents to synchronize renovations in health center MCH service areas.

The second component of this activity will include non-clinical support to health providers such as facility client flow solutions, training on provider stigma reduction, performance factors, target setting, root-cause analysis, non-monetary motivation schemes, improving facility environment for friendly services, and distribution non-clinical supplies and IEC materials.
The third component of this activity will include community based mobilization efforts through a community action for behavioral change approach (CABC), a capacity strategy that empowers communities to explore and identify local resources and response to problems. This activity will implement CABC using community-level, family centered approaches. Firstly, 22 sub grantees will develop the capacity of community core teams (CCTs) and village facilitators to generate community-wide dialogue on key health themes including HIV prevention, ANC attendance and CSH. CCT's will be established around each health center. Each team will support 40 village facilitators who deliver messages to 250 households a year (total of over 66,750 households). In addition, partner involvement methods such as invitations to attend CT, LD, follow up activities and participation in Father to Father groups will continue.

The fourth component of this activity is advocacy based, focusing on the Ministry of Health and Regional Health Bureaus to place a greater emphasis on implementation of revised PMTCT guidelines, the uptake of ANC and PMTCT services by exploring pilot models such as the integration of ANC/PMTCT outreach with IMCI campaigns at the health post and PMTCT mobile services with preventative care package partners. In addition, IntraHealth will collaborate with USG partners to monitor ARV prophylaxis supply to HIV+ pregnant women via traditional birthing attendants.

This activity will continue to build joint Contractor/regional and district health office supportive supervision to health centers. This built greater ownership of the program among public health officials.

Target Development

Assumption: 85 percent uptake of CT by ANC attendees in new sites. 8 percent are HIV+. 80 percent uptake of ARV prophylaxis and infant CTX. 60 percent referral for CD4 screening.

Local subgrantees:
BethaZatha Health Service; Anti Malaria Association (Bahir Dar, Adet and Woreta); Beza Youth, Yirgalem; Ethiopian Red Cross (Assosa, Bambassi and Arbaminch); Hiwot Ethiopia (Kebena, Selam and Bole branches); Ethiopian Evangelical Church (Hossaena, Butajira) Organization for Social Services for AIDS (Adama, Modjo, Wolenchiti and Dhera branches) Abebech Gobena (Fitche and Ginchi); Jember Art (Assaiyita); ISAPSO (Lideta, Teklehaimanot and Addis Ketema branches); Netsebrak Reproductive Health and Social Development Organization (Dessie, Bati, Haik and Kombolcha branches).

Continued Associated Activity Information

Activity ID:	5586
USG Agency:	U.S. Agency for International Development
Prime Partner:	IntraHealth International, Inc
Mechanism:	N/A
Funding Source:	GHAI

Planned Funds: $ 2,600,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of women screened for HAART	5,000	☐
Number of infants who received a complete course of antiretroviral prophylaxis in a PMTCT setting	6,321	☐
Number of HIV exposed infants provided with Cotrimoxazole Prophylactic Therapy (CPT)	6,321	☐
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	267	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	116,703	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	6,629	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	740	☐

Target Populations:

Adults
Community leaders
Doctors
Nurses
Traditional birth attendants
Infants
National AIDS control program staff
People living with HIV/AIDS
Pregnant women
Volunteers
Women (including women of reproductive age)
HIV positive pregnant women
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Pharmacists
Traditional birth attendants
Other Health Care Workers
HIV positive infants (0-4 years)

Key Legislative Issues

Wrap Arounds

Food

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	FMOH
Prime Partner:	Johns Hopkins University Bloomberg School of Public Health
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	10632
Planned Funds:	$ 482,760.00

Activity Narrative: Regional PMTCT Services Hospital Level

This is a continuing activity from FY06. JHU TSEHAI has been working with JHPIEGO in providing site level support for hospital-based PMTCT programs at 20 sites in Addis Ababa, SNNPR, Gambella, and Benshangul regions in FY06.

The funding level for FY07 has increased from the FY06 amount, in part because JHU has taken additional PMTCT responsibilities including training of staff in PMTCT service areas, formerly carried out by JHPIEGO, and in part because JHU will expand services from 20 to 30 hospitals, and in part in response to recommendations from the OGAC PMTCT TA visit held in July 2006.

Their major areas of emphasis include the use of the maternal child health (MCH) platform to identify HIV-infected women and families, providing PMTCT interventions, and engaging HIV-infected patients in care and treatment. This expertise will enhance activities in Ethiopia as they expand to include PMTCT training and direct implementation of PMTCT services in COP07.

At the national level, JHU will continue to provide technical input and guidance to the MOH and Regional Health Bureaus (RHB), supporting initiatives to expand PMTCT beyond single-dose NVP where appropriate, enhancing PMTCT-plus training, and supporting links between PMTCT programs, ART programs, and pediatric services.

At the facility level, hospital-based PMTCT programs were initiated by the MOH and have been supported by JHPIEGO, while JHU supported site-level PMTCT activities, in collaboration with the MOH and RHB. In COP07, JHU will add PMTCT training activities to its portfolio, expanding its activities to include training, supervision, and implementation of PMTCT programs by increasing the coverage from 20 sites in FY06 to 30 sites in FY07. In FY07, JHU will increase the quality and uptake of PMTCT services and ensure that women enrolled in PMTCT are rapidly staged and referred for care and treatment services when needed. The PMTCT intervention package will include:
- Assessment of new sites, followed by development of site-specific work plans. his includes evaluation of each site's capacity to provide more advanced ART regimens, with the idea that sites should move beyond single-dose Nevirapine PMTCT regimens when sufficient capacity exists.
- Immediate assessment of HIV-infected pregnant women for ART eligibility, routine CD4 testing, and provision of appropriate clinical services, including ART when indicated.
- Promotion of a family-centered care model in which women are encouraged to bring their children, partners, and other family members to the facility for counseling, education, testing and care and treatment if needed.
- Support for appropriate post-natal follow up of mothers and infants that will include close follow-up of infants, nutritional counseling and support, provision of prophylactic cotrimoxazole, and ongoing assessment of eligibility for ART.
- Tracking the supplies management required for PMTCT services.
- Referral linkages between PMTCT and TB, STI, FP, and ART clinics.
- Access to appropriate pre-natal care, including nutritional counseling and multivitamins.
- Facilitation of access to IPT and bed nets in coordination with the Global Fund and other partners.
- Access to nutritional education, support and "therapeutic feeding" for pregnant and breast-feeding women in the 6-months post-partum period.
- Promotion of safer infant feeding, especially exclusive breastfeeding with rapid cessation when replacement feeding is not acceptable, feasible, affordable, sustainable and safe ("AFASS").
- Quality assurance by supporting staff to implement performance standards and the JHPIEGO-supported Standard-based Management Program.
- Implementation of peer educator programs and support groups at selected sites, designed to maximize adherence to care and treatment among pregnant HIV-infected women, and to strengthen their links to support groups and community resources.
- Provision of PMTCT-Plus training to multi-disciplinary teams at the facility level. JHU Clinical Advisors will provide ongoing clinical mentoring and supervision, in partnership with RHB in the respective regions.
- Ongoing development and distribution of provider job aids and patient education materials related to PMTCT-plus.

- Routine monitoring of PMTCT-plus programs, reporting of their progress against targets and enhancement of patient tracking to enable assessment of linkages within facilities (from PMTCT to ART clinics, for example) and to evaluate the uptake of services by family members.
- Support for the availability and correct usage of PMTCT registers and forms, timely and complete transmission of monthly reports to regional and central levels, and appropriate use of collected data to support quality care and ongoing performance improvements.

Added July 2007 Reprogramming:
Optimizing Infant Feeding practices to reduce risk of MTCT and Seconding a physician at HAPCO to facilitate implementation of the national PMTCT program. In addition to implementing package of PMTCT services, JHU will focus on optimizing breastfeeding practices to undertake Public education through radio and production of IEC/BCC materials to improve the uptake of PMTCT services in Oromia, Harari and Somali regions.
In COP07, JHU will implement the following activities:
• Assess and improve current breastfeeding counseling practices
• Target pregnant women in the antenatal period to counsel on infant feeding
• Collaborate with partners on revising and updating current infant feeding guidelines and manuals
• Assess and support factors that promote optimal breastfeeding such as maintaining breast health and appropriate breastfeeding (positioning, attachment, etc.), ensuring maternal health and nutrition status, and family support.
• Train mother to mother groups to ensure ongoing support for optimal infant feeding
• Provide mother to mother groups for ongoing support meetings for exclusive breastfeeding

Continued Associated Activity Information

Activity ID: 5641
USG Agency: HHS/National Institutes of Health
Prime Partner: Johns Hopkins University Bloomberg School of Public Health
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 100,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Needs Assessment	10 - 50
Policy and Guidelines	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of women screened for HAART		☑
Number of infants who received a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of HIV exposed infants provided with Cotrimoxazole Prophylactic Therapy (CPT)		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	30	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	21,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	740	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	200	☐

Target Populations:

Doctors
Nurses
Traditional birth attendants
Most at risk populations
HIV/AIDS-affected families
Infants
National AIDS control program staff
People living with HIV/AIDS
Pregnant women
Program managers
Women (including women of reproductive age)
HIV positive pregnant women
Doctors
Nurses
Traditional birth attendants
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

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: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 10633
Planned Funds: $ 500,000.00

Activity Narrative: Psychosocial Counseling Services Support Groups for Mothers to Mothers to Be

This is a new activity.

During COP05, IntraHealth implemented a pilot Mothers to Mothers support group at four health centers under the activity PMTCT/Health Centers and Communities (10615). Two USG technical assistance visits, PMTCT and Food & Nutrition, recommended a broad expansion of Mothers to Mothers groups given positive impacts on psychosocial support and postpartum follow up options. In addition, a new Food by Prescription activity, outlined in PMTCT and Palliative Care will support HIV positive lactating women until weaning and exposed children until 24 months of age. The Mother to Mother support groups (M2M) are convenient methods to deliver post-partum follow up services. Community action initiatives also increase usage of related MCH services, such as family planning, improved nutrition practices, male involvement, combating stigma and discrimination, and strengthen referral systems for HIV+ women and families.
Since the establishment of the M2M in November 2005, a total of 160 HIV+ women and 36 male partners have joined the group in the three health centers in Addis implementing the program. At the pilot sites the M2M group meetings also provide the opportunity to offer and deliver health services. The most direct services include OI prophylaxis for babies as well as starting and continuing ART treatment for mothers and children. Related services which are also provided immediately before, during, and immediately after Support Group meetings include family planning, partner involvement, and general immunization services. Most simple services are delivered by the Mother Mentors (e.g., Family Planning counseling) and require no additional health staff. In this way, the program leverages the small investment in supporting the M2M Support Groups to deliver a multitude of other services at no additional cost in human resources or physical infrastructure.

Proposed COP07 Activities: This activity, in partnership with JHPIEGO, will support a broad expansion of network-focused M2M support groups at the community level. This will prioritize networks of high client flow with above average HIV prevalence while accounting for newly decentralized ART services to health centers throughout the country. In addition, the activity will work closely with Regional Health Bureaus, IntraHealth sub-grantees and JHPIEGO to standardize implementation of Mother to Mother models.

M2M groups are formed as referrals from the PMTCT process. Mothers who are found HIV+ are encouraged to join an existing support group with other HIV+ mothers. Each group meets once a week for two hours. Meetings are led by Mother Mentors who receive five day training by IntraHealth.

The selection criteria for Mother Mentors include a willingness to be a mentor and disclose HIV status with peers; an ability to read and write (8th grade complete); and a willingness to spend at least 3 full days per week supporting HIV+ mothers at a determined location.

Training for the Mother Mentors includes general HIV-related primary and secondary prevention information, positive living, Pre-ART and ART, stresses adherence, discusses disclosure, provides nutritional counseling, and referral information on family planning. Mother Mentors receive volunteer stipends of approximately $20 per month. The stipend covers transportation and DSA for three day per week mentorship services.

In addition, during the congregation of HIV+ women and exposed children, specialized services such as pediatric care and treatment will be focused. In addition, partner involvement will be encouraged prioritizing the family unit. A menu of available health services will be developed by Mother Mentors in coordination with local health centers and hospitals. For each service, the Mother Mentor will either provide the service (i.e. secondary prevention lecture) or arrange for a health provider or USG contractor to assist. Likewise, a menu of educational topics will be developed, each backed up by supporting educational materials. With the help of the Mother Mentor, groups will select the educational topics which are most relevant. In addition to ongoing technical support through mentorship to Mother Mentors, the activity will cost share with district health offices to initiate support groups by procuring basic furniture, cassette players and IEC materials.

Activities during the support group meetings include: educational presentations on related health topics by the Mother Mentors, educational videos, guided discussions of topics of concern to the group members, and a chance for socializing and mutual support to other mothers in similar circumstances; mothers who are new to the program receive support and guidance from those with more experience. Demand for inclusion in the M2M has far exceeded capacity (availability of rooms and additional mentors). In one site, six groups are run per week, with 8-12 members per group, and currently 30 women are on a waiting list to be enrolled in the support groups.

Building on the early success of the M2M pilot sites, the activity will formalize the process for establishing and scaling up access to the M2M program to 50 ART health networks (i.e. community groups serving both hospitals and health centers) with high ANC client volume and relatively high HIV prevalence. This may include establishing several M2M groups where clients exceed existing capacity.

Several standard processes are required to scale up M2M: referral criteria, selection criteria for Mother Mentors, standard operating procedures, incentive structure of Mother Mentors, adapting existing curricula on adult communication and low literacy environments, HIV stigma, primary and secondary prevention, care and support, and treatment adherence and nutritional counseling.
In limited instances, at risk mothers likely to drop from follow up will be tracked and encouraged to rejoin clubs for up to 24 months. This provides a critical junction to ensure referral for clinical care and CD4 screening. Furthermore, the delivery of pediatric and adult preventive care packages and food by prescription will support the PMTCT and palliative care programs achieve efficiencies in reaching individuals. A total of about 2300 HIV+ women are expected to be enrolled to the M2M program in one year.

In addition to standard indicators, the activity will track four additional indicators:
1) Number of M2M support groups established.
2) Number of HIV+ women enrolled in M 2 M program.
3) Number of HIV+ women linked to various treatments, care and support programs including ART, OI, FP, Pediatric care.
4) Number of Mother Mentors trained

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50

Targets

Target	Target Value	Not Applicable
Number of women screened for HAART	2,300	☐
Number of infants who received a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of HIV exposed infants provided with Cotrimoxazole Prophylactic Therapy (CPT)	2,300	☐
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards		☑

Target Populations:

HIV/AIDS-affected families
HIV positive pregnant women
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Wrap Arounds

Food

Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Oromiya

Southern Nations, Nationalities and Peoples

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: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 10637
Planned Funds: $ 200,000.00

Activity Narrative: Expansion of PMTCT to Private Health Facilities (New)
This is a new activity in COP07. This activity relates to Abt Associates (TB/HIV) (10375)and Abt Associates (ART Services)(10379).

This activity will support the expansion of PMTCT services in Higher Clinics with ANC and delivery services and non-governmental MCH clinics in urban areas of Addis Ababa, Amhara, Dire Dawa, Harar, Oromia and Tigray. Building on several activities that are expanding HIV services (i.e. VCT, TB, ART) to private health providers, this activity will standardize regional policy on private provider involvement in PMTCT service provision, including training, reporting and delivery.

Based on several recommendations from the USG private sector technical assistance visit in August 2006, PEPFAR Ethiopia is expanding its approach to strategically target activities and audiences that may identify HIV+ persons and link them to care, utilize a broad range of private sector partners, including pharmacies and lower level clinics to identify pregnant women, and direct them to treatment.

According to the EDHS 2005, HIV prevalence is highly concentrated in urban and peri-urban areas among female populations in their reproductive years. In addition, place of delivery indicates a presence of private health providers who play important roles in delivery throughout Ethiopia. Although limited to approximately 0.5 percent of total deliveries in Ethiopia, approximately 11 percent of deliveries in Addis Ababa are within the private sector. In addition, those delivering in private facilities typically have a higher education and fall within a higher wealth quintile. Furthermore, 17 percent of all women (urban and rural) receive family planning services from the private sector. Regional capitals and large towns, such as Awassa, Bahir Dar, Dessie, Dire Dawa, Mekele and Nazareth, are key centers to expand the ART health network to capture those living with HIV/AIDS that will not initially attend services at public facilities.

COP07 Proposed Activities:

This activity will implement a private sector initiative in 75 private sector health care facilities in major urban areas of several regions. These private sector clinics cater ANC services to an estimated total of 120,000 pregnant women per year.

This activity has several components:

(1) Policy: Existing PMTCT guidelines will be operationalized in private sector settings. In addition, operational guidelines will set standards for professional training and qualifications of those practicing in private service outlets. Adaptations of some IEC materials will be necessary. This will be completed through stakeholder engagement. Private sector service outlets will use the same clinical protocols and performance standard for PMTCT as those in the public sector.

(2) Expanding PMTCT Services: Interest building meetings with selected private sector facilities will market PMTCT service delivery, financing mechanisms (i.e. acceptable service charges) and manage expectations of USG technical assistance among those interested in joining a broader network of providers.

(3) Training: Utilizing commercial training providers and pre-existing materials, the activity will adapt some curriculum delivery elements to accommodate professional learning. In addition, on-the-job trainings will last approximately seven days. As an added benefit to the sites, the supervision curriculum will include the supportive supervision skills that have been successful and widely accepted in the public sector health centers. Private providers will receive a similar package of technical assistance as public health centers.

The activity will engage faculty from prominent medical colleges and universities to support enhancements in pre-service training options for nurses, health officers and physicians. We anticipate this will be a major cost-sharing opportunity utilizing private faculty to expand the pool of nurses sensitized to PMTCT service delivery and ancillary subjects.

(4) Quality Control: This activity will support regional health bureaus and city

administrations monitor private sector quality of care. In addition, this activity will build on experiences from the Abt Associates Public Private Mixture DOTS activities in TB/HIV which has supported the concept of government stewardship among the Federal TB and Leprosy Control Program and regional health bureaus to facilitate private provision of services with regulatory oversight. Joint supportive supervision and quality inspection visits will be conducted with the appropriate health authorities during the course of the project.

5) Monitoring and Evaluation: This activity will integrate private providers into the national HMIS. At present, reporting is inconsistent and of poor quality. In addition, the activity will incorporate and analyze quality metrics and analysis to support government stewardship function.

Supporting activities in the private sector could (significantly) increase access to PMTCT services and increase the number of transmissions averted. This activity will implement a private-sector initiative in 75 private sector health care facilities in 4 regions (Addis Ababa, Oromia, Amhara and SNNPR) to complement the existing PMTCT services being delivered in public facilities in these regions. In this manner, a broader network approach will capture those with greater likelihood of living with HIV and support those individuals with PMTCT, care and treatment options.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of women screened for HAART	3,600	☐
Number of infants who received a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of HIV exposed infants provided with Cotrimoxazole Prophylactic Therapy (CPT)	3,200	☐
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	75	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	45,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	3,200	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	250	☐

Target Populations:

HIV/AIDS-affected families
Infants
People living with HIV/AIDS
Pregnant women
HIV positive pregnant women
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Dire Dawa

Hareri Hizb

Oromiya

Southern Nations, Nationalities and Peoples

Tigray

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	FMOH
Prime Partner:	Johns Hopkins University Bloomberg School of Public Health
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	10643
Planned Funds:	$ 300,000.00

Activity Narrative: Model Center for Maternal and Family ART/Care

This is a new activity in COP07. To improve delivery of PMTCT and ART services and to facilitate the care of all family members of HIV infected persons, JHU with the assistance and collaboration of JHPIEGO proposes to develop a model Maternal and Family HIV Center of Excellence within Gandhi Hospital to pilot delivery of ART care through maternal health services. Gandhi, located in Addis Ababa, is a specialized hospital that has been providing high quality maternal care for many years. Despite its long standing reputation, Gandhi hospital has not functioned to its full potential due to severe shortage in material and human resources. Nevertheless, Gandhi has provided excellent ANC and PMTCT care. With the growing HIV problem in Ethiopia, Gandhi has opened a successful model VCT center in the past year and currently serves pregnant women, their male partners and children. In an effort to increase its capacity, Gandhi has built a new VCT center and has hired both a full-time GP to care for HIV patients and a pediatrician who will be called upon to follow "HIV exposed" infants. Currently great efforts are been made to further develop Gandhi hospital as a model center which will provide integrated PMTCT, VCT and direct delivery of ART services to eligible patients.

To expand these activities, Gandhi will take the lead in introducing the new PMTCT guidelines which support opt-out HIV counseling and testing and aggressive referral of family members. In the ANC setting, the opt-out approach will include group education and rapid testing by trained non-health professional counselors. Positive women will be encouraged to have their partners or husbands and children tested. JHU will support an innovative approach at Gandhi: family focused HIV testing and care utilizing PMTCT as the entry point.

The clinicians at Gandhi will also be the first to start HIV+ pregnant women on ART within the same clinic. Evidence from Ethiopia has shown that referring a pregnant woman from PMTCT to an ART clinic in the hopes that she will receive timely ART is not an efficient system. Although pregnant women in Ethiopia who meet clinical staging or CD4 criteria for treatment are eligible for ART, in reality most women who are found to have HIV infection during pregnancy do not receive evaluation or ART until after delivery. One identified barrier is a 6-8 week waiting time from time of referral to initial appointment in ART programs. Other pregnant women are never properly screened for therapy or are referred back to PMTCT programs due to clinician inexperience treating pregnant woman with ART. Referrals may also over-burden ART providers further contributing to burn out and attrition rate of ART practitioners.

JHU proposes to optimize delivery of ART to pregnant women who meet criteria for treatment. In Ethiopia in 2003, HIV prevalence rates in antenatal care clinics (ANC) ranged from 2.2% to 30.2% and an estimated 35,000 infants were born with HIV. Based on data from the Nigat Project, approximately 30% of HIV-infected pregnant women have CD4 counts <200/mm3. Pregnant women with advanced clinical AIDS or with CD4 counts <200/mm3 are known to be of greater risk for transmitting infection to their infants than those with less immune compromise and are at greater risk of serious morbidity or death. Maternal illness and death have been shown to adversely affect neonatal/infant health and survival, even among those infants who are HIV-uninfected. Women with more advanced HIV require ART with ongoing combination antiretroviral therapy for their own health. Use of SD-NVP in the setting of lower CD4 counts has been associated with increased risk of development of NVP resistance, which may potentially impact circulating rates of NNRTI resistance in the community and reduce future maternal treatment options.

As part of the training programs of the center of excellence, JHU will begin and continue to train ANC providers and OB/GYN in the management of ART in pregnant women, clinical staging and CD4 interpretation. JHU will implement the new Ethiopia PMTCT guidelines which include a broader number of ARV prophylaxis options ranging from full ART to AZT and NVP to single dose NVP where facilities do not allow for a more complex regimen. This transition in regimens will require intensive training of personnel and measures to ensure accessibility of HIV medications for pregnant women. The target number of pregnant women reached through this activity will be part of the overall JHU PMTCT targets under activity number 10632.

JHU feels that the continuum of care for positive pregnant women starts at the ANC visit,

followed by HIV counseling testing and appropriate ARVs throughout pregnancy with the goal of reducing HIV transmission to the infant. Postnatal care will include the transition of the HIV exposed infant to pediatric clinic and mother to adult ART clinic.

Furthermore, improvement in maternal health with ART can be expected to result in healthier infants and reduced neonatal/infant mortality. For these reasons, delivery of ART to HIV-infected pregnant women who meet criteria for treatment should be prioritized. In addition, general obstetrical antenatal practices will be strengthened, with a focus on those most relevant to PMTCT (e.g., malaria prophylaxis/ITN in endemic areas; syphilis screening; prevention/treatment of anemia; antenatal discussion of postnatal family planning).

The model center will provide general postpartum and newborn/infant care, including provision of family planning methods, counseling/monitoring of infant feeding options, growth monitoring, and immunizations for children. After 18 months, care for the mother and family will be transferred to the nearest ART clinic. Pediatricians will be trained in infant diagnosis and will provide infant management. The center will co-manage the male fathers and partners of the HIV+ women. Treatment of the family as a unit has been shown to improve the chance of keeping the household together which will, in turn, minimize mother and infant morbidity and mortality.

Care and treatment burden sharing among a greater range of the medical specialties will be one of the great strength of this center and a marker of quality comprehensive care for the entire family unit. This model will also be applied to Black Lion Hospital in parallel to Gandhi in order to introduce this into a teaching hospital. It is expected that this will also positively impact the trained health provider retention crisis and human resource shortage challenges plaguing ART provision services.

Quality of services will be guaranteed with the establishment of reliable consultative linkages to internal medicine and infectious disease services at Tikur Ambassa or Zewditu, for the management of complicated or advanced cases. JHU plans to facilitate the transfer of knowledge through international subject matter expert exchanges, supportive supervision and mentoring, distance learning, scheduled in-services training in the field of HIV+ pregnant mother management. The center will be a training and demonstration center for initiation of ART services in MCH clinics. This new activity for COP 07 will be scale up in coming years by the university partners.

Proposed General Activities: 1. Baseline assessment: number of pregnant HIV-infected women seen in ANC clinics and referred to ART clinics; number of pregnant women seen in ART clinics; 2. Training of ANC providers to do clinical staging and perform and interpret CD4 counts; 3. training of ANC/L&D physicians in ART management/follow-up; 4. Introduce counseling and testing at labor and delivery.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Targeted evaluation	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 and international standards	1	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards	50	☐

Target Populations:

Adults
Doctors
Nurses
Pharmacists
Discordant couples
HIV/AIDS-affected families
Infants
National AIDS control program staff
People living with HIV/AIDS
Pregnant women
Men (including men of reproductive age)
Women (including women of reproductive age)
Partners/clients of CSW
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Wrap Arounds

Coverage Areas

Adis Abeba (Addis Ababa)

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: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 10645
Planned Funds: $ 1,546,692.00

Activity Narrative: TBA/HEW Involvement in PMTCT Services

This is a new activity in COP07. An exploratory analysis of traditional birth attendants (TBAs) and health extension workers (HEWs) was funded in a COP06 supplemental to IntraHealth International. This activity will collaborate with PMTCT partners IntraHealth (10637, 10615, 10633), Columbia University, (16452) and the University of Washington. In addition, this activity will collaborate with the Care and support contract (10647) (formerly called BERHAN).

According to EDHS 2005, 94% of all expectant Ethiopian women deliver outside health facilities. Over half (57%) of urban-based deliveries are in the home. Furthermore, 6 % of all births are assisted by health professionals, 28% by traditional birth attendants and 61% by relatives. Assistance by health professionals and traditional birth attendants during birth is segmented between urban (47% and 23%) and rural (3% and 29%). Furthermore, 94 percent of women do not return for a post-natal checkup. In urban areas less than one-third (31 percent) of women return for a post-natal checkup within two days compared to just 3% for rural women. A large proportion of the mothers who should benefit from this intervention are not being reached. With such a low proportion of pregnant women actually using health facilities for delivery, health facility-based efforts to deliver PMTCT could end up having far less impact on mother-to-child transmission of HIV than should ideally be the case.

In this context,TBA have traditionally assisted mothers in sub-Saharan Africa to deliver and have been trained in several midwifery skills. They are highly trusted and respected by communities, and could effectively administer PMTCT. In addition to TBA, HEW are a new cadre of health worker is placed at the community level to serve several villages (i.e. Kebele) in peri-urban fringe and rural areas. In total, we anticipate 30,000 HEW will be deployed by 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.

Although PEPFAR Ethiopia has invested considerable support for facility-based PMTCT services, social and community issues affect the implementation and efficacy of current PMTCT interventions. In response to EDHS 2005 findings as well as PMTCT program performance, a re-structuring and re-orientation of programs to ensure a better "fit" between health systems and the needs of communities they serve is underway.

PEPFAR Ethiopia's focus on facilities within the ART health network did not adequately address the critical layer between the primary health care unit and the community level. In COP07, PEPFAR Ethiopia will support several activities that will strengthen the primary health care unit and community interface in urban and peri-urban areas. This activity will cluster technical assistance for PMTCT involvement to TBAs and HEWs in/around peri-urban/rural areas where HIV prevalence is projected to be above regional averages and where ART health networks are available.

This activity has three components:
(1) Advocacy and Organization: This activity will utilize the IntraHealth exploration of TBA and HEW involvement in community PMTCT service delivery to be conducted in COP06. Utilizing this document, PEPFAR Ethiopia and PMTCT partners will collaborate with the contractor to engage regional health bureaus and the Ministry of Health to pilot several activities under close supervision. PSCMS will support deployment of Nevirapine to TBA and HEW's participating in the pilot.

(2) Recruitment and Training: This activity will mobilize senior TBAs and deployed HEWs to participate in the activity and train them on the following roles: provision of HIV/AIDS education to clients, mobilization of women for VCT, directly observed treatment supporters for HIV+ mothers who have received Nevirapine and deliver at home, client confidentiality, and referral of these mothers to health facilities postnatally to allow their infants to receive Nevirapine syrup. Additionally, TBAs and HEWs will be provided basic equipment (torches, gloves, aprons, clean gauze, safe delivery kits, etc.) and integrated

into the district's health information management system to record the number of women they deliver and provide PMTCT services. The contractor will devise non-monetary schemes to support TBA and HEW involvement in referrals for VCT and ANC, completion of delivery of NVP to mother infant pairs, reporting to the district health office or health center and referral for postpartum follow up.
It is anticipated that TBA and HEW participants will refer pregnant women for counseling and testing. In some instances, pilot home-based counseling and testing may be utilized to determine uptake of service.
(3) Quality Assurance and Supervision: The Contractor and appropriate regional health bureau and district health office staff will jointly facilitate and supervise the implementation. Routine analysis of TBA and HEW reports will permit a review of the overall approaches used in the activity. Several review workshops will be held with TBA and HEW participants, primary health care providers and regional bureaus.

Traditional birth attendants constitute an extensive network, potentially capable of expanding and simplifying access to comprehensive HIV care through various entry points. Most TBA are eager to collaborate but few have been involved as yet. Health Extension Workers, though recently deployed, will quickly become important figures in communities given access to medical commodities.

This activity's geographic coverage is anticipated to be in selected peri-urban/rural hotspots in Amhara, Oromia and Tigray based on ANC and EDHS analysis.

The projected deployment will be 50 TBA and HEW participate in each region Amhara, Oromia and Tigray. The overall HIV prevalence for these four regions is 2.5%.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of women screened for HAART		☑
Number of infants who received a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of HIV exposed infants provided with Cotrimoxazole Prophylactic Therapy (CPT)		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	71,685	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	4,766	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	1,032	☐

Target Populations:

Traditional birth attendants
HIV/AIDS-affected families
Infants
Pregnant women
HIV positive pregnant women
Other Health Care Worker
HIV positive infants (0-4 years)

Coverage Areas

Amhara

Gambela Hizboch

Oromiya

Tigray

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	10649
Planned Funds:	$ 50,000.00
Activity Narrative:	PMTCT Mid-term Program Review This activity will fund a comprehensive interagency review of progress under the PMTCT program including external consultants, Government of Ethiopia officials, CDC/Atlanta, USAID/W and USAID/East Africa participation. Based on the recent USG PMTCT TA visit in July 2006, a broad program review of progress was recommended. This funding would allow PEPFAR Ethiopia to contract an international and a local consultant to support the review process in addition to short term technical assistance from the OGAC PMTCT and Pediatric Working Group.

Emphasis Areas	**% Of Effort**
Policy and Guidelines	51 - 100

Target Populations:

Traditional healers
HIV/AIDS-affected families
Infants
Pregnant women
Other Health Care Worker
HIV positive infants (0-4 years)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 10650
Planned Funds: $ 50,000.00
Activity Narrative: Qualitative Assessment of Women's Attitudes, Perceptions, and Fears Related to PMTCT and Related HIV/AIDS Services

This assessment utilizing qualitative methods will seek to better understand pregnant and recently delivered women's attitudes and concerns regarding HIV testing in the context of ANC services, issues surrounding spousal consent, testing of older children, disclosure of HIV status, fears or opportunities regarding the prophylaxis and/or ART treatment offered, concerns about infant feeding and follow up and expressed willingness to access follow up services for themselves and their children. The results will inform interventions to improve ANC services, increase PMTCT service uptake, encourage male involvement in PMTCT, partner notification, couples counseling, and family-centered care.

The methodology will include focus group discussions (FGD) of 6-8 women, either currently pregnant or recently delivered. Women will be recruited from ANC clinic records at selected hospitals as well as linked rural health centers. Hospitals from which to draw FGD participants will be randomly selected from among 1st, 2nd, 3rd cohort sites so as to maximize the chances that participants will have experienced PMTCT services. Two groups, one urban and one rural, will be formed in each region, excluding Addis Ababa and Dire Dawa, where only urban groups will be included, but there will be an attempt to target underserved neighborhoods in the catchments of the selected hospital.

FGD facilitators will be recruited and trained in consultation with the Department of Community/Public Health of selected Ethiopian universities. Fluency in the local language of the target population will be a criterion for selection of facilitators. In addition, MPH students will be recruited and trained to provide additional support. FGDs will both be tape-recorded and notes will be taken. The tapes will be transcribed and then translated into a common language, probably English, for analysis. Analysis will be carried out using qualitative methods.

The population of interest is pregnant women or women who have delivered in past six months. Women will be invited to participate through a non-random selection from ANC clinic registers based on usable residence information. MPH students from major Ethiopian universities will be recruited to visit the hospitals and spend time to locate participants and invite them to the FGD locations. They will also provide assistance to tape record and take notes during the FGD.

The proposed budget will be used to conduct the evaluation and to organize dissemination meetings.

Emphasis Areas	% Of Effort
Needs Assessment	51 - 100

Table 3.3.01: Activities by Funding Mechanism

Mechanism: ANECCA
Prime Partner: African network for Care of Children Affected by HIV/AIDS
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 10652
Planned Funds: $ 230,000.00

Activity Narrative: Technical Assistance for Pediatric Case Finding Utilizing Community and Facility Approaches

This activity is linked to PMTCT and treatment.

The African Network for Care of Children Affected by HIV/AIDS (ANECCA) is an African network of pediatric HIV experts with extensive experience in pediatric HIV care and treatment throughout Africa. The numbers of children on ART in Ethiopia are extremely low compared to the estimates of children infected and as a percentage of all people on ART. An important activity that will increase these numbers is identification and referral of HIV-infected children at the health centers. ANECCA will provide technical assistance to Intra Health International/Ethiopia in order rapidly increase access to comprehensive pediatric HIV/AIDS care services within 267 health centers in Ethiopia through the following activities.

Building human resource capacity through training of health workers: (a) Formal training of various categories of health care providers within the health centers. The aim is to equip the providers with knowledge and skills in the identification of HIV-exposed infants, identification of HIV-infected children (through routine counseling and testing), provision of care and treatment services for HIV-infected children, and utilization of referral networks to close up gaps in the continuum of care for exposed and infected children and their families, (b) On-the-job training of health care providers by a clinical mentorship team, comprised of a pediatrician, nurse, nurse-counselor and a laboratory technician, to cover all aspects of pediatric diagnosis, care and treatment, (c) Supervised preceptor ship at specialized higher levels of care (e.g. pediatric ART sites) – once a year for each team.

Promotion of identification of HIV-exposed and infected infants/children: (a) To establish and strengthen linkages between PMTCT, Maternal-child Health (MCH) and other routine child health services at health centers. This will promote identification and follow-up of HIV-exposed infants; (b) Establish and strengthen routine HIV testing services at health center level, using HIV antibody testing to identify exposed infants < age 18 months, HIV antibody testing to identify HIV infected children = age 18 months, and DNA PCR (DBS) to identify HIV-infected infants < age 18 months. This will be done by providing HIV testing logistics support, establishing laboratory referral networks and specifically training health workers at the sites in conducting antibody tests and collecting, referring and transporting DBS specimens to hospital DNA PCR sites; (c) Promote use of Ethiopia National Pediatric and Adult HIV Testing guidelines within the health centers.

Assist Intra Health in providing a comprehensive basic pediatric care package to HIV-infected children. Technical assistance to the health centers with the training and logistics support necessary to provide the basic package to HIV-infected children. The basic package includes the following: (a) Early identification of HIV-exposed children within the facility-based services as well as the community. The latter will involve the strengthening of health center – community links; (b) Follow-up for exposed infants: Cotrimoxazole preventive therapy, support for safe feeding practices, growth and development monitoring and HIV testing services (DNA PCR and HIV-antibody tests) at the appropriate time; (c) Provision of routine child survival best practices for HIV-exposed/infected infants/children: routine immunizations, use of insecticide-treated mosquito nets, safe water use, screening for TB and provision of INH prophylaxis for those exposed to open pulmonary TB; (d) Routine HIV testing (antibody test and/or DNA PCR DBS – as appropriate) for infants and children accessing care for ill-health within facilities or those identified in the MCH clinics who exhibit signs of HIV infection such as growth faltering; (e) Nutrition education, support for food supplementation, counseling and support for safe infant feeding practices for HIV-exposed infants as well as supplementation with vitamins and micronutrients; (f) appropriate and timely referral for pediatric ART services: health workers will be equipped with skills to evaluate, clinically and with laboratory tests where available, HIV+ children and refer them for ART at the appropriate time; (g) Establishing and strengthening referral mechanisms between the community and health centers as well as between health centers and higher levels of care, follow-up and referral guidelines will be instituted; (h) Establishing community outreach services, specifically targeted at mothers/care givers and mothers-to-be support groups. Issues to be addressed by these will include pediatric HIV treatment awareness, pediatric ART adherence promotion, support and monitoring, stigma reduction, reproductive health

and family planning services as well as assisted delivery; (i) Treatment of opportunistic infections as well as other childhood illnesses children present to the health center with; (j) Provision of psychosocial support services to infected children and their families; and (k) Provision of HIV-infection prevention services to care givers/parents as well as HIV-infected children, specifically addressing adolescent issues.

Establishing and strengthening referral mechanisms at health center level: (a) Referral of family members for HIV testing at counseling and testing service points. For some of the health centers, counseling and testing for children and their family members will be carried out within the health centers. Referral from their communities to the health centers will be enhanced by strengthening referral links between the two; (b) Referral of HIV-infected children from health centers to higher levels of care where they will access pediatric ART services; (c) Strengthening co-operation between communities and health centers to develop stronger community level activities with Traditional Birth Attendants and Health Extension Workers. This will further strengthen referral activities from communities to health centers and vice-versa.

Added July 2007 Reprogramming:
Partner changed from TBD to the African Network for the Care of Children Affected by AIDS

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement 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 and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards		☑

Target Populations:

Doctors
Nurses
HIV/AIDS-affected families
Infants
Caregivers (of OVC and PLWHAs)
HIV positive infants (0-4 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: ACQUIRE/EngenderHealth
Prime Partner: EngenderHealth
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 12238
Planned Funds: $ 400,000.00

Activity Narrative: PLUS UP FUNDING: This new activity links to the following PMTCT service delivery activities: IntraHealth, Columbia, JHPIEGO. There is very low uptake of prenatal services in Ethiopia; only 25% percent of pregnant women make at least one prenatal clinic visit and home delivery remains the norm, with only 6% of Ethiopian mothers delivering in a health facility. Currently, only 46–53% of positive mothers accept Nevirapine after post test counseling. These patterns have important implications for the design and execution of PMTCT interventions. EngenderHealth will introduce different quality improvement (QI) approaches such as the COPE model (Client-Oriented, Provider-Efficient), facilitative supervision, and other QI approaches that foster client orientation in developing strategies to improve quality of services. EngenderHealth will assist in reaching more women through community outreach and referral by traditional birth attendants (TBAs).

"The intervention aims to achieve the following: 1) Improve quality and use of ANC, PMTCT, and FP services in supported sites; 2) Increase access to ANC/PMTCT/FP information and services; and 3) Increase counseling in family planning, HIV/STI prevention and treatment services. During the first year, EngenderHealth will pilot activities in 20 health centers and four hospitals in Amahra and Oromia regions in high prevalence communities. Sites will be selected through a rapid assessment process, looking at counseling and testing, ANC and PMTCT service data, existing community referral networks and trained TBAs/HEWs, etc. The vast majority of Ethiopian women don't access health services during pregnancy and childbirth. In the 2005 DHS, distance from health facility (68%), need to take transportation (72%), anxiety there might not be a female provider (73%) and concern that there may not be any provider (80%) were the major reasons women gave for not attending health facilities even when sick.

"

This partner will explore these challenges using a formative assessment to identify how to address reasons for low ANC and PMTCT utilization and loss-to-follow-up in the specific pilot sites. The results will be used to help create a communication strategy to reach both women and men: EngenderHealth will adapt its PMTCT COPE handbook successfully implemented in Cameroon, Kenya and Tanzania since 2004. The second step will be to coordinate training of trainers on Quality Improvement (QI) and Facilitative Supervision (FS). This is a theoretical and practical training for medical directors from the pilot facilities, woredas and regional health bureaus. The training has theoretical knowledge on QI tools including COPE, Quality measurement tool (QMT), as well as practical sessions where COPE exercises will be conducted in a pilot site. Each participant will develop action plans to introduce COPE into their respective facilities. Two such trainings will take place for the 24 sites – with 12-14 participants per training.
COPE facilitators from EngenderHealth will work with each trained participant to introduce COPE into all 24 facilities. During the three-day COPE introduction, all PMTCT and ANC providers will meet to discuss their existing services, identify bottlenecks and issues of quality, analyzing root causes in order to develop their own recommendations. The providers will use the COPE self-assessment tools specifically adapted to PMTCT, as well as client interview and site visit forms. Community members, mothers and TBAs will be involved to help the facility reach recommendations. During the last day of the introduction, the facilitators will introduce QMT to help document baseline information to analyse the results after implementing the recommendations. The health facility will form a QI committee comprised of PMTCT and FP counselors, the medical director, matron and woreda head etc. to follow up the action plan. The aim of the COPE methodology is to enhance local capacity to implement quality improvements and conduct supervisory follow-up visits.
It will be important to consider the role of TBAs as sources of information within these communities. The partner will train TBAs to improve their communication skills in HIV counseling and testing, family planning, stigma, etc. Another strategy will be the use of community-based Reproductive Health Agents as key community promoters of family planning and ANC services. They are already trained to go house to house to talk to people, so they are well positioned to identify pregnant women and advise them about available services. The Amhara Development Association and the Oromia Development Association have over 5,000 CBRHAs which this project will mobilize for outreach. After a facility has implemented COPE, then the Community COPE tool will be introduced to assist health facilities in engaging community members in dialogue regarding quality of services and client needs. It will be useful to strengthen the relationship between community members and facility providers.

EngenderHealth aims to reach over 4,000 pregnant women and their partners with integrated SRH services. The targets will be counted by PEPFAR partners reporting in each of the health facilities. This activity will increase the quality of PMTCT and ANC services provided while raising community awareness of the benefits of available services .

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

Target Populations:

Pregnant women
Volunteers
Traditional birth attendants

Key Legislative Issues

Gender

Increasing women's access to income and productive resources

Increasing women's legal rights

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Ethiopian Public Health Association
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 12242
Planned Funds: $ 150,000.00
Activity Narrative: PLUS UP FUNDING: "Expanding PMTCT services in Private Health Sectors in Ethiopia

This is a new 2007 activity; funding will be transferred through EPHA to the Ethiopian Society of Obstetricians and Gynecologists (ESOG). ESOG is a local non-profit professional organization established in 1992, including nearly all Ethiopian obstetricians and gynecologists as members. The society has previously effectively implemented several safe motherhood and RH projects in collaboration with national and international organizations.
"

"This activity will support expansion of PMTCT services in private hospitals and special clinics with Maternal and Child Health (MCH) services in Addis Ababa. Expansion of PMTCT services to all public, private and non-governmental facilities that provide MCH services is a strategy employed by the GOE to scale up HIV/AIDS prevention, care and treatment services. In Ethiopia, the private sector is expanding rapidly, making significant contributions to improved health care access, particularly in urban populations. However, little effort has been made to involve the private sector in the national PMTCT program. Nearly a third of Ethiopia's obstetricians and gynecologists are providing RH services at private health facilities, and the majority of these are in Addis Ababa. Obstetricians and gynecologists could lead reproductive health promotion, and therefore, ESOG has a comparative advantage to implement PMTCT programs in the private health sector.
"

"According to the AIDS in Ethiopia Sixth Report, there were 135,904 ANC clients in Addis Ababa during the Ethiopian fiscal year 1998 (2005/2006), and only 19,541 (14.4%) of pregnant women were tested for HIV, demonstrating that the majority of women in Addis Ababa do not have access to PMTCT services.

Although many women receive ANC and delivery services at private health facilities, PMTCT services in Addis Ababa have to date been limited mainly to public facilities. According to the National Health and Health Related Indicators Report (1998 E.C. or 2005/6), there were 20 hospitals, 30 special clinics and 93 higher clinics privately owned in Addis Ababa, indicating urgent need to expand PMTCT services in the private facilities.
"

"In order to scale up PMTCT, ESOG will undertake the following activities:
ESOG will provide technical input and guidance to the FMOH and regional health bureaus, supporting initiatives to expand PMTCT services in the private sector. ESOG will conduct a national pre-intervention survey: KAP on PMTCT among health professionals in private facilities, and a post survey workshop to help strategize implementation of the PMTCT program. Post-intervention, ESOG will conduct a workshop to disseminate findings, share experiences and direct future implementation of PMTCT programs at private health facilities. Findings will be published in the society's journal (The Ethiopian Journal of Reproductive Health).

"

At facility level, ESOG will support site-level PMTCT activities in collaboration with the MOH, Addis Ababa regional health bureau, JHPIEGO and JHU. In FY07, ESOG will conduct staff training and supervision, and implementation of PMTCT programs at 20 private hospitals and five special clinics in Addis Ababa. ESOG will ensure that women enrolled in PMTCT are rapidly staged, receive care and treatment services, and are referred on when needed. These private facilities provide ANC services to an estimated 15,000 women annually.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Needs Assessment	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of women screened for HAART		☑
Number of infants who received a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of HIV exposed infants provided with Cotrimoxazole Prophylactic Therapy (CPT)		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	25	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	7,875	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	90	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	150	☐

Target Populations:

HIV/AIDS-affected families
Infants
People living with HIV/AIDS
Pregnant women
HIV positive pregnant women
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Adis Abeba (Addis Ababa)

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: $ 12,045,339.00

Program Area Context:

Recent ANC and EDHS analysis reveal a lower national prevalence and more concentrated HIV epidemic in Ethiopia than previously believed. ANC surveillance and the 2005 EDHS indicate a 3.5% and 1.4% national prevalence, respectively. Within the 15 – 24 cohort, 16% of young women and 2% of young men had sex by age 15, while 35% of young women and 9% of young men had sex by age 18. In Addis Ababa, 6% of young women and 2% of young men had sex by age 15, while 16% of young women and 14% of young men had sex by age 18. Among sexually active youth age 15-24, 6% of women and 37% of men engage in higher-risk sexual activity.

EDHS 2000 and 2005 data on ABC-related behavioral indicators provide a starting point to address additional HIV prevention needs and approaches. A, B, and C data have all shown improvements in positive directions over the past five years. Reported premarital sex among men 15-19 has decreased from 7.8% to 3.9%, and among men 20-24, it has decreased from 20.8% to 13.4%. Premarital sex among women 15-19 has decreased from 4.0% to 1.0%, and among women 20-24 it has decreased from 16.5% to 3.1%. The percentage of men 15-49 reporting 2 or more partners has decreased from 5.4% to 4.1% and among women has decreased from 1.1% to 0.2%. Reported condom use at last higher risk sex has increased among Men 15-49 from 30.3% to 51.7%, and among women 15-49, it has increased from 13.4% to 23.6%.

Both surveys indicate a predominately urban epidemic that is likely to be concentrated among risk populations. Based on new prevalence information and behavioral data, PEPFAR Ethiopia's prevention strategy will prioritize expansion of ABC outreach activities to most at risk populations, and focus expanded/new HIV prevention activities for both the general population and high-risk groups in urban areas and along major transportation corridors.

PEPFAR Ethiopia will expand activities that focus on intensive interpersonal interventions, including skills building and behavior change communication. Activities that seek to create an enabling environment for healthy behavior will also be a priority, including strategic investments in mass media that have the most utility in the Ethiopian context. Several existing ABC activities are comprehensive in outreach.

The USG identifies the following sub-populations as most at risk groups: commercial sex workers, their clients and regular partners; sexually active girls age 15-24 and women migrating to urban areas or who are separated/divorced; pregnant women; men engaging in cross-generational or transactional sex, or who are highly mobile or within higher wealth quintiles; young men having multiple sexual partners; uniformed service members; and refugee populations.

While the groups identified above are in greatest need of focused and comprehensive ABC prevention programs, it will be essential to provide a substantial AB component for several of these populations. Behavioral data indicate that multiple partnerships, mainly among men, is a key risk factor that needs to be addressed at the individual and community level. Given our greater understanding of the prevention needs in Ethiopia as a result of these new data, PEPFAR Ethiopia will submit a justification for OP programming to exceed 33% to a level of 57% of the sexual transmission budget.

COP07 will strengthen existing prevention programs, establish new activities and use Annual Program Statements (APS) mechanisms to fill identified gaps and support new approaches to ABC. A continuation of COP06's HIV prevention APS will continue awards and solicit new local indigenous partners based in urban and peri-urban areas. Priorities highlighted in the APS will prioritize improvements in risk perception and partner reduction among most at risk populations among men. An Interagency APS, a broader US Mission mechanism,specific will provide opportunities for international groups to submit new ABC concepts for multi-year awards.

Prevention for youth and the general population remains a priority, and much has been accomplished through several existing partners. These activities worked through existing structures to combine approaches including life skills for youth, addressing harmful social norms, facilitating community dialogues and other outreach activities to support AB behaviors. Several activities are already being implemented in higher prevalence urban and peri-urban areas. The few prevention partners focused on rural areas of Ethiopia will be asked to refocus some of their efforts on areas where urban to rural transmission is likely, such as marketplaces. In addition, one activity will address girls, fathers, young brides and grooms related to HIV gender burden and early marriage in rural Amhara.

Building on previous achievements, existing partners will readjust their programs to address newly identified prevention needs. During COP07, work with religious organizations will use faith networks to address gender norms and risky behaviors in the general population.

The Ethiopian Orthodox Church and Muslim Development Agency reach high proportions of men and will address norms and behaviors that condone multiple partners, cross-generational sex and extramarital relationships. Three Muslim development organizations will be supported with capacity building and activity grants. An external assessment of FBO prevention activities will identify how to strengthen the reach and influence of programs.

AIDS Resource Centers will provide policymakers and students access to current information on HIV/AIDS in Addis Ababa. In addition, the Wegen AIDS Hotline and AIDS website will continue to confidentially serve individuals and a PLWHA Radio Diaries program will be released.

Health Communications Partnership (HCP) will provide ongoing technical assistance to the USG on message harmonization and curricula to partners utilizing a series of curricula: Beacon Schools, Sports for Life and the Youth Action Kit.

The High Risk Corridor Initiative (HRCI) will expand geographically to reach three corridors. HRCI will work with adults and youth in communities at risk along transport corridors to heighten risk perception.

The Private Sector Program (PSP) will focus expansion on communities at risk in urban areas and transportation hubs. PSP will adapt existing BCC materials to increase risk perception and enhance prevention options for men who are often away from their families.

Uniformed services remain a priority intervention through MARCH. The National Defense Forces and the Federal Police Commission will provide technical assistance to implement the MARCH activities. Addis Ababa University will also receive technical assistance to implement MARCH activities.

HIV prevention activities to refugees will be supported through the UNHCR and International Rescue Committee in five camps near the Sudanese and Somali border.

The Government of Ethiopia has experienced challenges implementing a social mobilization campaign utilizing a Community Conversations approach. Through a developing community network, outreach volunteers and Health Extension Workers supported by the Care and Support Contract (formerly referred to as BERHAN), will engage thousands of individuals in peri-urban and rural areas in prevention activities such as community conversations, household-level counseling and referral to services.

The government promotes ABC as a comprehensive approach to HIV/AIDS prevention and has implemented a social mobilization strategy based on the Community Conversations methodology. PEPFAR Ethiopia supports greater engagement with several ministries and bureaus to strengthen technical capacity and monitoring and evaluation. The Ministry of Health, Ministry of Youth/Sports and Ministry of Education are key institutions.
The Global Fund, other donors and international and national NGOs will also be supporting media and messages to promote ABC.

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	2,036,333
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,920,395
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	65,434

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8091
Planned Funds: $ 485,628.00
Activity Narrative: Avoiding Risk, Affirming Life Program (ABY Track 1)

This is an ongoing Track 1-funded AB only activity in prevention. For this project CRS partners with the Ethiopian Catholic Secretariat and 5 diocese/vicariates (Addis Ababa, Harar in Dire Dawa Council and Oromiya Region, Meki in Oromiya Region, Adigrat in Tigray Region and Sodo-Hosanna in SNNPR) which have longstanding relationships with CRS. The project has 3 strategic approaches: 1. Training of Catholic Pastoral leaders in HIV/AIDS, counseling and message delivery. 2. Support to the diocesan Social Development and Coordination Offices to scale up youth focused HIV/AIDS prevention and support programs and challenge social norms which contribute to the spread of HIV/AIDS. 3. Accessing teachers, parents and in- and out-of-school youth using large-scale interactive interpersonal communication methods as well as life skills tools such as the Youth Action Kit developed by Health Communication Partnership in Ethiopia.

The project has initiated all three strategies in 3 dioceses in FY05 and FY06 and these were rolled out across these dioceses and to 2 new dioceses during FY07.

Continued Associated Activity Information

Activity ID: 5596
USG Agency: U.S. Agency for International Development
Prime Partner: Catholic Relief Services
Mechanism: T1
Funding Source: N/A
Planned Funds: $ 0.00

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 (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	41,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	0	☐

Key Legislative Issues

Gender

Coverage Areas

Dire Dawa

Oromiya

Tigray

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: Food for the Hungry
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8093
Planned Funds: $ 295,770.00
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 in prevention. Under this activity 162,949 individuals have been reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful (SAPR06).

Food for the Hungry International Ethiopia (FHI/E), is an officially registered Christian Relief and Development Organization and operating in five regional states of Ethiopia since 1984.

FHI/E directly implements HIV/AIDS prevention projects in three districts (Lay Gayint, Tach Gayint and Simada) of Amhara Regional State. At the same time FHI/E implements this project through sub grantees (four Local Christian NGOs) in Addis Ababa, Jimma and East Shoa Zones of Oromia Region and North Shoa Zone of Amhara Region. In general, PEPFAR funded FHI/E HIV/AIDS prevention project operates in 10 districts of the country.

The youth are the primary targets of this project. Other influential adults (such as parents, teachers, religious leaders and other influential people) are also targeted so that the youth will have a conducive environment to protect themselves from HIV/AIDS. The project also works with married individuals towards promoting faithfulness in marriage or long-term relationship.

During FY07, the major activities of the project will be AB awareness campaigns, teaching youth using well structured manual which comprises 12 serial sessions, teaching married couples on faithfulness using a structured manual that will be given in a few long retreats or over several weekends. At the same time influential adults will be trained on HIV prevention programs that promote Abstinence and/or faithfulness.

In FY07, FHI/E and its sub partners will reach a total of 279,608 (135,280 male & 144,328 female) people with appropriate AB messages and 10,570 people will be trained to support the HIV prevention programs that promote AB.

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

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

Continued Associated Activity Information

Activity ID: 5595
USG Agency: U.S. Agency for International Development
Prime Partner: Food for the Hungry
Mechanism: N/A
Funding Source: N/A
Planned Funds: $ 0.00

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 (a subset of total reached with AB)	122,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	279,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	10,500	☐

Key Legislative Issues

Gender

Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Oromiya

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8095
Planned Funds: $ 1,208,396.00

Activity Narrative: Y-CHOICE Program (ABY Track 1)

This is an ongoing Track 1-funded AB only activity in prevention. Under this activity 240,970 individuals have been reached with community outreach HIV/AIDS prevention programs that promote abstinence in the months April, May, and June of 2006. The activity is progressing well on track.

The Y-CHOICES program as its major objectives 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.

Y-CHOICES program primarily targets in-school and out -of- school youth and children. In addition, adults/parents in community based organizations (Idirs, Mahbers) and Alternative Basic Education Centers (ABECs) will also be the focus of the program as they have significant influence on children and youth behavior. Thus, adults/parents will be involved in the program to promote child-parent discussion on HIV & AIDS and sexuality issues at family level and mentor their children on A and B. In order to meet the aforementioned program objectives, various strategies are being employed. Among others, different behavior change focused trainings and diverse community out reach programs (including peer learning , mass education, drama, question and answer contest, mini media broadcast and mentoring forums) is used to reach the target population with A and B messages.

Specific objectives of the program include:

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

FY07 PLAN AND PROGRAM TARGETS

In FY 2007, as part of the in-school program, it is envisaged to reach 196,000 students in 126 secondary schools with Abstinence and Be faithful (A and B) messages. Similarly, 129,000 students in 252 upper primary schools will receive Abstinence (A) message. Hence, total of 756 secondary school peer educators and club leaders will be trained to facilitate and organize A and B out-reach programs in the target secondary and primary schools. In order to strengthen school A and B activities and ensure sustainability, 150 secondary schools will be provided with a set of mini media equipments and seed money/small grant.

With regard to out-of -school program, a total of 106,667 youth will be addressed with A and B messages through 70 out-of-school clubs. To this end, 561 youth mentors will be trained to promote and undertake A and B programs among the targeted out-of-school youth.

The community based program, on the other hand, will reach 53,333 adults using 187 Idirs, Mahbers and Alternative Basic Education Centers (ABECs) as entry point. Accordingly, 374 Adult Mentors will be trained to reach the target adults with youth-adult dialogue and A and B mentoring skill. Simultaneously, children in the ABECs will also be reached with A and B messages.

In addition, the program will be complemented by 12 regional/local educational radio mass media broad cast through which an estimated 36 million different community members are said to be reached with A and B messages across the country. To improve A and B message development and delivery skill, 50 Journalists from the target radio stations will be trained on A and B programming. This particular activity could be linked with other PEPFAR activities like Internews Local Voices and the AIDS Resource Center.

Pact will continue to integrate its work with PEPFAR prevention partners through the ABOP

sub-working group.

The program conforms to 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.

Continued Associated Activity Information

Activity ID:	5597
USG Agency:	U.S. Agency for International Development
Prime Partner:	Pact, Inc.
Mechanism:	T1
Funding Source:	N/A
Planned Funds:	$ 0.00

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 (a subset of total reached with AB)	128,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	485,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,931	☐

Key Legislative Issues

Gender

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: Samaritan's Purse
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8097
Planned Funds: $ 566,186.00
Activity Narrative: Mobilizing, Equipping and Training Youth Program (ABY Track 1)

This is an ongoing Track 1-funded AB only activity in prevention. Under this activity 20,915 individuals have been reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful in the months April, May, and June of 2006. The activity is progressing well on track.

Samaritan's Purse (SP) implements the Mobilizing, Equipping, and Training (MET) program in Gedeo zone, Southern Nations, Nationalities, and Peoples Region. The SP MET program goal is to help youth make healthy choices that prevent new HIV infections, especially through abstinence from sex until marriage and faithfulness within marriage. To achieve this goal, SP MET program mobilizes churches and communities to action in their spheres of influence by utilizing moral instruction for primary behavior change, and focusing on abstinence until marriage, faithfulness within marriage and increasing secondary abstinence, as well as other healthy behavior such as avoiding alcohol and drug use. The MET approach builds and expands the capacity of churches, schools, and communities to help youth choose healthy behaviors as a norm.

In FY07, the SP team will train 1435 individuals to provide HIV/AIDS prevention programs that promote abstinence until marriage for unmarried youth and faithfulness for married youth. Selected trainees are church and community leaders who already have a group of youth that meets regularly in churches, anti-AIDS clubs, community youth centers, or other locations. All trainees are volunteers.

The trainees will return to the youth serving groups where they lead and pass along messages about stigma, VCT, facts about HIV and AIDS, and abstinence and faithfulness based prevention. The trainees will reach 35,875 individuals through these community outreach programs.

Each trainee who reaches out to youth in his or her organization has the potential to continue in a training cycle that will allow them to reach youth with life skills and mentoring. Those who remain committed to the message of healthy choices for young people will join Community-based Volunteer Teams (CBVT). SP will provide administrative support and toolkits for starting additional activities for young people. SP team members will track the progress of each team. By the end of FY07, 40 CBVT will operate in Gedeo zone. All members and leaders will have completed SP's MET training cycle and will be responsible for sustaining abstinence and faithfulness focused prevention messages for youth.

All the activities listed above began in FY06, and will continue throughout FY07. In addition, SP intends to implement media promotion through posters and billboards throughout Gedeo zone. Other media strategies for abstinence until marriage and faithfulness within marriage will also be considered.

Continued Associated Activity Information

Activity ID: 5631
USG Agency: U.S. Agency for International Development
Prime Partner: Samaritan's Purse
Mechanism: N/A
Funding Source: N/A

Planned Funds: $ 0.00

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 (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	35,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,435	☐

Key Legislative Issues

Stigma and discrimination

Gender

Coverage Areas

Southern Nations, Nationalities and Peoples

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Private Sector Program
Prime Partner: ABT Associates
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10376
Planned Funds: $ 312,000.00

Activity Narrative: Private Sector Program (Prevention AB)

This is a continuing activity in the following emphasis areas: AB, OP, CT and TB/HIV. This is a comprehensive ABC activity. In COP07, Abt Associates will expand services to most at risk populations. As of August 2006, the partner received 100% of COP06 funds and is on track according to workplan objectives.

COP06 Summary: The Private Sector Program (PSP), through large workplaces and private clinics, improves access to HIV prevention, care and treatment services for employees and family members.

PSP focuses on demand-driven programming to the business sector; a major focus is to ensure management/employee ownership of activities and establish cost-sharing arrangements. During COP06, PSP supported local companies to conduct interpersonal peer education programs with training, supportive supervision and senior management consultation. PSP integrated materials on ABC, cross generational sex and transactional sex, gender norms and the current HIV burden on women. PSP, utilizing the cross generational sex study results, developed posters and short mini-media focusing on male behaviors for use in interpersonal and interactive communication specifically on stigma/discrimination and also on cross generational sex. In addition, PSP adapted curricula for use by medium and long distance drivers. Peer educators, who are volunteers, received five days training on ABC and HIV care (i.e. VCT, TB, Positive Living) curricula. During that training, the participants were equipped with communication and counseling skills to support the effective implementation of programs and communication with family and community members. Participants were recognized through "Family Days" to celebrate the company's successes in addressing employee health and safety. Routine follow up and supervision were provided to each site.

PSP engaged several persons living with HIV/AIDS associations to participate in or lead trainings on HIV prevention. Because of the poor performance of these associations, PSP provided communication skills and technical training on HIV prevention ABC to improve consistency and quality of messages from these groups. Furthermore, PSP leveraged resources with the International Labour Organization to broaden implementation of HIV prevention programs in workplaces throughout the country. PSP engaged the Ethiopian Civil Service Agency (encompassing approximately 400,000 public employees) and the Ministry of Labour and Social Affairs to support reform and mainstreaming efforts to include HIV prevention and Solidarity Funds.

COP07 Proposed Activity: In COP07, Abt Associates and consortium partners Population Services International, IntraHealth International and Banyan Global will strategically expand to, at a minimum, 20 additional mid-large workplaces based on a recommendation from the USG prevention TA visit in July 2006. This will result in engagement with additional males in management, employees and family members residing or transiting in communities at risk (i.e. located in urban areas or contiguous to major transportation corridors) or higher risk industrial settings (i.e. trucking and transportation, hotels and tourism, remote construction projects and road building). Activities will be expanded from the current program footprint of 55 large workplaces. Expansion will be reviewed within the context of the ART health network and existing/new HIV prevention partners including the High Risk Corridor Initiative, the Targeted Condom Promotion activity, Health Communications Partnership and AIDS Resource Centers. PSP's focus will be to support intensive workplace peer-based interpersonal communication and education programs to reinforce positive behavioral norms focusing on mutual fidelity in marriage and on heightened self-risk perception in the context of cross generational sex for men with money/stature or mobility. Peer educators will continue to receive follow up trainings and supportive supervision to ensure consistency of messaging, improved communication skills and for motivation.

PSP activities will include a rapid assessment of HIV services, knowledge and behavior followed by a management orientation session with senior management, peer-based rollout of behavioral change sessions using 8 – 16 module-based trainings in the workplace over several months, family-oriented activities in recognition of employer/employee commitment to workplace activities and mass education AB messages for those in the community of operation. Additional elements of the program include

HIV/AIDS policy design, health committee capacity building, management orientation and SI activities serving to monitor programs to 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, their dependants and the community to improve their knowledge on basic HIV facts, personal risk assessment, HIV prevention strategy, Gender and HIV, Counseling and Testing (CT), HIV and Tuberculosis, positive living and care and support and developing communication skills based on the level of risk and exposure of the target group. PSP will also provide training to PLWHA members to involve them in the education process in a more productive and structured manner.

PSP's growing focus on males who work away from their families will lead to a revision of pre-existing peer education and BCC materials to support several options for transport workers and those with mobility that are unified with workplace activities.

PSP will collaborate with HIV prevention partners to utilize or adapt pre-existing audio and print materials to actively address male social norms and low self risk perception.

Current workplaces:
Addis Ababa Abattoirs Enterprise; Agency for Rental Housing Enterprise; Akaki Textile Share Company; Bekelcha Transport Share Company; Commercial Bank of Ethiopia; COMET Transport Share Company; East Africa Group PLC; Ethio-Agri-Ceft PLC; Wush Wush Tea Farm Development; Ethiopian Crown Can and Cork Manufacturing Industry; Ethiopian Electric Power Corporation; Ethiopian Telecommunications Corporation; Ethiopian Airlines Share Company; Ethio Leather Industry PLC; Ethio Tannery Share Company; Ethiopian Insurance Company; Fincha Sugar Factory; Kombolcha Textile Share Company; Matador Addis Tyre Share Company; Matahara Sugar Factory; Meta Abo Brewery Share Company; MOHA Soft Drinks Industry PLC; Mugher Cement Factory; National Mining Corporation; National Tobacco Share Company; PHARMID; Wonchi Sugar Factory; Addis Ababa Hilton Hotel; Adey Abeba Yarn Factory; Agricultural Equipment and Technical Service Share Company; Ambo Mineral Water Factory; Arba Minch Textile Share Company; Artistic Printing; Awassa Tabor Ceramics Share Company; Awassa Textile Share Company; Ayeha Development Farm; Ayehu Zigini Farm Development; Birhan en Selam Printing; Birr Farm Development; Bahir Dar Edible Oil; Bure Kul Mineral Water; Dashen Brewery PLC; Das Cotton PLC; Debre Birhan Blanket Factory; Dire Dawa Textiles Share Company; Dire Dawa Cement (National Cement) Factory; Dire Dawa Food Complex; Dire Dawa Railway; ECAFCO; Edget Yarn and Sewing Enterprise; Emergency Relief Transport Enterprise; Ethiopian Grain Trade Enterprise; Ethiopian Postal Service; Ethiopian Road Authority; Fafa Food Share Company; Babile Mineral Water; Guder Food Complex; Harar Brewery; Meher Fiber Products Factory; MOHA Gondar; Addis Ababa Cement Factory; National Bank of Ethiopia; Sheraton Addis Ababa; Tana Transport; Upper Awash Agro Industry Enterprise; and Wabi Shebelle Hotel Enterprise.

Continued Associated Activity Information

Activity ID:	5605
USG Agency:	U.S. Agency for International Development
Prime Partner:	ABT Associates
Mechanism:	Abt Private Sector Partnership
Funding Source:	GHAI
Planned Funds:	$ 260,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	45,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	420	☐

Target Populations:

Adults
Business community/private sector
Factory workers
HIV/AIDS-affected families
Truck drivers
People living with HIV/AIDS
Girls
Boys

Key Legislative Issues

Stigma and discrimination

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: jhu-ccp
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10386
Planned Funds: $ 562,500.00

Activity Narrative: This activity has received funds redirected from MARCH cooperative agreements as follows: Addis Ababa University – 100000, and Federal Police – 62,500.

This activity is linked to the MARCH TA Other Prevention activities COP ID 10388 design and production of TA for MARCH and it also links with COP ID 10554 supporting AAU students with OP, improving HIV/AIDS/STI/TB prevention and care activities and 10575 Federal Police prevention activities. It also provides technical assistance to the existing Military, Police 10554 and AAU prevention activities.

CCP began providing TA to these CDC partners in FY06 to facilitate the successful implementation of the MARCH project among these three key audiences. Intensive HIV prevention activities among the military, police and university students are critical in the context of the low prevalence, generalized HIV epidemic in Ethiopia. These are highly mobile groups, frequently away from home. Targeted interventions to sub-groups most at risk are essential to stem the spread of the epidemic. Therefore, the sustained success of these programs is a crucial aspect of the national response.

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. Addressing stigma and discrimination towards PLWHA, tackling the 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, police and AAU members. There are two main components to the program: Entertainment as a vehicle for education (long running serialized printed 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. Research shows that effective interventions are often personalized ones. The MARCH reinforcement activities try to personalize the behavior change intervention. The objective of the reinforcement activities include: applying message in the drama to their own lives, provide accurate information about HIV/AIDS and behavior change, provide an opportunity to practice new skills that may be required in avoiding infection and supporting those infected.

The project utilizes models that reflect the existing characteristics of the police that face similar barriers and facilitators of behavioral change. These models are part of a printed serial drama that is published every two weeks and distributed among the target populations. The reinforcement component utilizes activities such as discussion groups amongst peers and IEC materials that reinforce behavior change at the individual and societal levels. The discussions help peers to discuss the issues they come across in the serial drama and give them a sense of community support for behavior change.

CCP will continue to provide technical assistance and guidance to the partners during FY07 in the areas of planning and designing projects, monitoring activities, organizing trainings, and assisting the partners with material production including both the modeling materials/activities and re-enforcement materials/activities. CCP will provide the necessary training to the creative team and program staff for the three MARCH partners. The TA will also include the development high quality, research-based, IEC/BCC materials on relevant HIV/AIDS topics and to continually monitor and evaluate the produced IEC/BCC materials. During FY07, additional emphasis will be placed on building the capacity of each of the three partners and support to implement the program and focusing on ways that the program will be institutionalized within each organization.

As financial systems and bureaucratic process has been found to be the major barrier in the implementation of the MARCH project especially at FPC and AAU, budget has been redirected to JHU/CCP to facilitate the financial utilization.

100% of the budget (400,000) to MARCH TA to the three partners (AAU, FPC and NDFE). The areas of the TA will focus on: Formative Assessment, Development of Data Summary

Grid, Development of PSD, reinforcement activities, staff capacity building and M&E.

The redirected budget from AAU will be utilized for AAU MARCH project:
(1)Conduct training to build the leadership skills of MARCH project creative team, program staff and additional reinforcement agents;
(2)Provide assistance in the development, publication and distribution of the printed serial drama as well as other training curriculum for the university students;
(3)Provide capacity support for AAU MARCH office in the establishment of liaison offices in every campus to implement MARCH program to full scale reaching a total of 30,000 regular students, 2000 summer students and 3000 academic and administrative staff members; and
(4)Support in the production and distribution of target specific IEC materials to support an array of preventive activities on the campuses.

The redirected budget from FPC will be utilized for FPC MARCH Project:
(1)Conduct training to build the leadership skills of MARCH project creative team, program staff and additional peer leaders (
(2)Building the organizational capacity of the Federal Police and Addis Ababa Police Commissions in implementing MARCH project;
(3)Provide assistance in the development, publication and dissemination of printed serial drama and peer training manual for the police community; and
(4)Support in the production and distribution of Police specific IEC materials augmenting the printed serial drama.

Continued Associated Activity Information

Activity ID:	5723
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 227,918.00

Activity ID:	5753
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 500,000.00

Activity ID:	5758
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 117,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful		☑

Target Populations:

Implementing organizations (not listed above)

Coverage Areas:

National

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:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	10394
Planned Funds:	$ 300,000.00

Activity Narrative: High Risk Corridor Initiative (HIV Prevention)

This is a continuing activity from FY06. This is a comprehensive ABC activity. This activity relates to activities in OP, CT and PC. In addition, Save the Children USA will collaborate with the AIDS Resource Center(10388,10606,10422), IOCC/Orthodox Church, (10512,10513,10511) PACT/Muslim Development Agency(10520), Abt Associates/Private Sector Program, OSSA/Mobile Counseling and Testing (10538)(Abt),10547 (HAPCO) TBD(10404) /Targeted Condom Promotion and Family Health International/MARPS in Amhara and ROADS project (10597).

High Risk Corridor Initiative Summary: Ethiopia's High Risk Corridor Initiative (HRCI), an HIV prevention and care intervention started in 2003, follows a busy transportation corridor originating in Addis Ababa until the border with Djibouti. Along the corridor 24 peri-urban and urban areas have HRCI-installed AIDS Information Centers and additional HIV prevention outreach activities to transport workers, commercial sex workers and in/out of school youth. Several services are offered including ABC education and STI/PMTCT/VCT referral. HRCI also has CT and Palliative Care (including wrap-arounds) elements to provide most at risk populations with HIV services and wrap-arounds in underserved areas. Approaches include information dissemination, active community conversations, group discussions, peer education and interactive drama. In addition, informative meetings with hotel and bar owners are conducted.

The target groups under this activity include: in/out of school youth; transportation workers and bar/hotel based commercial sex workers.

HIV prevalence information from recent ANC and EDHS surveys indicate that urban Oromia and Afar are critical areas to enhance HIV prevention efforts. Oromia's HIV prevalence using the ANC 2005 survey is 2.3% (urban 8.0% and rural 1.3%) and 2.2% using the EDHS 2005 survey. Several towns along the corridor are hubs for transportation, trucking and commerce.

COP06 Summary: In FY05 APR, 26,339 clients were provided with AB counseling services at AIDS Information Centers and in school programs targeting girls. In FY06 SAPR, 54,933 clients were provided with AB counseling services and in school programs targeting girls. 12,000 clients were provided with A-only messages.

COP07 Proposed Activities:

In FY07, the High Risk Corridor Initiative will maintain existing services along 24 towns of the Addis Ababa – Djibouti corridor and expand to provide HIV prevention services in towns along two additional transportation corridors: Debre Berhan – Kombolcha – Dessie – Weldiya – Mekelle – Adigrat; and Modjo – Shashemena – Awassa – Dilla.

Under the AB component, HRCI will build or strengthen existing partnerships with local school parent-teacher associations and predominant faith-based organizations to facilitate skills-training programs for parents to better communicate with their children about sexual behavior. HIV prevention education, discussion forums for both sexes, and young female support groups will be integrated into this informal training program. This activity strongly supports the Government of Ethiopia's Social Mobilization strategy. Utilizing Ethiopia's Youth Action Kit, HRCI sub partners will support local schools in AB programming by increasing the capacity of teachers and administrators, HIV/AIDS focal persons and in-school youth leaders to promote life skills, risk perception and abstinence programs in public and private schools for adolescents and youth age 14-19. Youths engaging in sexual intercourse will be referred to AIDS Information Centers or into at-risk youth activities for condom programming/wrap- around services to reduce the probability of HIV infection.

Furthermore, outreach B programming to males residing or transiting in the community will be implemented. Utilization of pre-existing materials will be maximized. Harmonization with the ROADS project's messages along the Addis – Djibouti corridor will occur. HRCI will work closely with the USG to develop broader community-level networks that leverage HIV prevention, care and treatment partners implementing activities in the same urban area.

Continued Associated Activity Information

Activity ID: 5601
USG Agency: U.S. Agency for International Development
Prime Partner: Save the Children US
Mechanism: *High Risk Corridor Initiative
Funding Source: GHAI
Planned Funds: $ 500,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
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 indigenous organization provided with technical assistance for HIV related policies;		☑
Number of individual training in HIV related policies (this is a sub set of the total number trained);		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	25,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	37,500	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	525	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Military personnel
Truck drivers
Girls
Boys
Secondary school students
Migrants/migrant workers
Out-of-school youth
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: N/A
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10401
Planned Funds: $ 700,000.00

Activity Narrative: Community Mobilization Under the Care and Support Contract

This is a continuing activity. As of August 2006, 100% of funds were obligated to the USG – Ethiopia Strategic Objective Agreement (SOAG) to support programming in this mechanism when awarded in December 2006/January 2007.

This is a comprehensive ABC activity. This activity is linked to the 10647 (Care and Support) contract (formally BERHAN) RFP to be awarded in 2006 found in CT, PC, TB/HIV and ART. In addition, this activity is linked to activity PEPFAR Ethiopia's support of MOH/Health Extension Workers (10435).

Given the low urbanization rates, a significant proportion of HIV/AIDS cases remain in rural areas. ANC surveillance in many peri-urban health centers indicate a high HIV/AIDS case burden where limited services are available. Furthermore, DHS reveals limited reach of mass media including radios. In response, this activity prioritizes the deployment of Case Managers and Outreach Volunteers to the peri-urban fringe and rural areas in/around ART health networks to conduct face-to-face community outreach, and supports Government of Ethiopia efforts to deploy Health Extension Workers to these areas.

The activity has several components. One component utilizes non-medical Case Managers in health centers to support consistent HIV prevention ABC communications with people living with HIV/AIDS or most at risk groups appearing. These brief counseling periods, anticipated after a closer relationship is formed with Case Managers, represents efforts to integrate and mainstream brief motivational interventions alongside clinical IMAI training among the clinical care team.

The second component of this activity includes providing technical assistance to Zonal and District Health Offices to support the HIV prevention activities of Health Extension Workers. Technical assistance will encompass engagement by the TBD contractor to ensure adequate in-service training, support to ensure referrals of most at risk populations and counseling in the community and at a health post level of the ART health network. This new cadre of health worker is placed at the community level to serve several villages (i.e. Kebele) in peri-urban fringe and rural areas. In total, 30,000 Health Extension Workers (HEW) will be deployed by 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. During FY07 HEWs will function as the lead position at the health post and the community level to provide social mobilization activities in HIV prevention.

The third component of this activity includes, in partnership with local authorities, identifying, training and deploying outreach volunteers to support and facilitate the role of community outreach by Health Extension Workers. Through this activity, outreach volunteers will provide technical support to the Regional HIV/AIDS Prevention and Control activities in communities through community conversations and outreach counseling at the household level. In addition, outreach volunteers will support Case Managers in tracking and counseling those who drop from appointments for clinical care. Outreach volunteers, as local individuals, will use culturally appropriate approaches in discussing HIV/AIDS, primary ABC and secondary prevention. This will include identifying misconceptions, sitgma reduction, highlighting the gender and HIV burden for young women in Ethiopia and negative social and cultural norms.

This activity will strongly support regional government prevention efforts through social mobilization. The Care and Support Contract's coverage is anchored in predominantly peri-urban settings reaching out from health centers to health posts through Outreach Volunteers in coordination with Health Extension Workers, Peace Corps 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. Outreach volunteers, 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.

Outreach Volunteers will play an active role in broader community and family-based counseling including the distribution of Government of Ethiopia and PEPFAR Ethiopia IEC BCC materials. Both Case Managers and Outreach Volunteers will support the provision of counseling interventions with abstinence and fidelity messaging, and improve client knowledge and understanding of discordance. The Care and Support Contract will collaborate with existing prevention partners so as not to duplicate ongoing PEPFAR Ethiopia and Government of Ethiopia 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 Outreach Volunteers 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.

Continued Associated Activity Information

Activity ID:	5760
USG Agency:	U.S. Agency for International Development
Prime Partner:	To Be Determined
Mechanism:	*
Funding Source:	GHAI
Planned Funds:	$ 0.00

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 (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	400,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	4,000	☐

Target Populations:

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

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: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10406
Planned Funds: $ 0.00

Activity Narrative: HIV Prevention ABC Annual Program Statement (APS)

This is a continuing comprehensive ABC activity that is linked to activity Annual Program Statement (OP) (10630). As of August 2006, 100% of FY06 funds were obligated to the USG Strategic Objective Agreement with the Ministry of Finance and Economic Development. These funds will be programmed through the Annual Program Statement mechanism in October 2006. In addition, pre-award procurement and financial assessments will be conducted by USAID prior to award.

The Annual Program Statement (APS) will support multiple continuing and new awards up to 200,000 to indigenous organizations to promote abstinence and fidelity programming in TBD urban and peri-urban of Ethiopia. Urban and peri-urban areas that demonstrate HIV prevalence above the national average will be prioritized.

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

Based on a USG HIV Prevention/Sexual Transmission TA visit, several recommendations highlighted the need to utilize community outreach approaches to reach most at risk groups and girls in Ethiopia. The needs of most-at-risk populations are heterogeneous, and therefore the USG will seek to engage more partners in order to support diverse approaches to meeting the needs of these high-risk, yet diverse populations. While the geographic focus of most prevention programs should remain on urban hubs and transport corridors, USG partners will also be supported to work with peri-urban and rural bridging populations. These partners will prioritize interventions that address urban/rural transmission dynamics such as marketplaces, and targeted prevention to mobile/migrant workers and their families.

Girls in Ethiopia have been hard to reach with prevention programs due to cultural norms requiring leaving school earlier than boys due to family responsibility and marriage and working in the home while not in school. Specific programs need to be designed, both for in-school and out-of-school girls which are female only and supported by the family and community.

Priority program areas include:
(1) Promoting abstinence and delay of sexual debut in relation to cross-generational sex and coercion among at risk out of school youth up to the age of 24.
(2) Promoting partner reduction for males 25 – 40.
(3) Normalizing fidelity, reducing sexual partners and avoiding concurrent or high risk partnerships among men in urban areas through outreach and mini-media.
(4) Sanctioning male participation in cross-generational and transactional sex.

Materials used will be predominantly pre-existing unless significant gaps are identified. Such gaps can be addressed with existing large prevention partners (i.e. development and production) or addressed through the larger International Annual Program Statement discussed below.

To alleviate confusion, this APS differs from the proposed Interagency Annual Program Statement in the following ways:
(1) Awards range between 100,000 – 200,000 for up to two years;
(2) Includes a continuation of programmatic activities of FY06 Prevention APS awards;
(3) Recipients will partner with existing USG outreach partners co-located in priority geographic areas to leverage their technical knowledge of HIV prevention and program implementation;
(4) Specifically targeted to help indigenous organizations graduate from "sub-partner" to prime partner;
(5) Annual Program Statement mechanism targeted to indigenous partners with capacity, providing a rapid and flexible mechanism to build capacity;
(6) Technical evaluation of concept papers will be within the in-country Prevention Working Group, an interagency unit; and
(7) Utilizes the strength of an in-country Contracting and Agreement Officer.

The Interagency Annual Program Statement is an opportunity for international and local non-governmental organizations to apply for PEPFAR funding. Awards are anticipated to be of larger value, for a minimum of three years and to support major program thrusts in AB and OP. This differs with the current activity Prevention APS in the scale of activities, the anticipated types of partners, the complex interagency division of labor and the speed of awarding funds.

Continued Associated Activity Information

Activity ID:	5743
USG Agency:	U.S. Agency for International Development
Prime Partner:	US Agency for International Development
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 0.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of indigenous organization provided with technical assistance for HIV related policies;		☑
Number of individual training in HIV related policies (this is a sub set of the total number trained);		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	95,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	☐

Target Populations:

Adults
Commercial sex workers
Most at risk populations
Discordant couples
Street youth
Seafarers/port and dock workers
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Partners/clients of CSW

Key Legislative Issues

Gender

Addressing male norms and behaviors

Coverage Areas:

National

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:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	10512
Planned Funds:	$ 635,000.00

Activity Narrative: Ethiopian Orthodox Church Comprehensive HIV/AIDS Activity (AB)

This is a continuing activity from FY06. As of June 2006, the partner received 100% of FY06 funds and is on track according to the original targets and workplan. IOCC conducts HIV prevention and care and support activities with the Ethiopian Orthodox Church (EOC): the Development Inter Church Aid Commission (DICAC). It relates to activities Community and Home-based Care for PLWHA (10513) and Community and Home-based Care for OVC (10511).

The Ethiopian Orthodox Church has approximately 40 million faithful, over 500,000 clergy and a network of parishes found throughout Ethiopia. DICAC operates in 100 districts in the country. The Church publicly declares that it has an obligation to mobilize human and material infrastructure for the national response to HIV/AIDS and that it should strive to influence positive social change, care for those affected or living with HIV/AIDS, promote abstinence and faithfulness and reduce stigma and discrimination. DICAC utilizes peer education and interactive communication to reach these goals.

During COP07, the activity will operate in 100 districts in 20 Dioceses. We anticipate that several districts will be transitioned to areas of higher HIV prevalence using both ANC and EDHS data. This will allow communities at risk to be reached with interactive and interpersonal communications utilizing AB messages. Similar AB approaches utilizing interpersonal peer education and interactive communication will be conducted through Sunday schools, para-counselors and 44 public rallies (4 by the Patriarch and 40 by the Archbishops).

In COP06, PEPFAR Ethiopia supported International Orthodox Christian Charities (IOCC) to work in partnership with the development arm of the Ethiopian Orthodox Church, (DICAC), to utilize and mobilize the strong Orthodox network towards reinforcing HIV AB prevention messages.

Interpersonal Peer Education: In COP06, DICAC focused on building its youth and general HIV prevention and risk reduction programs. During COP05 the youth prevention program was implemented through the existing Sunday school structure and 2,000 Peer Educators reached 50,000 youth biweekly. DICAC has adapted the Youth Action Toolkit (YAK), produced by Health Communications Partnership, for the Sunday school setting. In COP06, 80,000 youth were enrolled in YAK activities at Sunday schools throughout the 100 districts. An additional 2,000 Peer Educators were trained or retrained.

Interactive Communication and Public Rallies: In COP06, DICAC supported interactive HIV prevention and stigma reduction communications (i.e. Archbishop Rallies, Clergy outreach) within AB prevention activities at the community level. These activities targeted community attitudes and social norms of the congregation including delay of sexual debut, return to abstinence, mutual fidelity, HIV burden among young women, empathy for persons living with HIV/AIDS and identifying addressing misconceptions. Interactive communication and mass rallies held by the Patriarch and his Archbishops played an important role in catalyzing discussion on HIV/AIDS at the community level. These types of interventions will be continued in COP07 with strategic emphasis on the vulnerability of young girls and sanctioning male behavior in relation to multiple sexual partnerships and cross generational sex.

In addition to mass rallies, IOCC/DICAC provided intense training to 100 clergy trainers for cascade training to 40,000 clergy and community members up to the end of COP05. During COP06, 8,000 additional clergy and community members were trained, bringing the total to 48,000 trained clergy in operation. These clergy discuss HIV prevention and stigma with members of the congregation during community outreach and reach millions of individuals during the course of one year. Discussions utilize church doctrine and clergy training materials to support improvements in risk perception and AB approaches to HIV prevention by individuals and households. Trained clergy openly encourage premarital VCT and support discordant couples and others seeking advice, by referral to local service providers, on condoms, secondary prevention, care and support and ART.

Pre-Service HIV/AIDS Curriculum in Theological Colleges: During COP05, the Ethiopian Orthodox Church, with support from the IOCC, integrated HIV/AIDS modules into the core

curriculum of eight clergy training institutes and three theological colleges. During COP06 and COP07 further supportive supervision will be provided to these training institutes and colleges to ensure that the curriculum is effectively implemented. In addition, clergy in training will perform an internship that includes community outreach during the summer months in the regions. A section of that internship will draw on lessons from the core curriculum.

Activities in COP07 will include:
(1) Supportive supervision of district activities by the Ethiopian Orthodox Church to ensure consistency, quality assurance and improvements in programmatic performance against management indicators;

(2) Continued integration and supervision of HIV/AIDS core curriculum into eight clergy training institutes and three theological colleges. Training through these outlets will reach 1,000 individuals;

(3) Utilization of interpersonal communication through Sunday School and clergy counseling. IOCC anticipates additional technical assistance from Health Communications Partnership to implement the Youth Action Toolkit to support risk reduction, improved knowledge of HIV/AIDS and adoption of AB practices. Eighty thousand youth and young adults will be reached through Sunday Schools;

(4) Interactive communications and mass rallies with the Patriarch and Archbishops to support changes in social norms and attitudes surrounding HIV/AIDS. The rallies draw on messages that emphasize empowerment, support and empathy for those living with HIV/AIDS and HIV prevention through AB;

(5) In-service training of 8,000 clergy with follow-up from district branch coordinators;

(6) Capacity building and exit strategy/planning of IOCC with the Ethiopian Orthodox Church (DICAC) to support a multi-year transition of activities to the Ethiopian Orthodox Church;

(7) IEC materials on HIV prevention, care and misconceptions regarding the Ethiopian Orthodox Church's stance on the complementarities of Holy Water and ART will be distributed; and

(8) Utilization of community members and persons living with HIV/AIDS trained as para-counselors to support community outreach to the general population.

DICAC has supported the development of local community networks linking community organizations offering HIV prevention, care and treatment services. Effort during COP05 allowed important partnerships to be formed with local government, the Ethiopian Red Cross, PLWHA Associations and the Organization for Social Services for AIDS. These networks will continue to be supported with technical assistance from DICAC staff in the regions.

Gender remains an underlying principle to DICAC and is given attention as a cross cutting theme. Efforts to increase participation of women in youth clubs, community-based discussion groups and counseling and training activities will continue. In COP06, explicit female participation targets were raised to 50 percent for Para Counselor and Peer Educator staffing. These targets will be maintained in COP07. Sustainability of the DICAC program and Faith-based Organization FBO response will be emphasized through the Federal National Partnership Forum and through the Inter Faith Forum for Development and Dialogue for Action.

Continued Associated Activity Information

Activity ID:	5592
USG Agency:	U.S. Agency for International Development
Prime Partner:	International Orthodox Christian Charities
Mechanism:	*

Funding Source: GHAI
Planned Funds: $ 532,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
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 through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	80,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	7,000,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	10,000	☐

Target Populations:

Community leaders
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

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: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10520
Planned Funds: $ 421,440.00

Activity Narrative: Muslim Faith Based HIV Prevention AB

This is a continuing activity from FY06. As of June 2006, the partner received 100% of FY06 funds and is on track according to the original targets and workplan. PACT is conducting HIV prevention and capacity building with three indigenous Muslim faith-based organizations.

Muslim Faith Based HIV Prevention AB: In FY06, the USG provided support to PACT/Ethiopia to build the capacity of the Ethiopian Muslim Development Agency to implement HIV prevention AB activities in/around Jimma town, Dire Dawa and Harar. In FY06, PACT/Ethiopia expanded the capacity building and HIV prevention AB activities to include two additional Muslim organizations operating in the underserved regions of Afar and Somali.

Adult HIV prevalence within the program's geographic coverage, based on ANC and EDHS data, is summarized below:
Dire Dawa – ANC 2005 (Urban 8.0%, Rural 0.9%), EDHS 2005 – 3.2%
Jimma (Oromia) – ANC 2005 (Urban 8.0%, Rural 1.3%), EDHS 2005 – 1.4%
Harari – ANC 2005 (Urban 6.9%, Rural 0.5%), EDHS 2005 – 3.5%
Somali – ANC 2005 (Urban 3.5%, Rural 0.7%), EDHS 2005 – 0.7%
Afar – ANC 2005 (Urban 13.7%, Rural 1.7%), EDHS 2005 – 2.9 %

PACT/Ethiopia provides organizational capacity building and HIV prevention activity grants to the following organizations in/around Jimma Zone, Harar and Dire Dawa towns, and districts in the Afar and Somali regions:
Ethiopian Muslim Development Agency
Ogaden Welfare and Development Association
Rohi Weddu Pastoral Women's Development Organization (PWDO)

PACT/Ethiopia facilitates HIV prevention programming by subpartners through joint planning and supervision, technical training on HIV prevention, material adaptation and M&E support. The subpartners utilize pre-existing materials from Health Communications Partnership, PACT or the Government of Ethiopia's Health Education Center.

COP06 Summary: Since FY05, the Ethiopian Muslim Development Agency has operated HIV prevention AB programs in Jimma and Harar and surrounding areas. According to the EDHS (2005), polygamy accounts for 16% of relationships in Jimma and 5.5% in Harar. These areas can be characterized as cash crop areas known for coffee or khat production. During the seasonal harvest there is an influx of migrant workers to rural areas and commercial sex workers to the urban areas. Post-harvest households are often endowed with disposable incomes. Working through local Imams, youth groups and interested community members, the Ethiopian Muslim Development Agency facilitated interactive sessions during weekly congregations at the Mosque, youth groups and community gatherings to discuss HIV prevention through AB methods, stigma and existing care and treatment services. Training of imams and community leaders on basic HIV transmission, AB and gender has supported a greater consistency of messaging from Muslim leaders in these areas.

COP07 Activity Components: In FY07, PACT/Ethiopia will continue to engage subpartners to improve organizational capacity, facilitate implementation of HIV prevention AB activities with technical assistance and jointly monitor their progress to targets. Education activities will be carried out through community level educators, in schools to implement education and A & B messages, establish and support youth Anti-AIDS clubs with a greater focus on women-only clubs, IEC material distribution and the organization of public gatherings for community conversations. Providing information during Friday prayers using teachings from the Qu'ran will continue. PACT/Ethiopia will provide technical assistance to subpartners to utilize community radio broadcast of AB messages. Imams and community leaders will be encouraged to participate in market day teachings and interpersonal communications at the household level.

The USG expects PACT/Ethiopia and subpartners to collaborate with existing HIV prevention partners to utilize pre-existing audio and print materials, work with existing partners to develop culturally appropriate AB messages within the context of polygamy,

expand understanding of local care and support networks among Imams, continue to actively engage men with messages addressing social norms placing them at risk of HIV infection and coordinating with mobile CT services to provide seasonal harvest periods/marketplaces. PACT/Ethiopia will include specific references to the disparity of HIV burden among adolescent women in all trainings.

A significant proportion of beneficiaries are men. HIV prevention trainings will focus on perceptions of masculinity, social norms including culturally appropriate messages on polygamous relationships and HIV.

Gender and stigma are cross-cutting issues throughout the program. The participation of both males and females in training and discussion about sexual health issues can be sensitive, so interventions such as training women-to-women health promoters ensure that women are not left out. Stigma against people living with HIV/AIDS has been significantly reduced as people gain a clearer understanding of how the disease is transmitted. Voluntary counseling and testing (VCT) has increased, with some areas following new community norms encouraging premarital couples counseling and testing.

Continued Associated Activity Information

Activity ID:	5594
USG Agency:	U.S. Agency for International Development
Prime Partner:	Pact, Inc.
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 400,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
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 (a subset of total reached with AB)	500,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,200,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,270	☐

Target Populations:

Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders

Key Legislative Issues

Stigma and discrimination

Gender

Addressing male norms and behaviors

Coverage Areas

Dire Dawa

Oromiya

Afar

Hareri Hizb

Sumale (Somali)

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:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	10521
Planned Funds:	$ 800,000.00

Activity Narrative: Gender, Early Marriage and HIV Infection in Amhara Region

This is a continuing activity. The partner received 100% of FY06 funding in June 2006 and began start-up activities during August 2006. This activity will specifically focus on addressing social norms that lead to the sexual transmission of HIV among young girls with older men. Recent research has contributed to emerging evidence that girls who marry early may be at an 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+, 20% of grooms are HIV+ at the time of marriage. Ethiopia's Amhara region has the highest rates of HIV prevalence and the lowest age at marriage in Ethiopia with 42% of girls marrying by age 15. The vast majority of these girls have not had sex at the time of marriage. The fact 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 and knowing each other's HIV status before marriage may help delay marriage, 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 interventions in Amhara region to support later, safer, and chosen marriage and forge faithfulness within marriage through community awareness and premarital VCT. Recognizing the unequal power relations within marriage, this activity will also develop interventions encouraging 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 Gojjam 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 coordinate activities 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. 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 couples to premarital VCT sites. Given that VCT services 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. Clients testing positive will be provided ongoing support and referral to existing care and support services. This activity will establish 200 married girls' clubs to give girls a venue 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 to the PEPFAR Ethiopia Prevention Strategy of targeting high risk groups. 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 with high HIV prevalence rates. The specific project objectives are: (1) To provide technical assistance to the local partners on gender issues, specifically related to early marriage, coercive sex and the vulnerability of young girls; (2) To delay sexual initiation among unmarried adolescent girls in Amhara region by promoting social change and awareness of the RH and HIV transmission risks for married adolescents. (3) To promote premarital VCT for couples before marriage to foster long-term behavior change and faithfulness. (4) To improve HIV knowledge of married adolescent girls and their husbands through HIV prevention information, education and referrals through married girls' clubs and related couples' activities. (5) To increase the information related to the risks and vulnerabilities of married and pre-married girls in Amhara region in order to contribute to programming that responds to their circumstances (year one).

To achieve these goals and objectives, four strategies will be undertaken, namely: (1) Working with religious and community leaders as advocates to promote dialogue on HIV/RH risks and child marriage at the community level. (2) Creating demand for expanding premarital VCT "pre-counseling" and referral, through religious leaders and other community leaders. (3) Creating clubs for married adolescent girls and related activities for couples through which married girls and their husbands will receive HIV prevention education, information related to reproductive health, and referrals for VCT, PMTCT, ART and other reproductive health services, particularly safe motherhood services. (4) Working with religious and community leaders to create an environment supportive of faithfulness for young married men.

Added July 2007 Reprogramming:
In addition to activities around mitigating risks of HIV infection due to early marriage, the partner will initiate urban-focused programs with females migrating to urban areas where no coping structures exist. Programs will improve risk perception and awareness well networking these girls to existing community services and the public health system.

Continued Associated Activity Information

Activity ID:	5726
USG Agency:	U.S. Agency for International Development
Prime Partner:	Population Council
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 500,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Policy and Guidelines	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of indigenous organization provided with technical assistance for HIV related policies;		☑
Number of individual training in HIV related policies (this is a sub set of the total number trained);		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	0	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	90,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,000	☐

Target Populations:

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

Key Legislative Issues

Gender

Addressing male norms and behaviors

Coverage Areas

Amhara

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	United Nations High Commissioner for Refugees
USG Agency:	Department of State / Population, Refugees, and Migration
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	10528
Planned Funds:	$ 268,200.00

Activity Narrative: This program is an expansion of a COP06 activity (originally awarded to a different partner) that targets refugees in three camps, namely Dimma, Bonga, and Fugnido in Gambella region. No FY06 funds have been disbursed to this project because the change in partner has not yet been approved by Washington. The objective of this intervention is to reduce the transmission of HIV by promoting delayed onset of sexual activities, abstinence and faithfulness. This year, activities will be added in Kebribeyah camp in Somali region. The targeted population, which includes the surrounding host populations, is estimated to be 120,000 (64,000 refugees and 56,000 locals).

This proposal is programmatically linked to "Condoms and Other HIV Prevention Services for Refugees and Host Populations in Ethiopia" (COP ID 10529), "Voluntary Counseling and Testing Services for Refugees and Host Populations in Ethiopia" (COP ID 10527), "Assistance to Orphans and Vulnerable Children in Six Refugee Camps in Ethiopia" (COP ID 10530), "Palliative Care in Four Refugee Camps in Ethiopia" (COP ID 10572), and "Universal Precautions and Post Exposure Prophylaxis in Six Refugee Camps" (COP ID 10634).

This proposal has been developed in consultation with the Ethiopian Government's Agency for Refugee and Returnee Affairs (ARRA). Representatives from UNHCR and ARRA, along with staff from implementing agencies such as IRC spent the first half of 2006 conducting a gap analysis of HIV/AIDS programming in Ethiopia's seven refugee camps. Stakeholders identified the expanded activities that are the most critical, while emphasizing the need for establishing a minimum package of basic services that will be provided at each camp. Based on the current level of activities in the seven different camps, it was agreed that UNHCR would initiate activities in camps that did not yet have a strong prevention and/or counseling and testing foundation, while various implementing partners, namely IRC, would continue and expand work in camps where they had already established a foothold. All activities are coordinated closely with ARRA, who is responsible for providing basic health care services in each of the camps, as well as all other implementing partners. UNHCR has also developed a working relationship with the local HAPCO and will work with other PEPFAR partners in order to provide appropriate training to ARRA health clinic staff, as well as staff from other implementing partners.

In order to enable the community to prevent the spread of HIV through adapting and promoting protective behaviors, an integrated package of activities aimed at increasing knowledge, avoiding risky behaviors, promoting protective attitudes, developing safe practices and reducing stigma and discriminations among refugees and surrounding host populations is required. Under this project, the community will be mobilized through various activities to implement the "AB" principles – (Abstinence, Be faithful), as appropriate. Information, education and communication (IEC) and Behavior Change Communication (BCC) activities, being central to a successful HIV/AIDS prevention program, will be given a due emphasis in this project. IEC includes a variety of activities at different levels, from intensive person-to-person education to mass dissemination of information while BCC will be considered as a multi-level tool for promoting and sustaining risk-reducing behavior change in individuals and communities by distributing tailored messages in a variety of communication channels. Targeted IEC/BCC activities that rapidly increase knowledge, stimulate community dialogue, promote advocacy, reduce stigma and discrimination, and promote demands for prevention, care and support services in and around the camps will be implemented.

Creating these materials for the four refugee camps listed above will be a challenge as materials will have to be developed in six different local languages and will have to accommodate the different learning and communication styles to which each population will best respond. In addition to the difficulty posed by multiple languages, implementing programs in all three of the camps in Gambella, as well as Kebribeyah will require significant logistical inputs due to the often tenuous security situation in the camps. Intra- and inter- ethnic conflicts frequently erupt in the Gambella region, most notably with the ambush and murder of three ARRA officials in December 2003, just 10 miles outside of the town of Gambella. Therefore, all trips to Dimma and Fugnido camps must be made with an armed military escort, which brings considerable costs and requires additional logistical maneuverings just to carry out routine visits.

Although there are logistical and security challenges posed by working in Gambella, the

need for prevention activities is great. Evidence from ANC surveillance in Dimma and Fugnido suggests that the incidence of HIV infection in the region is 12.9% and 2.8%, respectively, while the national average for the rural population from the same study was 2.2%. Infection rates for syphilis in the two camps were also significantly higher than the national average. Therefore, the AB campaigns that are described below will fill a critical need for services in this community.

Implementing prevention programs in Kebribeyah, in the Somali regional state, will also pose its own set of challenges. Although this camp has housed displaced Somalis for over ten years, the level of services provided in Kebribeyah is much lower than in most other camps in the country. There are currently no prevention activities in Kebribeyah, and the region is challenged by a general lack of knowledge about HIV/AIDS and how it is transmitted, combined with the population engaging in risky behaviors including the abduction and rape of young girls, and most families practice at least some form of female genital mutilation in extremely unsanitary conditions. Since Kebribeyah camp abuts the town of the same name and there is a high level of interaction between the two populations, interventions will be targeted to both the refugees and the host community.

Under this project the following specific activities will be implemented:
(1) Culturally appropriate IEC/BCC materials (posters, leaflets, brochures, billboards, etc) will be developed, adapted and produced in the local languages for use by refugees and the surrounding host communities. Messages that emphasize abstinence, delaying sexual activities until marriage, the importance of remaining faithful to a partner and adoption of social and community norms that support the AB principles will be vital components of the IEC/BCC materials. Stigma and discrimination against people infected and affected by HIV/AIDS and sexual and gender based violence issues will also be addressed these IEC/BCC activities.
(2) Community conversations and coffee ceremony sessions to engage the community in discussions of HIV/AIDS problems and solutions will be conducted.
(3) Mass HIV/AIDS educations using audiovisual materials will be implemented in all camps.
(4) Peer educators (girls, boys, in and out of school children, etc) will be trained and peer educations supported technically and financially.
(5) Anti-AIDS clubs will be organized and supported both in and out of the schools.
(6) Mini media clubs will be organized and supported to prepare and stage educative and entertainment activities for the community.
(7) As a part of soliciting supports from political, religious, and community leaders in the process of mobilizing the communities, advocacy workshops will be organized at national and regional levels. These workshops will be used as a platform where refugee issues are advocated to the government bodies for establishing integration of refugee HIV activities with the national programs, and involve religious and community leaders in the process of HIV prevention.

Continued Associated Activity Information

Activity ID:	5739
USG Agency:	Department of State / Population, Refugees, and Migration
Prime Partner:	United Nations High Commissioner for Refugees
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 32,000.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	50,800	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	165	☐

Target Populations:

Refugees/internally displaced persons

Key Legislative Issues

Gender

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Gambela Hizboch

Sumale (Somali)

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: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10537
Planned Funds: $ 10,000.00

Activity Narrative: Supporting Addis Ababa University Students with AB

This is an ongoing AB activity in prevention. It also relates to COP 07 activity ID 5766 (OP) Supporting University Students with non-AB Activities project designed to address other activities outside of AB activities and links with the COP 07 Activity ID 5723(AB) design and production of TA for MARCH.

The study in Jimma University, one of the local universities (B. Tefera… HIV sero prevalence, MAY, 2002) showed that out of 490 students that participated 60 (12.2%) were positive for HIV and the highest prevalence was observed among year III and IV students who are well acquainted with the environment as compared with the fresh students.

In all Ethiopian universities, students come from all corner 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 engaging in unsafe behavioral practice that give rise to HIV infection. Further more especially students at the Addis Ababa university, due to urbanization, they are highly exposed to various hot spots surrounding the university campuses that increase the risk of exposure. The AAU has ten different campuses with in Addis Ababa and Debrezeit town (45 km south of Addis Ababa). The total number of students is estimated to be around 30,000 with academic staff approximating 3,000. Therefore; 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 (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. Addressing stigma and discrimination towards PLWHA, tackling the 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 AAU students and staffs. There are two main components to the program: modeling component (long running serialized printed dramas portraying role models evolving toward the adoption of positive behaviors) and interpersonal reinforcement at the community level. The modeling component uses 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. Reinforcement activity uses interpersonal strategies like peer group discussions and various events. The objective of the reinforcement activities include: applying message in the drama to their own lives, provide accurate information about HIV/AIDS and behavior change, provide an opportunity to practice new skills that may be required in avoiding infection and supporting those infected.

The project utilizes models that reflect the existing characteristics of the University community that face similar barriers and facilitators of behavioral change. These models are part of a printed serial drama that is published every two weeks and distributed among the university community. In the university context it is difficult to have peer group discussion as a reinforcement activity rather we have designed another mechanism for the reinforcement component. Using the certificate curriculum reinforcement agents has been trained and prepares practicum that could be used as reinforcement activities which includes events like public debate. Lectures, exhibition, music concert, live talk show, plays, sport competition etc. all these events will give the student community an opportunity to discuss on the printed serial drama.

In COP 05 the project started with piloting on the main campus and medical faculty and in COP06 the project has been working on developing organizational unit on every campus to run the MARCH program, develop certificate curriculum, designing and hosting website to create online interactive forum to the university community, producing printed serial drama , newsletter and conduct training to build the leadership skills of reinforcement agents, produce print and audiovisual materials for trainings.

In the second quarter of COP06, most of the preparatory works are already done and the TA through JHU/CCP is moving the work plan forward. Please refer Activity # 5723 to get detail on the role of JHU-CCP in providing TA to AAU. A Project coordinator is assigned and the creative team is on board. The first edition of the MARCH news paper has been developed. The web page development is contracted out and already started. The web site development will create interactive media through which the university community could get up-to-date information about the MARCH project, use chat room to discuss online regarding the PSD, reinforcement activities and other HIV related concerns and at the same time it will be used as monitoring tool to measure the achievement and progress of the MARCH project. So MARCH activities are presented as a package.

As financial systems and bureaucratic process has been found to be the major barrier in the implementation of the MARCH project at AAU, budget has been redirected to JHU/CCP to facilitate the financial utilization.

During COP07 the project will:
1. Strengthen the capacity of the liaison offices established in 06 in every campus to implement MARCH program to full scale reaching a total of 30,000 regular students, 2000 summer students and 3000 academic and administrative staff members
2. undertake reinforcement activities by organizing various events like drama, music, exhibitions, Q &A, sport competitions, talk show, public lecture etc
3. In addition to the MARCH program, the project will continue producing and distributing 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.

Continued Associated Activity Information

Activity ID:	5584
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Addis Ababa University
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 200,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
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 (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	35,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,500	☐

Target Populations:

Adults

Most at risk populations

People living with HIV/AIDS

University students

Men (including men of reproductive age)

Women (including women of reproductive age)

Key Legislative Issues

Gender

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Coverage Areas

Adis Abeba (Addis Ababa)

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:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	10573
Planned Funds:	$ 1,300,000.00

Activity Narrative: Creating a Youth Movement to Combat HIV/AIDS(5617)

This is a continuing activity from FY06. As of June 2006, the partner received 100% of FY06 funds and is on track according to the original targets and work plan.

In FY05 and FY06, the following activities were accomplished:
(1) Expanded youth programs to 2,359 schools, clubs and Sunday Schools reaching 146,000 participants;
(2) Implemented youth talent competitions and community festivals;
(3) Integrated Youth Action Kit, Sports for Life and Beacon Schools life skills programs into curricula;
(4) Developed youth volunteer programs to increase employment opportunities;
(5) Established Municipal Task Forces;
(6) Developed and distributed the PEPFAR Behavior Change Communication Framework;
(7) Leveraged GFATM and UNICEF funds for implementing partner utilizing YAK, SFL, and BCS

COP07 Proposed Activities: Health Communication Partnership (HCP) will continue to provide direct implementation support to in and out of school youth groups. In addition, they will train and provide assistance to USG partners and the Addis Ababa and Amhara Education Bureaus implementing HCP youth life skills programs. Additionally, HCP will implement a youth-focused newsletter modeled on Uganda's "Straight Talk" experience. HCP will continue in its role as Secretariat for ABC/BCC activities supported under PEPFAR.

Youth Life Skills Building Activities: HCP will provide technical assistance to several USG and non-USG HIV prevention partners to implement health education and behavioral change activities through three interactive programs: Youth Action Kit (YAK), Sports for Life (SFL) and Beacon Schools (BCS).

YAK targets in- and out-of-school youth aged 15-24, and emphasizes abstinence, learning to resist coercion, secondary abstinence, fidelity, and introduces condoms to youth clubs and Sunday schools in eight geographic locations. As of August 2006, 1,166 clubs and Sunday Schools and approximately 47,000 youth are implementing the YAK.

SFL reaches in-school youth aged 13-14 to build basic knowledge of reproductive health, promote delay of sexual debut and increase adolescent girls understanding of HIV/AIDS burden by age and gender to build life skills to address these challenges. As of August 2006, 1,037 schools in both grades 7 and 8 are implementing SFL activities through two partners, Ministry of Youth and Sports and World Vision. Approximately 83,000 students and 2,000 teachers and school principals participate in this activity.

BCS focuses on primary school students aged 10-12 to introduce and provide opportunities for practicing life skills as well as build basic knowledge of reproductive health. As of August 2006, 158 schools are implementing the Beacon Schools activity in both grades 5-6 through Save the Children USA and Academy for Educational Development. Approximately 12,640 students and 1,000 teachers and school principals are participating in BCS.

All three programs utilize strategies appropriate for the different age groups, including drama, sports and storytelling, to entertain/educate as well as enable youth to internalize the messages being communicated. Each program is based on the Champion Activity Cycle, in which youth strive to achieve "champion" status by fulfilling a set of requirements. The achievement of reaching "champion" status is celebrated and recognized by the larger community at a festival with youth talent competitions. Mass media is utilized to motivate existing participants as well as build awareness of programs among at risk youth not participating in organized group activities.

Communications to Youth: HCP will implement a youth-focused monthly newsletter similar to Straight Talk to serve as a forum to promote youth activities and their contribution in the fight against HIV/AIDS, to confidentially ask questions/get answers on issues facing youth, and to enhance communication among parents and youth. The newsletter will be free of charge and will be distributed to schools, Ministry of Youth and Sports outlets and post offices nationwide. It is expected to reach 250,000 youth.

Communications to Parents and Teachers: HCP will increase parent involvement in its youth programs by implementing the Parent's Passport, to accompany the existing Youth Passport. The Youth Passport is an individual, personal reflection tool used by youth to internalize the messages communicated during the group YAK activities. Communication skills building for parents are a critical gap for HIV programming in Ethiopia.

Increasing Employment Opportunities for Youth: Addressing youth unemployment is a critical component of HIV/AIDS prevention programs for youth. Youth with future goals and experience are more likely to utilize ABC skills. YAK champion club members will be eligible to participate in internship and volunteer programs.

Curriculum Integration with the Addis Ababa and Amhara Education Bureaus: HCP incorporated YAK, SFL and BCS into formal school curriculum to ensure sustainability and is providing TA to the Addis Ababa and Amhara Education Bureaus to develop supplementary materials for grades 5-8 and train teachers on these new tools. HCP will train 1,000 teachers and school administrators through the in-service training program.

Technical Assistance to USG HIV Prevention Programming to Youth: HCP will refine the messages identified, use an evidence based approach (e.g. new data from the EDHS 2005) to ensure at risk audiences are adequately served, and facilitate experience sharing on commonly used approaches (e.g. peer education, mass media etc).

Monitoring, Analysis and Evaluation: HCP routinely monitors the activities of clubs and schools through its eight field offices in conjunction with implementing partners. Standard evaluation guidelines are utilized to assess if activities are conducted properly, identify level of participation, determine if messages are communicated and questions are answered. An endline survey with 2,000 youth will be conducted in June 2007 to complement a baseline in December 2005. HCP has engaged the School Supervision Group of the Addis Ababa and Amhara Education Bureaus to implement a monitoring and evaluation system. A process evaluation will be conducted in June 2007 of this effort.

Continued Associated Activity Information

Activity ID:	5617
USG Agency:	U.S. Agency for International Development
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	HCP
Funding Source:	GHAI
Planned Funds:	$ 1,300,000.00

Activity ID:	5746
USG Agency:	U.S. Agency for International Development
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	HCP
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Quality Assurance, Quality Improvement 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 (a subset of total reached with AB)	1,145,333	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,870,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	15,448	☐

Target Populations:

Community leaders
Community-based organizations
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students

Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Dire Dawa

Oromiya

Tigray

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: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10576
Planned Funds: $ 35,000.00

Activity Narrative: This is an ongoing AB activity in prevention. It also relates to activity ID 10575 (OP) Federal Police Prevention Activity with non-AB Activities designed to address other activities outside of AB activities and also links with the Activity ID 10386 (AB) design and production of TA for MARCH. 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.

Data specific to police officers are sparse but indicate that HIV prevalence may be higher than in the general public. In 2003, the seroprevalence among ANC attendees of the Federal Police Referral Hospital was 30.2%. These data suggest that prevalence among police members and their families, including their wives, may be significant. The seroprevalence of HIV among police recruits from Addis Ababa in 2000 was 6.1% (Zewde A. et al., paper presented to the XXXVIIth Annual Medical Conference, Ethiopian Medial Association, 2001). Among recruits from Afar, one of the least developed regional states, the HIV-1 seroprevalence was 6.4% (Zewde et. al., 2002). These figures may be high, given that the recruits have not yet been exposed to the risky environments and behaviors that many officers face (e.g., away from home, with night shifts). The review of these epidemiologic and behavioral data indicates that the risk for HIV infection among Police requires more effective intervention efforts. Many current prevention efforts still focus on increasing knowledge about risks of transmission.

The MARCH project is behavioral change communication project that is designed to address the behavioral objectives that are identified by the formative assessment.

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. Addressing stigma and discrimination towards PLWHA, tackling the 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 police members. There are two main components to the program: Entertainment as a vehicle for education (long running serialized printed 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. Research shows that effective interventions are often personalized ones. The MARCH reinforcement activities try to personalize the behavior change intervention. The objective of the reinforcement activities include: applying message in the drama to their own lives, provide accurate information about HIV/AIDS and behavior change, provide an opportunity to practice new skills that may be required in avoiding infection and supporting those infected.

The project utilizes models that reflect the existing characteristics of the police that face similar barriers and facilitators of behavioral change. These models are part of a printed serial drama that is published every two weeks and distributed among the police. Peer group discussions will be used as a reinforcement agent. These peer group discussions will be facilitated by trained peer leaders. Members of the peer groups are expected to identify themselves with the models and eventually undergo appropriate behavioral changes to prevent HIV/AIDS.

The project will foster a supporting environment for those members of the police who are infected or affected by HIV. 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 areas.

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.

MARCH office will coordinate the activities by the flow of data from the peer groups through a properly designed peer structure consisting of peer leaders, trainers /supervisors, and liaison officers.

In COP 05 and the first two quarters of 06 the project has developed formative assessment protocol, In addition, structural adjustment has been proposed and approved for the MARCH Office to make it under the commissioner office so that the office will have direct communication with all the main departments with in the Federal Police commission and also reduce bureaucratic procedures in procurement, financial management, and project implementation in the 3rd and 4th quarter of 06 the project has been working on undertaking formative assessment, developing peer training manual, producing printed serial drama and IEC material. In 2005, the Federal Police has identified its gaps in implementing MARCH project. The prevention project was placed under the hospital which is primarily a care and treatment center resulting in delay in implementation. The project has now restructured itself under the office of the Commissioner. The involvement of the higher officials representing different main departments through an advisory board will also increase the sense of ownership of the project, and facilitate the project implementation. The Commission is also developing various guidelines dealing with financial and personnel management issues. Thus the Commission will have implementing mechanisms in place for the planned activities. CDC Ethiopia believes that working with this partner is important to transfer knowledge and skill which is important in sustainability of the programs.

Furthermore, JHU CCP has also begun providing technical assistance to the Federal Police Commission in building the capacity of the project staffs as well as facilitating the implementation of the project in the area of producing peer training manual, printed serial drama, IEC material, training for the creative team and program staff. Please refer Activity # 10386 for detail on the role of JHU-CCP in providing TA to Federal Police.

As financial systems and bureaucratic process has been found to be the major barrier in the implementation of the MARCH project at FPC, budget has been redirected to JHU/CCP to facilitate the financial utilization.

The COP07 will build upon the COP06 accomplishment and focused on the existing major activities including:
(1) Building the organizational capacity of the Federal Police and Addis Ababa Police Commissions;
(2) Strengthen the necessary technical capacity in implementing MARCH project through training;
(3) Continuing the production and dissemination of printed serial drama; and
(4) Producing the necessary IEC materials augmenting the printed serial drama.

Continued Associated Activity Information

Activity ID:	5633
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Federal Police
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 75,000.00

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

Targets

Target	Target Value	Not Applicable
Number of indigenous organization provided with technical assistance for HIV related policies;		☑
Number of individual training in HIV related policies (this is a sub set of the total number trained);		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful		☑

Target Populations:

Military personnel

People living with HIV/AIDS

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Increasing women's legal rights

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:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	10578
Planned Funds:	$ 260,000.00

Activity Narrative: This is the continuation of FY06 AB focused prevention intervention in the Military. It also relates with activity ID 10579 (OP) improving HIV/AIDS/ STI/ TB prevention and care activities which is designed to address prevention other than AB. It also links with activity ID 10386 (AB) design and production of TA for MARCH. 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.

Research conducted by Abebe, Yigeremu (August, 2003) to assess the HIV prevalence in 72,000 urban and rural male army recruits in Ethiopia which indicated that the prevalence is high among the armed force. The study showed that in urban recruits, overall HIV prevalence was 7.2%, ranging from 4.3% to 10.5% depending on region. In rural recruits, overall HIV prevalence was 3.8%, but the majorities were farmers (57%) and students (18%) with an HIV prevalence of 2.7% and 2.6%, respectively. (Higher) level of education in rural recruits was associated with HIV infection. Rural recruits of the Muslim religion were less likely to be HIV infected than recruits of the Orthodox Christian religion (odds ratio: 0.7, 95% confidence interval, 0.65-0.84). Urban and rural residents of Amhara region were at higher risk of HIV infection.

The Ethiopian armed force has come from all corner of the country and settled in a camp life, away from their family and friends. This group is the most at risk population and exposed for rural and urban hotspot that increase their risk of contracting HIV. Therefore; there is a need to have strong prevention intervention to reduce the prevalence of HIV among this group.

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 PLWHA and children whose parents have died of AIDS. Addressing stigma and discrimination towards PLWHA, tackling the 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 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. Research shows that effective interventions are often personalized ones. The MARCH reinforcement activities try to personalize the behavior change intervention. The objective of the reinforcement activities include: applying message in the drama to their own lives, provide accurate information about HIV/AIDS and behavior change, provide an opportunity to practice new skills that may be required in avoiding infection and supporting those infected.

In FY04, FY05 and first quarter of FY06, NDFE has been implementing a Peer leadership strategy as one of its key reinforcement strategies for the Military. For the effective implementation of the peer leadership strategy 824 peer leader trainers and 3,700 peer leaders has been trained until the end of March 2006. In the first quarter of FY06, around 1,800 peer discussion groups has been organized in two divisions of the western Command (15th and 32nd) and three divisions of the Northern command (21st, 23rd and 25th) and around 18, 000 members of the army have become direct beneficiaries of the program. Currently, Peer leaders use the peer leaders training manual as a guide to conduct their discussion and share the information with their peer discussion group and guide soldiers in applying the information to their own lives in order to reduce risk of infection, encourage members of the army living with the virus to live positively, support others within their unit and community who are trying to adopt healthier behaviors and reduce stigma suffered by those with HIV/AIDS.

As part of the Modeling component, the production of print serial drama in the form of comic booklet has been initiated in FY05. Three script writers, two cartoonists and one graphic designer had been employed and trained for the development of printed serial drama. A one year full storyline composed of 24 episodes has been developed until the end of the first quarter of FY06. The print serial drama will be launched in the second

quarter of FY06 and the peer leaders will start to use the comic strip with their peer discussion group. In FY06, the scope and depth of this program is being strengthened through collaboration with Johns Hopkins University Centers for Communication Program.

The human power capacity of NDFE has been strengthened at different levels to enable NDFE implement MARCH project effectively and efficiently. Twenty one Military Officers from the five commands have taken intensive project management training and around thirty military officers have also taken basic computer trainings in this regard.

In FY07 the MARCH project and its activities will be integrated with ART, VCT, STI, TBC,HIV/ AIDS activities by UCSD and DOD.

Working with this partner to reach these MARPs and the importance of establishing HIV/AIDS prevention, care and treatment office in NDFE are critical for the sustainability of the program.

Because of the structural adjustment at the NDFE set up, which has clearly helped us in designing the MARCH implementation mechanism to individual soldier level and the TA and close follow up of JHU/CCP, we are observing a number of improvements in utilizing funds and the human resource is well organized to rollout the activities.

As continuation of FY06 activities the following will be carried out in FY07:
Training: - 2,085 peer leaders have to be trained in FY07 in order to strengthen the AB activities and reach more than 25,000 members of the army in the five commands.
IEC/BCC materials and different formats production/distribution: producing and distributing a package of military specific IEC/BCC materials to the peer discussion groups augmenting the printed serial drama
Monitoring and evaluation of the activities including supportive supervision.

Continued Associated Activity Information

Activity ID:	5634
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of National Defense, Ethiopia
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 144,000.00

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

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	22,245	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,085	☐

Target Populations:

Military personnel
People living with HIV/AIDS

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Increasing women's legal rights

Coverage Areas:

National

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: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10589
Planned Funds: $ 0.00

Activity Narrative: Creating Coercion-Free Communities/Fostering Positive Social Norms

This is a continuing activity from FY06. As of June 2006, the partner received 100% of FY06 funds and is on track according to the original work plan. This activity began start-up activities in August 2006.

Summary of Champion Communities Initiative: Health Communications Partnership (HCP) has been collaborating with the Ministry of Health and Regional Health Bureaus, the Ministry of Education and Regional Education Bureaus, Pathfinder International, World Learning, and JSI (USAID partners in RH/FP, CSH and Education) to launch the Champion Communities program, a community development initiative that links the health and education sectors. The initiative is built around a package of required and optional goals which communities have to achieve in areas such as immunization, hand washing at schools, and reducing girls' dropout from primary schools. Community members work together to identify and achieve goals in addition to monitoring and evaluating their progress. A community-based HIV/AIDS goal, through PEPFAR Ethiopia support, is now included in the menu of required goals.

This activity coordinated the development of an implementation guide, the Champion Communities Activity Book, and a training package to facilitate the rollout of the program. The Activity Book identifies steps required to mobilize a community including establishing an Action Committee comprised of community members to oversee program implementation, conducting community dialogue to identify health and education issues, and identifying goals and activities. The Activity Book was developed utilizing simple language and illustrations to facilitate usage at the community level.

The package includes trainings at the regional/zonal, district and village levels. Community members elected to be part of the Action Committee meet at the district level for trainings. Ongoing monitoring and supervision are conducted by the community itself in addition to the program staff. The Champion Community initiative has been launched in 40 villages in SNNPR and Amhara regions.

The HIV/AIDS-related goal for the Champion Community initiative includes working with in and out of school HIV/AIDS clubs. In addition, this activity used the initiative as a platform to continue its work with the Ethiopian Interfaith Forum for Development Dialogue and Action (EIFDDA) for community mobilization of faith based groups to foster positive social norms and community change around coercive sex and rape.

In COP05, this activity developed a Behavior Change Communication Strategy for EIFDDA which included identifying priority issues, target audiences, behavioral objectives, key interventions and messages. In COP06, this activity worked with EIFDDA to use the strategy to identify and implement community mobilization activities in care and support, and prevention. The objective was to develop a multi-faith response to address HIV/AIDS with EIFDDA members coming to a consensus and a shared vision on activities to be conducted and an implementation process. Each EIFDDA member organization implements separately, but the EIFDDA Forum is utilized for joint development of strategies, collaboration on materials development and experience sharing. The goal of the collaboration and joint response is to bring about higher impact, and for each individual organization to achieve greater results.

FY07 Proposed Activities: Mobilization is at the grass roots levels at churches and mosques. The first step is to obtain buy-in and support from religious leaders which facilitate mobilization of their congregations. Volunteers from the congregations establish Action Committees which are then trained on conducting community dialogue, identifying goals and activities, creating action plans, monitoring and celebrating progress. The Activity Book developed for the Champion Communities initiative will be adapted for use with faith based groups.

Initial themes and goals will focus on the roles and responsibilities of faith based groups in fostering positive social norms in providing care and support. The strategy is to begin with a theme that faith groups can more easily reach consensus on to facilitate collaboration. Subsequent themes will address social norms and HIV/AIDS prevention issues such as cross-generational sex and harmful traditional practices such as abduction and early

marriage. A key component is for religious leaders to recognize and celebrate the achievements of the volunteers in the Action Committees which motivates existing participants and generates interest.

In 2007-2008, this activity will expand work with EIFDDA to reach new villages as well as continue working with existing villages. The expansion will target areas where the ART health network operates, and where the Champion Community initiative described above is expanding. Initially, a process evaluation will be conducted to further refine the program and drive the decision making process of the expansion. Existing Kebeles will receive refresher training focused on achieving new goals and activities, and identifying strategies to maintain the involvement of volunteers. New villages will be offered training to enable them to participate in the program.

Continued Associated Activity Information

Activity ID:	5746
USG Agency:	U.S. Agency for International Development
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	HCP
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	56,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	900	☐

Target Populations:

Children and youth (non-OVC)
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Coverage Areas

Amhara

Oromiya

Southern Nations, Nationalities and Peoples

Table 3.3.02: Activities by Funding Mechanism

Mechanism: jhu-ccp
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10590
Planned Funds: $ 250,000.00
Activity Narrative: IEC/BCC Material Production

This is a continuation of the existing AB activity, which will focus on the production of documentary film to bring about a tangible behavioral change through the use of the MARCH model. This activity is a cross-cutting and linked with other activities in care and treatment. The activity primarily address prevention and stigma reduction and will be linked closely with several outreach programs with interactive or interpersonal peer group elements, thus it will strengthen the overall country program. The documentary film will be linked to existing resources in the community and wherever possible, provide increase access to preventive service, supplies, and other supporting elements.

CDC 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.

In this line of development, the 2006 project has focused on production of additional three documentary films. The documentary films have focused on (1) the Prevalence of HIV/AIDS in Rural Ethiopia (2) Work place Intervention of HIV/AIDS, and (3) The Impact of Harmful Traditional Practices on HIV/AIDS. Various cross cutting areas and behavioral objectives will be targeted in the documentary films.

The 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 (25,000 military, 1,000 Federal Police, and 3,500 in Addis Ababa University) in the three partner groups. Furthermore, approximately 1,000,000 members high risk groups residing in 25 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, in COP 07 the already produced documentary films will be duplicated and distributed to reach the wider community through mobile promotion work using video show to the major regional towns and rural community and additional three films will also be produced and air on Ethiopia Television with the major objectives of addressing gender inequalities, stigma and discrimination, the rural and urban dynamic, the resulting rural epidemic, access to service, service up take, substance abuse (including alcohol and chat) in cities and small rural towns etc.

Moreover, this project will have focus in producing three set of various IEC materials including posters, leaflets, brochures and audio materials that will be distributed to reach the most at risk population and to increase the service up take for VCT, PMTCT and ART in urban and rural sites.

Continued Associated Activity Information

Activity ID: 5748
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Walta Information Center
Mechanism: N/A

Funding Source: GHAI
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful		☑

Target Populations:

Adults
Military personnel
Mobile populations
Refugees/internally displaced persons
Truck drivers
People living with HIV/AIDS
Prisoners
University students
Migrants/migrant workers
Out-of-school youth

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: jhu-ccp
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10592
Planned Funds: $ 500,000.00
Activity Narrative: AIDS Resource Center (ARC) AB-focused Prevention
This project is a continuing activity from FY 06 which is linked with two other activities in FY07 activity ID 10388, AIDS Resource Center-Other Prevention and AIDS Resource Center Other Policy Analysis/Systems Strengthening COP ID New 10422– and is designed to expand access to AB focused HIV/AIDS information and services by maximizing the relevance of the ARC's work and building the capacity of partners and HAPCO to implement IE/BCC activities.

The project has four interrelated components under AB. The first component works to provide accessible up-to-date and accurate information related to AB and service uptake to government and non-government partners, journalists and media professionals, health care providers, researchers and the general public. The second component focuses on strengthening and maintaining the ARC's premier virtual information center and library for HIV/AIDS informational resources. The third component of the project focuses on the production of high quality and culturally appropriate IE/BCC materials for service providers, as well as community and individuals targeting AB. Moreover; ARC will also strengthen the linkage with other prevention providers to maximally utilize the resource and reach a wider community. The fourth component of the project focuses on strengthening the expanded Wegen AIDS Talkline's capacity to respond to escalating demand and to provide accurate and valid information, referral and counseling services on AB in six local languages. In addition, caller data from the Talkline is used to analyze behavioral trends and support the development of effective IE/BCC materials as well as guide HIV/AIDS policies in the country.

The ARC directly supports and contributes to the PEPFAR program objectives, and the Ethiopian government's national response in many ways. The hotline receives 6,000 tall free calls per day from all regions of Ethiopia. The ARC library receives an average of 100 students, program implementers, government officials, and journalists per day seeking access to up-to-date HIV/AIDS information. The ARC has created a total of 52 distinct IE/BCC materials supporting the ART, VCT, PMTCT and prevention programs in the nation. The ARC will expand its capacity to provide these critical services in FY07. To achieve this, a mechanism to retain staffs will be designed, especially those working for the Hotline including making the contract at least for a year.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100
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 individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	2,062,500	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful		☑

Target Populations:

Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
Most at risk populations
HIV/AIDS-affected families
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Program managers
Teachers
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Religious leaders
Other MOH staff (excluding NACP staff and health care workers described below)
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Family Health Int
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10594
Planned Funds: $ 200,000.00

Activity Narrative: HIV Prevention for Most at Risk Populations in Amhara

This is a new activity in FY07. This is a comprehensive HIV prevention BCC activity with AB and OP components. This activity will form the basis for focused implementation of HIV prevention BCC activities in the greater Bahir Dar – Gondar area. At present, PEPFAR Ethiopia has limited outreach to most at risk populations in this geographic area. Linkages with additional prevention activities are discussed at the end of this document.

Amhara, Ethiopia's second largest region, with a population of 19 million has the highest HIV burden in urban and rural areas. 2005 ANC surveillance and EPP modeled data project a regional HIV prevalence of 4.2% (urban 13% and rural 3%). Approximately 13% of Amhara-based VCT clients were HIV+. Bahir Dar and Gondar Health Centers are ANC sentinel surveillance sites reporting 13.5% and 10.3% (2005). The 2005 EDHS indicates 1.8% females and 1.6% males are HIV+. HIV prevalence among couples reflects 1.4% male partner discordance and 0.7% female partner discordance. Individuals from surrounding villages are drawn to Bahir Dar, Gondar and secondary district towns because of market days, governmental functions, economic opportunity (including commercial sex work) and family breakdown due to early marriage or divorce. Trafficking of women to Sudan also occurs. Early marriage and related sexual debut of girls below the age of 15 is present. Wife inheritance and additional female partners during peri-natal abstinence form low degree sexual networks. In addition, Bahir Dar and Gondar are major tourist destinations, have large student populations, host uniformed service facilities, and are centers of commerce and trade within the Amhara region, from Addis-based transportation drivers and from long distance truck drivers originating the Port of Sudan. Recently, the road connecting Bahir Dar and Gondar to each other, Addis Ababa, Tigray region and Port of Sudan have been upgraded facilitating increased mobility and trade.

This activity is non-clinical and will implement within the facility catchments of several Care and ART health networks (i.e. health centers and hospitals providing HIV clinical services) in/around Bahir Dar, Gondar, Debre Markos, Debre Tabor and Lalibela areas. Sexually active youth, especially girls 15 – 24, residing in these urban and peri-urban areas are considered most at risk due to their proximity to HIV prevalence in existing sexual networks in these communities. Men reporting multiple partners, deployed or transiting these areas are also highly exposed to HIV infection.

This activity has several different components. One component is to provide comprehensive ABC interventions to most at risk populations, through both existing community structures and targeted outreach activities, in urban and peri-urban areas of high HIV prevalence. The activity will assume a facilitation role in the Bahir Dar – Gondar hub to support an enhanced HIV prevention "plus" approach with existing partners such as IOCC, Population Council, Health Communications Partnership, Private Sector Program (VCT), Family Health International (VCT and Palliative Care), University of Washington (ART), Intrahealth International (PMTCT), USAID's RH/FP partner and USAID's Livelihoods Security partners to support a context where safer sexual decision-making of most at risk populations are enhanced. Existing community structures will be provided technical assistance to strengthen BCC activities addressing social norms that hinder people's ability to make choices on ABC. Activities addressing community social norms facilitating gender violence and rape, males having multiple partners, transactional and cross-generational sex and correct and consistent condom use will be widely implemented. The already established Multi-Purpose Center and community-based care program will support outreach to persons living with HIV/AIDS to support secondary prevention efforts in discordant relationships. Outreach activities, through local organizations, will be implemented in market environments, tourist settings, public hot springs, bars, hotels, nightclubs in urban areas and truck stops where at risk populations congregate. The activity will collaborate with Abt Associates and TBD/Targeted Condom Promotion. This component of the activity is anticipated to reach 17,000 most at risk individuals with repetitive BCC interventions and referral to existing community structures. Existing materials on HIV prevention will be adapted. Most at risk populations targeted include:
(1) Commercial sex workers, their partners and clients;
(2) Youth 15 – 24, specifically girls who are sexually active or in secondary school/college;
(3) Males (urban-based) reporting multiple partners or within uniformed services and transportation sectors.

The second component of this activity is to support local indigenous partners to implement behavioral change interventions, including administrative and resource mobilization training, BCC implementation training, provision of BCC materials and equipment for implementation and partial activity grants to be leveraged against other funding sources. This component of the activity will support five TBD local organizations with training opportunities for 75 persons with organizational capacity building.

The third component of this activity is to provide technical assistance to several government bodies with capacity building to implement evidence-based HIV prevention activities to most at risk populations. Government bodies include: Amhara Regional HIV/AIDS Prevention and Control Office, Amhara Regional Health Bureau, Municipal Offices of Bahir Dar, Gondar, Debre Markos, Debre Tabor and Lalibela Administrations. Technical assistance will encompass experience sharing and best practices among USG partners in Ethiopia and Africa, training on HIV prevention implementation and implementation assistance to additional regional efforts funded by GFATM resources.

This activity will build linkages with additional prevention activities including Health Communications Partnership, Targeted Condom Promotion (10404), Population Council (10521), Private Sector Program(10374), High Risk Corridor Initiative, National Defense Force of Ethiopia's HIV(10565, 10578, AB prevention activities, AIDS Resource Center. In addition, this activity will leverage community-level activities in the Counseling and Testing and Palliative Care areas.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Information, Education and Communication	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 (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	75,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,000	☐

Target Populations:

Commercial sex workers
Most at risk populations
Discordant couples
Street youth
Military personnel
Mobile populations
Truck drivers
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Migrants/migrant workers
Out-of-school youth

Key Legislative Issues

Reducing violence and coercion

Coverage Areas

Amhara

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Family Health Int
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	10597
Planned Funds:	$ 100,000.00

Activity Narrative: ROADS/Transportation Corridor HIV Prevention Programming

This is a new activity. This activity is linked to several prevention activities including Save the Children's High Risk Corridor Initiative (AB 16394 and OP 10392), Family Health International's HIV Prevention for MARPS in Amhara (AB 10594 and OP 10641), TBD's Targeted Condom Promotion and Abt Associates' Private Sector Program (AB 10376 and OP 10374).

This activity has two components:
1) Sharing best practice and building south-to-south networks among HIV prevention partners and their local sub-partners; and
2) Address Regional HIV prevention programming for truckers in Djibouti and Kenya.

Sharing Best Practices/South-to-South Networks: The primary purpose of this activity is to share best practices and south-to-south experiences on transportation corridor initiatives and outreach to communities at risk along the corridors with HIV prevention outreach partners. This activity will collaborate with the Regional HIV/AIDS Prevention and Control Offices and HIV prevention partners in-country and through experience sharing with ROADS sites in East Africa to demonstrate effective models of community outreach to most at risk populations.

Based on new HIV prevalence and behavioral information, multiple prevention partners in Ethiopia will intensify their efforts on HIV prevention among most at risk populations in specific geographic areas. This activity provides an important opportunity to share successful models and lessons learned to develop programs for most at risk populations with partners across the portfolio as re-programming begins. This assistance will identify gaps, review existing models for most at risk populations including commercial sex workers, their clients and partners, transportation workers and men residing in communities at risk.

Regional HIV Prevention Programming: This activity will collaborate with Save the Children High Risk Corridor Initiative to harmonize communication materials used in HRCI and ROADS activities for cross-border traffic at the Djibouti – Ethiopia border crossing.

Ethiopia's agriculture, import and export, construction and transportation industries account for the majority of formal economic activity. The vast majority of imports arrive in the Port of Djibouti. Two additional ports, Port of Sudan and Berbera, Somaliland are also entry points for imports. From that point, thousands of truckers converge in these areas for days to clear and transport items back to Ethiopia.

This activity will assist in the following "abstinence/being faithful" prevention activities in FY07:
(1) Share best practices and lessons learned from the ROADS project on HIV prevention, ABC, and care activities. Potential activities include magnet theatre geared toward in- and out-of-school youth, peer education, peer counseling, men's discussion groups, family-to-family dialogue and other activities.

(2) Conduct a collaborative analysis with Save the Children USA (SCUSA) on the High Risk Corridor Initiative (HRCI) models and on-the-ground HIV prevention IEC/BCC activities to most at risk populations, including commercial sex workers, out of school youth and transportation workers.

(3) Harmonize communication materials used in HRCI and ROADS activities for cross-border traffic at the Djibouti – Ethiopia border crossing. This may include identifying relevant Amharic SafeTStop materials used in Djibouti to support HIV prevention goals; and

(4) Provide assistance in identifying hubs for additional transportation corridor HIV prevention activities and identify best practices for HIV prevention and care activities.

(5) Inform partners on behavior change communication campaigns in existing HRCI, PSP and FHI/Amhara sites in relation to the ROADS campaigns to promote abstinence and faithfulness among youth, community men and women, truck drivers and other key

audiences. Potential activities, to be discussed with SCUSA, include magnet theatre geared toward in- and out-of-school youth, peer education, peer counseling, men's discussion groups, family-to-family dialogue and other activities. Relevant SafeTStop materials have already been translated into Amharic for Djibouti.

Summary of the ROADS project: The main objectives of the ROADS Transport Corridor Initiative, branded "SafeTStop", are to:
(1) Safeguard community health through increased access to and use of HIV/AIDS health services.
(2) Create a safe environment for people to talk openly about HIV and AIDS and take action to address it.
(3) Reduce unsafe use of substances such as alcohol that can lead to HIV risk behaviors.
(4) Increase the ability of HIV-vulnerable populations to secure a safe means of income.
(5) Safeguard women and children from sexual violence and abuse, coercion and exploitation.
(6) Create or strengthen safety nets for the most vulnerable families, orphans and other children.

To date, SafeTStop has been launched in key HIV transmission hotspots in Djibouti, Kenya, Rwanda and Uganda, and sites are currently being planned for Burundi, DRC, Southern Sudan and Tanzania. Existing sites include major truck stops and border crossings such as Mariakani, Kenya; Busia and Malaba on the Kenya/Uganda border; Gatuna and Katuna on the Uganda/Rwanda border; and PK 12, a vulnerable Djiboutian community along the main highway from Ethiopia.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
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 (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	15	☐

Target Populations:

National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	International Rescue Committee
USG Agency:	Department of State / Population, Refugees, and Migration
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	10600
Planned Funds:	$ 96,219.00

Activity Narrative: AB Programs in Sherkole and Shimelba Refugee Camps
This is a new activity for FY07. This proposal comprises the follow-on phase of a project intended to provide prevention services to refugees living in camp settings and the local host community living in and around these camps. The prevention project was initiated with funding from State's Bureau of Population, Refugees and Migration in October 2004 as a complementary component of a pilot VCT center targeting Sudanese refugees living in Sherkole camp and the local host community, in the Benishangul-Gumuz region in western Ethiopia. This year, services in Shimelba refugee camp, located in the Tigray region, will also be added.

This activity is programmatically linked to "Voluntary Counseling and Testing for Sudanese and Eritrean Refugees" (COP ID 10561) and "Condoms and other Prevention Activities for Sudanese and Eritrean Refugees" (COP ID 10646).

This proposal has been developed in consultation with the Ethiopian regional liaison office of the UN High Commissioner of Refugees (UNHCR) and the Ethiopian Government's Agency for Refugee and Returnee Affairs (ARRA). Representatives from UNHCR and ARRA, along with staff from implementing agencies such as IRC spent the first half of 2006 conducting a gap analysis of HIV/AIDS programming in Ethiopia's seven refugee camps. Stakeholders identified the expanded activities that are the most critical, while emphasizing the need for establishing a minimum package of basic services that will be provided at each camp. This entire refugee population is considered inherently at risk, due to the transient nature of the refugees, their vulnerability to sexual exploitation, and their lack of access to information

IRC coordinates its activities closely with UNHCR, as well as with ARRA, who is responsible for providing basic health care services in each of the camps. In addition, they also collaborate with the local HAPCO and will work with other PEPFAR partners in order to provide appropriate training to all organizations who are working in the camps.

Sherkole
The prevention activities are a component of the overall CT services offered to the refugees of Sherkole camp residents of the local host community. The goal is to provide community-wide CT and HIV/AIDS awareness and health education through strategic behavior change communication campaigns and community group discussions. AB messages will also be tailored for community and religious leaders, youth and adolescents, focusing on those who are even more vulnerable to HIV transmission, including women and girls.

Prevention activities are coordinated with the Sherkole refugee camp health clinic staff, community health workers, non formal education and vocational classes, as well as the schools within the camp. For this follow-on proposal IRC will continue with the current awareness-raising activities on HIV, including other STI, while emphasizing personal risk awareness through integrated AIDS education and strategic BCC campaigns targeting vulnerable groups. Complementing these activities is a new community participation strategy that will be put into place as a pilot project in Sherkole camp in October 2006 called Community Conversations, developed by the United Nations Development Program (UNDP). Community Conversations involves engaging communities in interactive discussions with the aim of creating a deep understanding about the HIV epidemic, identifying and exploring factors fuelling the epidemic in their respective context, and assisting these communities to reach decisions and take actions to mitigate the effects of the disease in their community. The Community Conversations strategy will be expanded to the Shimelba refugee community should it prove to be successful with the Sudanese refugees.

Support will continue to be provided to the existing anti-AIDS youth clubs in Sherkole. These clubs are an important tool for disseminating STI and HIV/AIDS messages and to effectively illustrate behavior change options to the community at large. Three peer education groups will be supported (one adult peer education group and two youth peer education groups), which are actively educating youth and adults on HIV/AIDS and STI. Further support and training will be made for the peer education groups to build their capacity as community mobilizers. For Sherkole camp, specifically, in light of the Sudanese refugee repatriation taking place, more interventions are planned to engage community

leaders, women and youth in health education activities on HIV/AIDS issues to raise the awareness of as many refugees on these issues as possible prior to their return to Sudan.

Shimelba
In Shimelba, IRC will build on prevention programs that were started in Shimelba with a small amount of funding from the State Department's Bureau of Population, Refugees and Migration (PRM) in 2005. The anti-AIDS youth clubs will be strengthened, with an emphasis placed on recruiting additional female members. In addition, the HIV/AIDS peer educators will be increased from eight to ten, and will receive additional support and training.

Assuming that Shimelba receives funds in 07 for a counseling and testing center, CT will be seen as another context in which to spread the prevention message. In addition, the AB message will also be integrated with existing gender-based violence prevention classes, which are funded by an existing cooperative agreement with PRM.

Various types of IEC and BCC materials, such as posters, leaflets or billboards will be procured, or designed with the collaboration of the refugees and the local host community, and distributed to clients of the VCT centers and/or placed in strategic locations within the targeted communities. These materials will reinforce the project outreach activities and provide a further resource for the targeted communities to understand and put into practice the AB message.

Activities in the application for continuation of current activities include:

In Sherkole:
(1) Continue to provide technical and material assistance as needed for the youth anti-AIDS clubs in both the refugee and the local host communities;
Provide support to the youth and adult peer education groups;
(2) Conduct video shows and other activities for out-of-school youth;
(3) Distribute BCC materials on the modes of HIV prevention and other AIDS-related materials;
(4) Conduct AB education sessions in non-formal education sessions, alternative basic education centers, accelerated learning classes and the refugee school;
(5) Target refugee community leaders and religious leaders for HIV/AIDS awareness raising activities;
(6) Conduct group discussions on HIV/AIDS with vulnerable groups such as youth, girls and women; and
(7) Collaborate with Community Conversation facilitators to promote the AB message.

In Shimelba:
(1) Continue to provide technical and material assistance as needed for the youth anti-AIDS clubs in both the refugee and the local host communities;
(2) Provide support to the youth and adult peer education groups;
(3) Distribute BCC materials on the modes of HIV prevention and promote AB as the means to avoid new infections;
(4) Conduct video shows and other activities for out-of-school youth;
(5) Conduct AB education programs awareness sessions in non-formal education sessions, alternative basic education centers, accelerated learning classes and the refugee school;
(6) Target refugee community leaders and religious leaders for conducting appropriate AB trainings and the proper delivery of AB messages; and
(7) Conduct group discussions on HIV/AIDS with vulnerable groups such as youth, girls and women

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	30,600	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	115	☐

Target Populations:

Refugees/internally displaced persons

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Wrap Arounds

Education

Coverage Areas

Binshangul Gumuz

Tigray

Table 3.3.02: Activities by Funding Mechanism

Mechanism: jhu-ccp
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10605
Planned Funds: $ 300,000.00

Activity Narrative: PLWHA Radio Diaries

This is a proposed new activity under the priority area "Involving PLWHA in Programs." This activity is a cross-cutting and linked with other activities in care and treatment. The activity primarily address prevention and stigma reduction and will be linked closely with several outreach programs with interactive or interpersonal peer group elements, thus it will strengthen the overall country program.

HIV thrives in a climate where people living with HIV/AIDS (PLWHA) face blame, discrimination and stigma. Effective HIV and AIDS care and prevention depends on deep-seated social change within societies, which instead of socially isolating people with HIV allows their voices to be heard within their communities and beyond. In Ethiopia, HIV/AIDS continues to be a major problem, with research showing high levels of stigma and low perceptions of risk.

Evidence in other sub-Saharan African countries shows, that personal knowledge of someone with HIV/ AIDS is a major influencing factor in the increase of safer behaviors. Evidence also shows that people react personally to personal stories and make behavioral decisions based more on emotional grounds than on rational grounds. Furthermore, the closer a story relates to one's own circumstance and location, the more it resonates as true.

A PLWHA radio diary creates a personal relationship with thousands of people at the same time. It is the intimate personal story of a person-taking place over an extended period of time. The radio diary slowly draws the listener into the PLWHA's life and explores the present realities of the PLWHA's life. Such a program creates a space in which PLWHA can interact intimately with their community and thereby influence social norms towards a greater tolerance and support for people living with and affected by HIV/AIDS.

CCP/ARC PLWHA diaries are short, intimate, and honest day-in-the-life stories self narrated by PLWHA. The diaries will be aired beginning September 2006 in three stations, namely Radio Fanna, FM Addis, and FM Awassa. In FY07, CCP proposes to expand the PLWHA Radio Diaries program into other regions, languages and stations to ensure that PLWHA issues raised in the diaries are regionally specific and that the experiences relayed to the intended audiences encompass the diversity of issues faced by all Ethiopians. Besides in order to reach peoples who do not have access for radio and are outside the coverage of the above specified radio stations there is also a plan to produce the diaries in audio cassette and distribute for the target along with discussion guild that will be produced to facilitate interpersonal communication. It will also create a forum for discussion on the diaries among peer groups and other population group like students, military people, HIV+ peoples, people who are taking ART etc

Objectives:
(1)Influence social norms towards decreased stigma and greater tolerance of and support for PLWHA in rural and urban areas;
(2)Increase and regionally diversify the number of diarists who share their experiences with Ethiopians;
(3)Develop and guide the skills of a small group of PLWHA "diarists" to talk clearly, powerfully and analytically about their situation;
(4)Develop and guide the skills of radio producers and their broadcasters to produce effective programming that responds to the priority health issues in their communities;
(5)Create a space where the audience can have personal connection with the diarists as they share their experiences; and
(6)Increase people's access to information, services and care relating to HIV/AIDS; and Increase public awareness and support of VCT, PMTCT, and ART.

Pre-test results show that the diaries are having the intended effect amongst the target audience as a woman in Addis Ababa put it:

"The story made me think about my own experience … I had given my daughter's hand in marriage at a very young age to a wealthy businessman…she was exposed to HIV and has passed away. I think stories like this should be heard especially in the rural areas." TA.

The activities are:
Produce the radio diaries
M&E

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

Targets

Target	Target Value	Not Applicable
Number of indigenous organization provided with technical assistance for HIV related policies;		☑
Number of individual training in HIV related policies (this is a sub set of the total number trained);		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	9,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	20	☐

Target Populations:

Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
HIV/AIDS-affected families
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Teachers
Men (including men of reproductive age)
Women (including women of reproductive age)
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Volunteers

Stigma and discrimination

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: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10609
Planned Funds: $ 50,000.00
Activity Narrative: This activity represents am external progress review of IOCC/DICAC and PACT/EMDA.

Faith-based involvement in HIV prevention is critical to the success of AB programming. In Ethiopia, both the IOCC and PACT are strong performers in building the capacity of indigenous FBO and providing activity grants to ensure strengthened HIV/AIDS prevention programming. Following several years of both cooperative agreements, PEPFAR Ethiopia would like to assess progress by these FBO through an external review.

This funding will support the cost of a local and international consultant to conduct reviews of the IOCC/Ethiopian Orthodox Church and the PACT/Ethiopian Muslim Development Agency activities in HIV prevention. Output of this external review will be used in supporting development of annual workplan and the design of future HIV prevention FBO procurements.

Emphasis Areas	% Of Effort
Policy and Guidelines	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful		☑

Target Populations:

Adults
People living with HIV/AIDS

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Federal Ministry of Health, Ethiopia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10610
Planned Funds: $ 50,000.00

Activity Narrative: Involvement of Ethiopian Parliament in HIV/AIDS Prevention, Care, and Treatment

This is a new activity linked with US Universities activities in COP 07. This activity is a cross-cutting and linked with other activities in care and treatment. The activity primarily address prevention and stigma reduction and will be linked closely with several outreach programs with interactive or interpersonal peer group elements, thus it will strengthen the overall country program.

The Federal Democratic Republic of Ethiopia has two Houses: the House of Peoples' Representatives and the House of the Federation.

The House of Peoples' Representatives is the highest governing body of the country. The House has legislative powers in all matters referred to by the constitution to federal jurisdiction. According to the constitution, the House has some 550 members who are accountable to the people who elected them. The 550 members are from both the ruling and opposition parties elected during May 2005 election that show high level involvements of the masses in the political process. Involving Parliamentarians as peoples' representatives in HIV/AIDS prevention, care, and treatment can have a major impact.

Parliamentarians can influence executive body to address HIV/AIDS issues in their respective political organizations and in the parliament process of oversight to the Executive Body (Ministries) and others and urge them to plan and implement programs by mainstreaming as part of their organizational duties and responsibilities.

Parliamentarians are not only advocates for their respective constituencies but also they address HIV prevention and promote care and treatment (counseling and testing, PMTCT, ART, STIs, positive living, etc.) while conducting their representational duties in their respective localities with their followers and influence national legislation and activities in Parliament including through mainstreaming HIV/AIDS in all legislation, making it regular agenda in Social Affairs Committee and at relevant Caucuses such as Women's Caucus and using other opportunities at governmental or non-governmental functions and with local Woreda and Kebele administrations to enhance their focus and attention to HIV/AIDS activities.

Being close to the people as their representatives, they are in a unique position to influence public opinion and confront the stigma surrounding HIV/AIDS. It has been learnt that there are individual initiatives from the members that they are highly involved with PLWHA associations. By virtue of the elevated positions of Parliamentarians, they can effectively mobilize, motivate, and encourage the masses in preventing new infections, promoting ART, PMTCT, VCT, STI and increase their uptake.

It is encouraging to note the increasing commitment in HIV/AIDS awareness, prevention, support and treatment with current parliamentarians which provides prime opportunity for this activity. These include the Speaker of the House who was the former Minister of Youth and Chair of the HIV/AIDS Management Board for the country and the First Lady who is Chair of the Social Affairs Committee and Women's Coalition on HIV/AIDS; both are very active in HIV/AIDS matters. While great progress has been made in the fight against HIV/AIDS, more effort is needed to ensure the development, funding and full implementation of strategies to combat it.

Parliamentarians need to speak out more openly and frequently about HIV/AIDS and how it can be prevented and legislate including HIV/AIDS Policy (has not been issued as of yet; rights of PLWHA).

As the parliament is a new one, it needs guidance and sensitization for their support to realize PEPFAR goals at large especially focusing on promotion of services to increase the uptake of services like VCT, ART, and PMTCT being role models and campaign in their locality during their vacation. This is also an opportunity to work on strengthening the network model.

Proposed new activities:
(1)Training and orientations program for parliamentarians. This ensure that they have accurate and up to date knowledge about HIV/AIDS so that they act as advocates for

those infected and affected;
(2)Adapt/develop a hand book for use in their guidance and advocacy. The handbook will also serve as reference material for the parliamentarians;
(3)Strengthen HIV/AIDS committee in the parliament which is currently functioning under the Social affair Committee;
(4)HIV/AIDS campaign during closing of the parliament and during their representational duties in their respective localities;
(5)Serve as role models to the people they represent and in their respective Woredas for AB, CT, care, treatment and other HIV activities including through participation in public testing events;
(6)Strengthen HIV/AIDS activity of the Parliament in general and Social Affairs and relevant Caucuses in particular;
(7)Support outreach activities of Parliamentarian to their respective constituency to educate their communities on the prevention of HIV, community support to infected and affected families and play a role in stigma reduction;
(8)Enhance the role of parliamentarians in the access to and promotion of care, support, and treatment services for infected and affected by HIV/AIDS; and
(9)Advocate for and legislate rights-based and gender-sensitive non- discriminatory HIV/AIDS policies.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of indigenous organization provided with technical assistance for HIV related policies;	2	☐
Number of individual training in HIV related policies (this is a sub set of the total number trained);	500	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful		☑

Target Populations:

Policy makers

Host country government workers

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: ACQUIRE/EngenderHealth
Prime Partner: EngenderHealth
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 12232
Planned Funds: $ 350,000.00
Activity Narrative: PLUS UP FUNDING: EngenderHealth's Men As Partners (MAP) Program, established in 1996, works with men to promote gender equity and health in their families and communities. EngenderHealth will adapt its experiences from South Africa, Kenya and India to the Ethiopian context. This funding will also build on EngenderHealth's planned work through the PEPFAR-supported Male Norms Initiative by providing more technical assistance and resources to local NGOs and PEPFAR partners to address issues of male engagement, gender-based violence, and other social norms that exacerbate gender inequalities and negative health behaviors. The objectives of this activity are to provide MAP tools and technical assistance to local partners and communities, especially to men and young boys, with messages about the links between HIV/AIDS, STI, alcohol, 'Khat' chewing, gender-based violence, and male norms. EngenderHealth will work with two local NGOs - Hiwot Ethiopia and Integrated Family Services Organization (IFSO) - to reach the general community as well as vulnerable at-risk groups in Addis Ababa. The target geographical areas will be seven kebeles in Addis Ababa around the Mercato and Kazanechis neighborhoods. EngenderHealth will develop communication materials and tools for local partners to use with men and young boys. There are several local NGOs working to support victims of domestic violence and rape and to prosecute the perpetrators. However, there is very little being done to discuss the underlying social and economic issues. There is a need for peer counseling materials for men - to discuss domestic violence, rape, gender inequality and their role in protecting the health of their family. EngenderHealth will conduct several 3-day MAP workshops with community leaders, NGOs, and youth. Topics will include creating me"At the end of the workshop, it is expected that the influential group of leaders and youth will have an individual commitment to make personal changes and to raise awareness of these issues. Further more, they will develop action plans for follow up activities with their peers. There will be pre and post workshop tests to assess knowledge gain. The post-MAP workshop activities will include the peer educators meeting weekly to discuss their changes, challenges and learn from each other. Discussions will be around personal changes and activities to engage their own peers and close friends. Each member is encouraged to bring interested friends to the meetings. The meetings will be in the Kebele buildings or compounds. The peer educators will be facilitating the discussion and documenting progress that are seen within the groups. By the end of the first month, the program will be reaching 250-350 men through the MAP methodology.
"

By the third month, the opinion leaders and youth will be graduating to be MAP advocates and they will be ready to conduct their own mobilization with assistance from the peer educators. An estimated 50% of the leaders (25-35/per Kebele) will be ready to mobilize at least 10 of their friends with personal stories, information and influence. Each MAP advocate will have person to person discussion with 10 of his friends per month.
The program also plans to reach 3000 street youth enrolled in informal education with the local NGO named Forum for Street Children. Currently, 3000 street youth in Addis Ababa are getting informal education through the Forum for Street Children. The trained MAP advocates will be used to come and talk with the young people about gender norms, HIV/AIDS prevention, etc. There will be pre and post workshop knowledge assessments for the youth. The MAP Advocates will also be employed to reach young people through other local organizations, youth and boys clubs. Activities addressing youth will provide age-appropriate information.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	51 - 100

Targets

Target	Target Value	Not Applicable
Number of indigenous organization provided with technical assistance for HIV related policies;		☑
Number of individual training in HIV related policies (this is a sub set of the total number trained);		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,500	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful		☑

Target Populations:

Most at risk populations

Children and youth (non-OVC)

Men (including men of reproductive age)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Adis Abeba (Addis Ababa)

Table 3.3.02: Activities by Funding Mechanism

Mechanism: World Learning-OVC
Prime Partner: World Learning
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 15754
Planned Funds: $ 200,000.00
Activity Narrative: This activity receives HVAB, HVOP and OVC funds in FY07.

Building on the OGAC guidance on abstinence, be faithful and condom use (ABC), PEPFAR Ethiopia is soliciting innovative ideas for reaching most at risk populations using evidence-based approaches. This activity will provide comprehensive HIV prevention programming support to local organizations in selected areas to address at risk youth, specifically older adolescents, at risk of participating in transactional sex. Furthermore, several small grants will be provided to local organizations to support ABC activities.

Based on a USG HIV Prevention/Sexual Transmission TA visit, several recommendations highlighted the need to utilize community outreach approaches to reach at risk groups and girls in Ethiopia. The needs of most-at-risk populations are heterogeneous, and therefore the USG will seek to engage more partners in order to support diverse approaches to meeting needs of these high-risk, yet diverse populations.

While the geographic focus of most prevention programs should remain on urban hubs and transport corridors, USG partners will also be supported to work with peri-urban and rural bridging populations.

These partners will prioritize interventions that address urban/rural transmission dynamics such as marketplaces, and targeted prevention to mobile/migrant workers and their families.

Girls in Ethiopia have been hard to reach with prevention programs due to cultural norms (leaving school earlier than boys due to family responsibility, marriage and working in the home while not at school). Specific programs need to be designed, both for in-school and out-of-school girls which are female only and supported by the family and community. Priority program areas include: (1) Addressing coercive sex and gender-based violence and rape against women, building referral networks to address OP services in urban areas and PEP delivery.; (2) Correct consistent condom use among commercial sex workers, their partners and clients; and (3) Addressing social norms on cross generational, transactional and coercive sexual relationship behaviors focused on males 25– 40. Materials used will be predominantly pre-existing unless significant gaps are identified.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of indigenous organization provided with technical assistance for HIV related policies;		☑
Number of individual training in HIV related policies (this is a sub set of the total number trained);		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	45,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	300	☐

Target Populations:

Most at risk populations

Key Legislative Issues

Gender

Reducing violence and coercion

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: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 16046
Planned Funds: $ 250,000.00
Activity Narrative: PEPFAR recognizes the high level of HIV prevalence in emerging regions, and will concentrate efforts in conflict areas such as Gambella to address HIV/AIDS among most at risk populations, in particular youth, mine workers and commerical sex workers who frequent Gambella town. This activity will utilize interpersonal and interactive communication with local community-based organizations already operating in Gambella. PACT/Ethiopia will oversee technical and financial management of these groups.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of indigenous organization provided with technical assistance for HIV related policies;		☑
Number of individual training in HIV related policies (this is a sub set of the total number trained);		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	5,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	500	☐

Target Populations:

Adults

Women (including women of reproductive age)

Coverage Areas

Gambela Hizboch

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Young Mens Christian Association
Prime Partner: Young Men Christian Association
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 16049
Planned Funds: $ 200,000.00
Activity Narrative: The YMCA AIDS Volunteerism and Community Engagement (ADVANCE) Program will develop, strengthen and scale-up successful YMCA youth program practices in order to improve the HIV/AIDS knowledge and practices of 50,000 youth and young adults.The ADVANCE Program has two prevention objectives: 1. Improve HIV prevention knowledge and practices of at least 50,000 youth and young adults between the ages of 10-29 in the five target communities through innovative, ageappropriate peer education and community outreach activities by 2010 and, 2. Strengthen cooperation between youth, parents, YMCAs, schools, businesses, government and faith-based groups in the five target communities to improve HIV education and increase youth and young adult access to vital medical and counseling support services by 2010. These activities will take place in 5 underserved urban communities in Addis Ababa and Adama. For the first year of the three year program, YMCA will aim to reach 10,000 youth with AB messages.

In the HIV Prevention program component the YMCA and YWCA will recruit and train 100 volunteer peer educators per branch (500 in total). The peer educators will be segmented into two age groups A) 10-16 and B) 17-29. Their primary function will be to educate other community youth and young adults on basic HIV prevention and care. The peer educators will utilize innovative, youth-friendly service delivery methodologies to attract and educate large numbers of youth and young adults. These include school presentations, sports, recreation, arts, music, anti-stigma campaigns and local mass-media coverage of HIV issues.

The YMCA's approach to health education strongly emphasizes building core values, life skills, gender sensitivity, appreciation for diversity and access to accurate information and advice so that youth and young adults are equipped to make the right decisions. To ensure that peer educators are successful the YMCA will also incorporate a strategy that simultaneously strengthens parent and adult education, community alliances and medical referral services. The YMCA will set up a voucher system with reputable hospitals and clinics to help youth and young adults obtain appropriate, affordable medical testing, counseling and treatment. YMCA will focus abstinence-only messages for 50% of their target populations, for a total number of 25,000 youth between the ages of 10-16 by 2010.

Targets

Target	Target Value	Not Applicable
Number of indigenous organization provided with technical assistance for HIV related policies;		☑
Number of individual training in HIV related policies (this is a sub set of the total number trained);		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	10,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	500	☐

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: $ 3,150,000.00

Program Area Context:

PEPFAR/Ethiopia's past investments in Blood Safety resulted in improvements in the capacity of the uniformed services to have safe blood banks and blood transfusion centers at Bella Defense Hospital and outlying areas. Civilian blood services through the Ministry of Health and Ethiopian Red Cross continue to be strengthened through infrastructure, human resource and functions with technical assistance from the World Health Organization.

According to AIDS in Ethiopia 6th Edition, of 28,000 in eight regions, overall prevalence was 5 percent (4.5 percent among males, 6.7 percent among females). The prevalence for those aged 15 – 19 years was 3 percent. The highest prevalence was registered for donors aged 30 – 39 years. The prevalence rate among donors in Addis Ababa, constituting approximately 63 percent of all donors, was 4 percent. HIV prevalence among blood donors in Addis Ababa for 2005 is less than that in 2003 (6.4 percent).

In FY07, PEPFAR/Ethiopia proposes to capitalize on the progress of the Ethiopian uniformed services, with assistance from the U.S. Department of Defense, to renovate, equip and train staff at four additional blood transfusion centers. Several health providers from the uniformed services will be trained in and out of the country and these trainings will be twinned with the trainings that will be provided by the Ethiopian Red Cross Society for civilian system. PEPFAR/Ethiopia has identified the need for collaboration of civilian and military blood safety programs during planning, implementation & evaluation of activities.

During COP05 and COP06, PEPFAR/Ethiopia supported the Ministry of Health under Track One awards to strengthen blood transfusion services in the country. This program continues to be supported primarily through Track One awards to the MOH and to the WHO. The program is currently supporting 9 existing blood banks through personnel, training, equipments, supplies and logistics. Moreover, it is renovating 16 blood banks. Since this project is implemented though ERCS, it will in the end contribute significantly in developing infrastructure, human capacity and quality systems at ERCS that is critical for sustainability of the program.

The Ministry of Health of the Federal Democratic Republic of Ethiopia is the responsible body for national blood transfusion service in Ethiopia with regulatory, coordination and oversight roles. The Ethiopian Red Cross Society (ERCS) is the main implementer of blood banking services in the country. ERCS is officially delegated to run the operation of blood transfusion service in the country with the responsibilities of undertaking all functions of blood banking including renovations, procurement, personnel recruitment, training and logistics. Currently, much of the blood transfusion services rely on family and replacement donors; hence the need to promote voluntary blood donations to ensure the safety of blood and blood products. Testing for all transfusion transmission infections is not universal except for HIV testing, which uses rapid testing algorithms. Testing for syphilis, hepatitis B and hepatitis C is not universal. Through government efforts and support from PEPFAR, concerted efforts are being made to deliver safe and adequate blood and blood products to cater for the needs of the Ethiopian population.

Other donors such as GFATM Round 4 have awarded funding to support the ongoing efforts to improve the national blood safety and universal precautions program, and ERCS is also providing significant input through resources it mobilizes itself. The World Health Organization, through Track One funding, is providing technical assistance for safe blood transfusion service in Ethiopia.

Program Area Target:

Number of service outlets carrying out blood safety activities	45
Number of individuals trained in blood safety	415

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: Federal Ministry of Health, Ethiopia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 8092
Planned Funds: $ 1,750,000.00
Activity Narrative: This is a continuation of activity from COP06. Federal Ministry of Health initiated this project in FY05 with the goal of ensuring a comprehensive national blood safety program that includes a safe mechanism for the provision of safe and adequate blood and blood products; to ensure the appropriate use of blood and blood products; to expand access to safe blood transfusion services; and to ensure a mechanism for blood collection, testing, distribution, transfusion and education to reduce the frequency of unnecessary transfusions. Supplemental funding as well as FY06 new monies was also obtained to implement blood safety project till the end of FY06.

The project aims to renovate 16 blood banks throughout the country in FY06. Preliminary work has been done in the first quarter of FY06 that will enable speedy implementation of planned renovation activities in time. Site selection for 16 blood banks, development of blood bank design, and preparation of renovation bid document have been finalized. The delegation of operational and implementation activities of National Blood Transfusion Services (NBTS) to Ethiopia Red Cross Society in January 2006 has significantly assisted speedy implementation.

Procurement of equipments, supplies and vehicles is initiated and in progress while renovation activities are underway. Even though the initial plan was to bring 16 newly renovated blood banks to a functional level by the end of FY06, the target was reset to a realistic 9 existing blood banks. The rationale behind this phased implementation of equipping the blood banks is to focus on strengthening the functions of the existing 9 blood banks in FY06 and simultaneously work on the renovations. Moreover, procurement of 10 vehicles is in progress and the vehicles will be in use in the blood banks during the 2nd and 3rd quarters of FY06.

Understanding the critical importance of recruitment and training of staff, additional staff will be recruited and trained to support the functions of the existing 9 blood banks. By the end of FY06, additional 200 blood bank staff and health workers would be trained in blood banking and appropriate clinical use of blood. Guidelines, protocols and SOPs were also developed to ensure delivery of quality blood services.

Based on the significant improvements made in FY06 implementation, the following activities are planned to be undertaken in FY07 as a continuation of the FY 06 activities:-
- Training: In FY07, continuing medical education as well as induction training of new staff will be undertaken. A total of 250 individuals involved in blood transfusion service provision from vein-to-vein will be trained. Various cadres of staff will be sent to countries where there is considerable development of blood transfusion services through exchange programs.
- Equipments and supplies: The renovation of the 16 blood banks will be finalized in FY06 and will thus require equipment, staff, consumables and running/operational costs. However, only 4 of the 16 blood banks will be operational in the year 2007. They will, thus, require additional staff, equipment and running costs. Therefore, a total of 13 blood banks require support to be operational for FY07.
- Personnel: To make the 13 blood banks (9 existing and 4 newly renovated blood banks) operational in FY07, 68 additional staff will have to be recruited for the four newly renovated blood banks. The total number of staff for the 13 blood banks will be 221 at the beginning of FY07 (Including the 153 staff that will be recruited in FY06). Only 13 blood banks will start functions by the year 2007 by the funding that will be available even though a total of 25 blood banks will be supported though various activities.

Continued Associated Activity Information

Activity ID: 5581
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Federal Ministry of Health, Ethiopia
Mechanism: N/A
Funding Source: N/A
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities	25	☐
Number of individuals trained in blood safety	250	☐

Target Populations:

Doctors
Nurses
Public health care workers
Laboratory workers
Private health care workers
Doctors
Laboratory workers
Nurses

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: World Health Organization
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 8098
Planned Funds: $ 400,000.00
Activity Narrative: This is the continuation of FY06 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, the clinical interface as well as establishment of quality systems in the national blood supply system. This marked the initiation and part of implementation phase of the program.

In COP06, the WHO continued to provide technical support for implementation of the five-year strategic plan. Assessments of strategies in blood donor recruitment as well as quality systems were done. Roadmaps to address the gaps and strengthen these and other systems have been developed. The roadmaps foresee development, expansion and strengthening of blood bank functions in the next two years.

COP07 WHO will continue to provide assistance to expand and consolidate the blood safety program. 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 in Ethiopia. This will be achieved through an expanded, stable base of regular voluntary non-remunerated blood donors, cost-effective quality testing and processing and reduce unnecessary transfusions so as to avert adverse transfusion events and reactions. Systems for regular monitoring, evaluation, review and re-planning will be strengthened.

Continued Associated Activity Information

Activity ID: 5757
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: World Health Organization
Mechanism: N/A
Funding Source: N/A
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities	25	☐
Number of individuals trained in blood safety	435	☐

Target Populations:

Doctors
Nurses
Public health care workers
Laboratory workers
Private health care workers
Doctors
Laboratory workers
Nurses

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 10564
Planned Funds: $ 1,000,000.00

Activity Narrative: This is a continuing activity from FY05 and FY06. The partner received 100% of FY06 funds and is on track according to the original targets and work plan. We have increased funding based on the performance and achievements to date, priorities of the Ethiopian Ministry of National Defense and US Department of Defense and previous investments in FY04, FY05, and FY06.

Current Program Context:
The NDFE determined established a blood program to support ongoing NDFE blood transfusion requirements and future operational contingencies. The NDFE currently relies on the Ethiopian Red Cross Society (ERCS) for their supply of blood products. However, the ECRS has been unable 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 their blood needs. However, 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 potentially unnecessary transfusions and reduce the potential exposure to blood borne infectious diseases. An initial assessment for the blood program was undertaken from 8-15 Sept 2004 to evaluate the requirements as set forth in the Preliminary NDFE Report, "A Profile of Hospital-Based Blood Bank Establishment Project", of 27 April 2004. Based upon initial discussions with representatives of NDFE, the Director of the ERCS in Addis Ababa, and CDR. Mark of the US Navy Blood Bank, review of the Preliminary Report and proposal with outstanding issues were outlined.

As 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 and regulatory oversight risks and a well defined blood distribution program. The NDFE will implement a blood program using components of the United States Military Blood Program as a model. To meet the objectives we will:
(1) Establish a central blood collection, processing, and storage facility at the Bella Defense Forces Central Referral Hospital which will also serve as a "center of excellence" for training and also as a template for the establishment by ENDF of additional blood banks at other field referral military hospitals throughout Ethiopia.
(2) Perform mobile blood collections from newly accessioned recruits, potentially offering a safer donor pool since recruits are pre-screened from transmissible agents upon entry into the NDFE. Other military personnel are considered as donors if their proximity to blood banks is optimal for their mobilization.
(3) Define and establish a realistic safe blood distribution network based upon peacetime, wartime and other national (natural or manmade) emergencies in coordination with the national program or delivery of outreach safe blood transfusion services to communities around military deployment areas.
(4) Collaborate with the Ministries of Health, The Ethiopian Red Cross Society and World Health Organization (WHO) to develop and implement guidelines for blood administration, safe transfusion therapy, and an ongoing training and Quality Assurance (QA) program to maintain safety for all aspects of the blood program.

Program Implementation Strategy:
Using a phased approach (through FY' 08) build a central military blood bank and a reliable safe blood distribution network/transfusion sights (Total of 6).

The military blood Safety Program is demonstrating a commendable and up to schedule performance:
(1) A Program implementation team with US Naval Medical Center San Diego, NHRC, and PEPFAR DOD Ethiopia as participating members:
- Efforts on development of SOP for the military blood bank and transfusion centers' staffing and management,
- Development of curriculums and conduct of primary hands-on and on-going training,
- Development of needed equipment list for the blood collection, processing, storage, distribution and transfusion services; facilitate procurement, delivery, and installation of the equipment at the appropriate sites.
- Research and adapt software system to track and control safe blood and blood components.
- Work with WHO, MOH, ERCS, and CDC to maintain international and national standards;

and harmonization with the National Program activities.

(2) Accomplished tasks:
- Over 70% of the work on the renovation of a building at Bella Military Hospital to serve as a center of excellence for training, for blood collection, blood processing and production of blood components, storing and distribution of safe blood and manufactured components has been accomplished. Completion of the renovation work is planned for end of September, 2006.
- Staffing, organization, and SOW proposals have been completed and submitted to the ENDF Health Services Management for comments and subsequent implementation.
- Hands on training at the Blood Bank for the Naval Medical Center in San Diego (15 Sept. – 8 Oct., 2006) has been programmed for 3 Ethiopian military Blood Center senior staff members. In country on-going training has also been planned for 30 medical technologists after the initial hands on training at NMCSD. The on-going training for the medical technologists will be done by the 3 trained Ethiopian military Blood Center senior staff members with cooperation and assistance of specialists from NMCSD.
- Procurement process of equipment is in progress.

FY04, FY05 and non-PEPFAR Military Health Affairs funding has enabled renovation of a building for the Central Blood Bank at Bella Defense Central Referral Hospital, and also provision of most of the equipment and supplies for this center.

In FY07, additional funding will establish three safe blood outreach sites or hospital based transfusion centers at Mekele, Gondar, and Harar. Provision of consumables for the Bella Central Blood Bank and the hospital's transfusion Center will also be covered.

In FY07, additional funding will establish four safe blood outreach sites or hospital based transfusion centers at Mekele, Gondar, Harar and a TBD location. Provision of consumables for the Bella Central Blood Bank and the hospital's transfusion Center will also be covered.

Continued Associated Activity Information

Activity ID:	5575
USG Agency:	Department of Defense
Prime Partner:	US Department of Defense
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 108,000.00

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets carrying out blood safety activities	5	☐
Number of individuals trained in blood safety	15	☐

Target Populations:

Doctors
Nurses
Military personnel
Laboratory workers

Coverage Areas:

National

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: $ 1,224,744.00

Program Area Context:

PEPFAR Ethiopia will continue to focus on the prevention of medical transmission of HIV through the prevention of 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. The ART health network is expanding rapidly from 89 hospitals and 267 health centers to 131 hospitals and 393 health centers. And hence, continued investment in injection safety is required to support country-level expansion.

According to EDHS 2005 data, women are more likely than men to report receiving at least one injection. This may, in part, reflect increased use of injectable contraceptives. The average number of injections received from a health provider was 1.1 among women and 1.0 among men. There are large variations in the injection prevalence indicator are across regions. Among women, for example, the percentage reporting they had received at least one injection from a health worker during the 12 months prior to the survey varies from six percent in the Somali Region to 32% among women in SNNP and Addis Ababa. Among men, the likelihood of having received an injection is lowest in the Somali Region (4 %) and highest in Benishangul-Gumuz (29%). Urban residents are more likely than rural residents to have received at least one injection from a health provider. Among women, there is also a direct association between wealth quintile and the likelihood of receiving at least one injection.

The Government of Ethiopia 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.

Ethiopia's Round Two Global Fund Grant Agreement includes almost $1 million per year for improving safety of medical practices. This will include distribution of universal precautions guidelines; training of health care practitioners; supply of protective materials, injection equipment and disinfectants; and initiating surveillance of accidental exposure to blood. The Round Four Global Fund proposal includes establishment of infection control committees and establishment of universal precaution procedures in hospitals as one activity supporting its ARV objective, with a budget of about $500,000 per year for universal precaution supplies, such as syringes. The WHO provides technical assistance in implementation of Global Fund programs. UNICEF provides supplies and materials as part of its PMTCT, safe motherhood, and healthy newborn programs in UNICEF-supported sites.

During COP06, 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 throughout the civilian and uniformed service networks. 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. Activities of the Making Medical Injections Safer Project (MMIS) were scaled up to reach 267 health centers with injection safety training and technical assistance for waste management. JHPIEGO has played an important role in improving IP status of hospitals throughout the network.

In FY07, PEPFAR Ethiopia will continue system strengthening, coordination and expanding coverage within the health network. Additionally, through UNHCR, refugees will have access to safer injections and infection prevention practices in five camps near the Sudanese and Somali border. PEPFAR Ethiopia will continue to coordinate and integrate injection safety and infection prevention projects to maximize the benefits of standardized injection safety and infection prevention practices at health facilities and communities. 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 will continue procuring limited UP commodities as safety stock within the health network. Although the USG has signed a Memorandum of Understanding with the government of Ethiopia regarding GFATM resources, several UP stockouts were reported at lower level heath centers. HIV medical transmission risks and health provider stigma are exacerbated by stockouts of common UP commodities.

Program Area Target:

Number of individuals trained in medical injection safety	5,222

Table 3.3.04: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 8094
Planned Funds: $ 422,744.00

Activity Narrative: Making Medical Injection Safer (Track 1)

This is a continuing activity from FY05 and FY06. This is a centrally managed Track 1 award.

PEPFAR Ethiopia planned the project to expand to 393 health centers and satellite health posts in the 2006 fiscal year and set a target of 2670 health workers to be trained on injection safety. In the year 2007 the project planned to reach 400 Health centers and satellite health posts and 4000 health workers were approximated to take part in the trainings.

Training will focus for prescribes why there is a need to reduce injections, providers on how to provide safe injection including all the steps and rights and segregating wastes at the source of generation.

Supplies will be provided to the health facilities thus 14 million syringes and 72,000 safety boxes will be distributed in 2006 and as the expansion sites increased some 20 - 30 million syringes and equivalent amount of safety boxes will be targeted for the 2007 supply forecasts.

The ultimate plan is to achieve a National coverage by the year 2008.

A total of 24 health facilities were targeted for incinerator maintenance and around 44 health facilities waste collection materials will be supplied for the introduction of three-bin system and strengthening waste segregation at the point of generation. Waste Handlers will be trained on how to handle infectious wastes safely and appropriate protective devices like goggles, heavy duty gloves, aprons and boots will be provided.

Since the introduction of MMIS multiple studies were conducted in six regions of the country where MMIS is currently working. The studies revealed that unnecessary injections were rampant, recapping of syringes is a common practice and needle stick injuries reported by the respondents.

The interim evaluation conducted after one year of intervention of following the implementation of the three pillar strategies, it was found out that health workers trained on injection safety had increased six fold, knowledge about HIV transmission through unsafe injection was 100%, use of safety box reached beyond the target 91%, very few 8% were found recapping the used syringes and needle stick injuries was reported by less than 5% of the interviewed health workers.

Some of the greatest achievements recorded were:
Five year country strategic plan and Multi year BCC strategies were developed, trainings were conducted, injection safety devices were procured and distributed accordingly, incinerators were maintained and Needles and ash pits were constructed, National health care waste management was conducted and guideline development is under process.

The overall objective of the project is to reduce the prevailing overuse of injections and unsafe injection practices thereby reducing the transmission of HIV, Hepatitis B (HBV) and Hepatitis C (HCV) infections.

JSI/MMIS is working in collaboration with Federal MOH, Regional Health Bureaus (RHB), Woreda Health offices (WHOs), and health facilities to achieve program objectives. To address problems that are associated with unsafe injection practices, the project has adopted a three-pillar strategy geared towards:
• Changing the behavior of patients and health workers to decrease injection overuse and enhance safe injections;
• Ensuring the availability of injection equipment and supplies; and
• Ensuring the proper disposal of sharps wastes.

As part of a PEPFAR initiative for an integrated HIV and AIDS prevention activities, John Snow, Incorporated (JSI) under the sub-contract of the USAID Mission in Ethiopia has been implementing a project entitled "Making Medical Injections Safer" (MMIS) in fifty-three health facilities located in Oromia and SNNP regional states since April 2004.

Furthermore, based on project implementation experiences and lessons learned from the aforementioned MMIS project sites covering both higher- and lower-level health facilities, since June 2005, JSI/MMIS has been expanding its project activities into four additional regions of the country, namely: Amhara, Tigray, Dire Dawa and Harari covering a total of an additional 89 higher- and lower-level health facilities. Totally 142 health facilities were covered under the project.

Continued Associated Activity Information

Activity ID: 5598
USG Agency: U.S. Agency for International Development
Prime Partner: John Snow, Inc.
Mechanism: N/A
Funding Source: N/A
Planned Funds: $ 0.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals trained in medical injection safety	4,440	☐

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: GHAI
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 10384
Planned Funds: $ 353,500.00
Activity Narrative: National Infection Prevention

PEPFAR Ethiopia has funded JHPIEGO to support the MOH in improving the infection prevention practices at the hospitals in public sector as a means of reducing medical transmission of HIV and other infections among patients and healthcare workers. The support includes training of healthcare providers, developing guidelines for infection prevention, and providing onsite support to improve IP practices.

In COP05 JHPIEGO trained 332 people from 56 sites in all regions. During FY06, JHPIEGO completed site assessment for 33 new hospitals for infection prevention, in close collaboration with the US University partners. By the end of FY06 800 providers would be trained from 89 sites.
During FY07 JHPIEGO will make use of the findings and recommendations in implementing IP practices and use to improve the program. In the proposal for FY07, JHPIEGO is planning to train 770 providers in 127 sites.

In order to address high turn over of hospital-based staff and challenges in changing provider behaviors in infection prevention, JHPIEGO adopted a new onsite training approach in FY06 and trained 75 people in group based workshop from 56 sites of 1st and 2nd Cohort and train up to 15 providers at each site with onsite training (Approx: 495 providers) from 3rd Cohort. In addition 30 providers were trained to be IP trainers. 8 onsite IP orientations for up to 200 providers from 1st and 2nd cohort sites were conducted. JHPIEGO utilized the services of in country pool of trainers to conduct onsite training which we found to be the most cost effective one.

During FY06 JHPIEGO continued to support 1st and 2nd cohort hospitals by training 110 providers and providing follow up site visits. During FY07 JHPIEGO will continue to support 1st, 2nd and 3rd cohort hospitals to ensure adequate IP trained staff available at the hospitals. (Replacement training to address high turnover of trained staff - assumes that will need 10% more funding to cover 2 providers from each of 89 sites)

Towards the end of FY05, JHPIEGO trained 7 advanced IP trainers in JHPIEGO and utilized them in IP training during FY06. JHPIEGO also trained 23 additional providers as IP trainers during FY06. In FY07, JHPIEGO will train additional 20 IP trainers.

During FY06 JHPIEGO developed draft performance standards for infection prevention in Ethiopia consistent with the National Infection Prevention Guidelines. During FY07 JHPIEGO will work with MOH/FHAPCO, RHB, US University partners, Global Fund, JSI and other partners to implement IP performance standards at selected hospitals. At the same time, JHPIEGO will continue to monitor the implementation of the guidelines and standards and make any adjustments that are deemed necessary.

Experience from follow up visits and SBM-R implementation indicates that hospitals have difficulties applying IP guidelines for lack of adequate IP supplies at all the hospitals. The proposed mechanism is working with Global Fund to purchase and distribute supplies to the places where the gap is there.

JHPIEGO also proposes to develop, test and print IP print materials, such as job aids for providers or patient/caretaker education materials on good hygiene and infection prevention practices in home-based care of AIDS-affected individuals. These materials will be developed in consultation with JSI/MMIS not to duplicate efforts and through JHU/CCP TA.

Continued Associated Activity Information

Activity ID: 5759
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: JHPIEGO
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 300,000.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in medical injection safety	770	☐

Target Populations:

Doctors
Nurses
Pharmacists
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Pharmacists
Other Health Care Workers

Coverage Areas:

National

Table 3.3.04: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 10566
Planned Funds: $ 380,500.00
Activity Narrative: Infection Prevention Program for the Ethiopian National Defense Forces (ENDF)

Since 2003, with the full participation and technical support from DHAPP, infection prevention measures have been fully established in the initial phase of the activity within three military central referral hospitals (Armed Forces Teaching general Hospital, Bella Defense Central Referral Hospital, and Air force Hospital).

The activities already established are:
(1) Questionnaire developed on infection prevention prophylaxis to determine the risk factor among HCW.
(2) Infection Prevention training of 275 physicians, HCW and health service rendering facilities support staff.
(3) Contaminated waste and sharps collection & disposal units.
(4) Infection prevention equipment i.e. disposable & surgical gloves, disposable syringes, respiratory masks, gowns.

Proposed FY07 Activities
This activity will be maintained at 7 referral hospitals and expanded to 31 divisional hospitals (i.e. equivalent to health centers) under the referral (Corps-level) hospitals (103rd Corps hospital at Harar, 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) and training centers with a total complement of 33 physicians, 1402 nurses, 35 Health Officers, 515 Health Assistants, 626 technicians, 3,613 sanitarians and public health workers, i.e. by the end of FY' 07 we would achieve 6,228 new infections averted and assure qualitative medical service to patients with opportunistic infections (i.e. approximately 40% of all inpatients throughout the military hospitals and health rendering facilities) in a minimal infection risk environment.

Continued Associated Activity Information

Activity ID: 5577
USG Agency: Department of Defense
Prime Partner: US Department of Defense
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 273,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in medical injection safety	0	☐

Target Populations:

Doctors
Nurses
Military personnel

Coverage Areas:

National

Table 3.3.04: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	United Nations High Commissioner for Refugees
USG Agency:	Department of State / Population, Refugees, and Migration
Funding Source:	GHAI
Program Area:	Medical Transmission/Injection Safety
Budget Code:	HMIN
Program Area Code:	04
Activity ID:	10634
Planned Funds:	$ 68,000.00

Activity Narrative: Universal Precautions and Post Exposure Prophylaxis in Six Refugee Camps

This is a new activity for FY07. The aim of this project is to enforce universal precautions for prevention of the transmission of HIV, which will include the use of post-exposure prophylaxis (PEP) kits for victims of rape and will be complemented by AB, OP and VCT components. Adherence to the principles of universal precautions to reduce medical transmission of HIV infection will be ensured through training of all camp health clinic staff.

This activity complements projects intended to provide prevention services to refugees living in the Bonga, Dimma and Fugnido refugee camps, located in Gambella region, as well as the Kebribeyah camp located in the Somali region, Sherkole camp in Benishangul-Gumuz region, and Shimelba camp in Tigray region. Services will be provided to all camp residents as well as the local host community who live in the surrounding communities. This proposal is programmatically linked to "HIV Prevention Services for Refugees and Host Populations in Ethiopia" (COP ID 10528), "Condoms and Other HIV Prevention Services for Refugees and Host Populations in Ethiopia" (COP ID 10529), "Voluntary Counseling and Testing Services for Refugees and Host Populations in Ethiopia" (COP ID 10527), "Assistance to Orphans and Vulnerable Children in Six Refugee Camps in Ethiopia" (COP ID 10497), and "Palliative Care in Four Refugee Camps in Ethiopia" (COP ID 10572).

This proposal has been developed in consultation with the Ethiopian Government's Agency for Refugee and Returnee Affairs (ARRA). Representatives from UNHCR and ARRA, along with staff from implementing agencies such as the International Rescue Committee (IRC) spent the first half of 2006 conducting a gap analysis of HIV/AIDS programming in Ethiopia's seven refugee camps. Stakeholders identified the expanded activities that are the most critical, while emphasizing the need for establishing a minimum package of basic services that will be provided at each camp. Based on the current level of activities in the seven different camps, it was agreed that UNHCR would initiate activities in camps that did not yet have a strong prevention and/or counseling and testing foundation, while various implementing partners, namely IRC, would continue and expand work in camps where they had already established a foothold. All activities are coordinated closely with ARRA, who is responsible for providing basic health care services in each of the camps, as well as all other implementing partners. UNHCR has also developed a working relationship with the local HAPCO and will work with other PEPFAR partners in order to provide appropriate training to ARRA health clinic staff, as well as staff from other implementing partners.

Universal Precautions
Health clinics within the camps are staffed and administered by ARRA, and although they provide sufficient basic health services for the large camp populations, they are often under-resourced and do not have staff who have been adequately trained in universal precautions or post exposure prophylaxis. In addition, there are shortages of supplies like heavy duty gloves, aprons, masks and eye shields, and safety boxes for disposal of sharp materials are not available or are not properly utilized. Cleaning, disinfecting and sterilizing procedures are not up to the standard in some places, and most camps do not have incinerators on site.

Post Exposure Prophylaxis (PEP) is also required – both for health care workers who have possibly been exposed to HIV, as well as victims of rape and sexual violence. Due to the social stigma associated with rape and gender based violence, these incidents often go unreported and accurate incidence rates are not available for any of the camps. However, anecdotal evidence suggests that rape is a significant problem in all of the camps, especially in Kebribeyah in the Somali region of the country. Funding for this activity will be used for training of all health clinic workers, and linkages between other PEPFAR partners providing similar services in the region, including JHU and Intra health will be made. In addition, the staff of other NGOs who are providing services in the camps will be trained on the importance of rape reporting within 72 hours, in order to make use of the PEP kits. In addition, funds will be used for the sustainable supply of materials for universal precautions and PEP kits.

Logistical Considerations
Creating appropriate interventions and training materials for all three of the camps in

Gambella, as well as Kebribeyah will require significant logistical inputs due to the often tenuous security situation in the camps. Intra- and inter- ethnic conflicts frequently erupt in the Gambella region, most notably with the ambush and murder of three ARRA officials in December 2003, just 10 miles outside of the town of Gambella. Therefore, all trips to Dimma and Fugnido camps must be made with an armed military escort, which brings considerable costs and requires additional logistical maneuverings just to carry out routine visits.

Although there are logistical and security challenges posed by working in Gambella, the need for prevention activities is great. Evidence from ANC surveillance in Dimma and Fugnido suggests that the incidence of HIV infection in the region is 12.9% and 2.8%, respectively, while the national average for the rural population from the same study was 2.2%. Infection rates for syphilis in the two camps were also significantly higher than the national average. Therefore, the UP and PEP materials and trainings are critical in order to stop the infection from spreading.

Implementing prevention programs in Kebribeyah, in the Somali regional state, will also pose its own set of challenges. Although this camp has housed displaced Somalis for over ten years, the level of services provided in Kebribeyah is much lower than in most other camps in the country. However, due to the high incidence of rape in the camp, there is a strong need for PEP and the associated training required for health clinic staff and community social/health workers.

Under this intervention, the following specific activities will be implemented in Bonga, Dimma, Fugnid, Kebribeyah, Sherkole and Shimelba camps:
(1) Health workers will be trained on universal precautions and PEP administration for needle-stick accidents and sexual and gender based violence survivors;
(2) Staff from other NGOs working in the camps will be trained in the reporting of rape within 72 hours;
(3) Manuals and guidelines for universal precautions will be available for use by health staff in the health facilities; and
(4) PEP kits, supplies and materials for universal precautions will be procured and distributed to all four camp health clinics.

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

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in medical injection safety	12	☐

Target Populations:

Refugees/internally displaced persons
Public health care workers

Coverage Areas

Binshangul Gumuz

Gambela Hizboch

Sumale (Somali)

Tigray

Table 3.3.05: Program Planning Overview

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

Total Planned Funding for Program Area: $ 13,529,000.00

Program Area Context:

Condoms and Other Prevention

The recent findings from the 2005 Ethiopia DHS provide invaluable insights for prevention strategies. There appears to be a major transition toward increased condom use in the same urban areas where HIV prevalence is greatest. The momentum from this welcome trend will be increased in COP07. While overall, only 1% of young women and 17% of young men used condoms during their first sexual encounter, in urban areas almost half (48%) of young men used a condom the first time they had sex. According to the DHS 2005, women who report having a higher-risk sexual encounter are seven times as likely to be HIV positive as women who had sex with a non higher-risk partner. Nationally, the mean number of lifetime sexual partners reported by women 15 – 49 is 1.4 (urban 1.7, rural 1.4); for men 15 – 49 the mean is 2.8 (urban 4.4, rural 2.5).

PEPFAR Ethiopia's prevention strategy will prioritize expansion of ABC outreach activities to most at risk populations, and focus expanded/new HIV prevention activities for both the general population and high-risk groups in primarily urban areas and along major transportation corridors. PEPFAR Ethiopia will expand activities that focus on intensive interpersonal interventions, including skills building and behavior change communication.

The USG identifies the following sub-populations as most at risk populations (MARPs): commercial sex workers, their clients and regular partners; sexually active girls age 15-24, girls with multiple partners, and women migrating to urban areas or who are separated/divorced; pregnant women; men engaging in cross-generational or transactional sex; highly mobile workers, or men in executive positions; young men having multiple sexual partners; uniformed service members; men who have sex with men; and refugee populations.

In FY07, the USG will enhance collaboration though joint field visits and planning, expand complementary programs into urban hubs and transport corridors, and encourage partners to collaborate to achieve HIV prevention objectives.

Sexually Transmitted Infections

During COP06, PEPFAR Ethiopia supported training of health providers in STI diagnosis and treatment in HIV clinical settings. A syndromic management activity developed packaging for STI drugs and VCT referral for MARPs. Persistent drug shortages continue to challenge implementation of STI programming. In COP07, US Universities will broadly implement hospital-based STI programming. The Care and Support Contract, leveraged from palliative care funds, will strengthen STI delivery at health centers. Two confidential clinics will be established in highest risk areas to improve access to STI services for MARPs, specifically for CSWs.

Condoms

PEPFAR Ethiopia donated approximately 128 million condoms since FY04. During the same period, three bilateral donors covered operational costs and condom procurement accounting for 50 million condoms. In FY06, PEPFAR Ethiopia transitioned from social marketing to targeted promotion and distribution to MARPs to promote 100% condom use among commercial sex workers, their partner and clients, and other identified MARPs. PEPFAR Ethiopia will distribute 38 million condoms in COP07. To support secondary prevention efforts, PSCMS will support condom logistics to HIV clinical settings for prevention with positives.

Innovative Activities, Best Practices, New Partners

During COP07, the prevention program will rapidly expand to enlist local and international partners who bring innovative activities, best practices and new collaborating agencies to the portfolio. New in COP07, an Interagency Annual Program Statement will identify programming priorities for USG agencies including USAID, CDC and DOD. Specific priorities include expansion of services to address discordance among couples, male social norms and behaviors and prevention activities in Gambella. These multi-year agreements will be awarded between April and September 2007. In COP06, an HIV prevention Annual Program Statement (APS) was released to identify indigenous partners in specific geographic areas to address HIV prevention needs among MARPs. The COP07 will support continuing and new activities selected by the USG under the APS mechanism, such as outreach services to street children who are sexually active and market-based outreach to enhance risk perception and knowledge among adolescent vendors and young males employed in the taxi industry.

Analysis

During COP07, formative assessments of male circumcision and men who have sex with men are planned. Continuing from COP06, an alcohol/substance abuse activity will provide technical leadership to the USG and implementing partners. Furthermore, an assessment of urban-rural transmission dynamics and rural hotspots (SI) will take place to support targeting outreach activities and to incorporate critical findings.

Outreach Activities

Transportation corridor programming will expand geographically to cover three transportation corridors: 1) Addis Ababa – Djibouti border, 2) Modjo – Awassa and 3) Kombolcha – Adigrat. This expansion is based on HIV prevalence, current HIV prevention efforts in these areas, and identification of commercial traffic and transportation hubs where MARPs congregate. The needs along these routes are heterogeneous and will be served with multiple implementing agencies. The regional ROADS program will share experiences and best practices on accessing MARPs, young girls and adults in communities at risk.

Uniformed services and university students are priority MARPs. Addis Ababa University students, Federal Police and members of Ethiopia's National Defense Forces will be served with HIV prevention activities through the MARCH program. To facilitate MARCH, Johns Hopkins University will provide programmatic assistance.

Workplace programming will continue to expand in specific geographic and industrial sectors (i.e. tourism, transportation). Modified IE/BCC materials will allow transportation agents and sales staff to participate in mainstreamed workplace training activities. In addition, family days and outreach from workplace clinical staff will support activities in several communities at risk.

Anonymity, stigma and privacy concerns remain a major impediment to HIV service uptake. The AIDS Resource Center Wegen Hotline has been receiving 6,000 toll-free calls per day. The National and Regional AIDS Resource Centers are refuting misconceptions through information diffusion and materials development for clinical and non-clinical HIV prevention services. The hotline is also collecting data on risk factors and uncovering populations engaging in risk behavior that could help guide future targeting and interventions.

Prevention with Positives

During COP07, PEPFAR Ethiopia will utilize materials and findings from a central Prevention with Positives Initiative. These materials will be adapted by an implementing partner for integration into clinical and non-clinical counseling opportunities during pre-ART care and ART.

Refugees

During COP07, refugee programming will expand to five camps where Sudanese, Somali and Eritrean nationals are placed for multi-year stays. These camps have heretofore been underserved with HIV prevention activities and services.

Government Programs: The Government promotes ABC as a comprehensive approach to HIV/AIDS prevention. The USG achieves cost sharing with the National Defense Forces of Ethiopia through joint procurement of condoms.

Global Fund/Other Donors: The Global Fund Round Four program also includes provision to reach 135,000 youth during 2005 through the MOVE methodology. A multi-donor social marketing program will distribute 30,000,000 condoms in Ethiopia in 2006 and 2007. The UN Mission to Ethiopia and Eritrea has donated condom stock to the Ethiopian National Defense Forces.

Program Area Target:

Number of targeted condom service outlets	6,388
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,169,339
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	27,883

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Private Sector Program
Prime Partner: ABT Associates
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10374
Planned Funds: $ 150,000.00

Activity Narrative: Private Sector Program (Other Prevention and Condoms)

This is a continuing comprehensive ABC activity in the following areas: AB, OP, CT and TB/HIV. In COP07, Abt Associates will expand services to most at risk populations. As of August 2006 the partner received 100% of COP06 funds and is on track according to workplan objectives.

The Private Sector Program (PSP) improves access to HIV prevention, care and treatment services for employees and family members at large workplaces and private clinics. PSP focuses on demand-driven programming to the business sector; a major focus is to ensure management and employee ownership of activities and establish cost-sharing arrangements. During COP06, PSP supported local companies to conduct interpersonal peer education programs with training, supportive supervision and senior management consultation. PSP integrated materials on ABC, cross generational and transactional sex, gender norms and the current HIV burden on women. PSP, utilizing CGS study results, developed posters and short mini-media focusing on male behaviors specifically on stigma/discrimination and also on cross generational sex. PSP adapted curricula for use by medium and long distance drivers. Volunteer peer educators are received five days training on ABC and HIV care (VCT, TB, Positive Living). During the training the participants were taught communication and counseling skills to support effective program implementation and communication with family and community members. Participants were recognized through "Family Days" to celebrate the companies' successes in addressing employee health and safety. Routine follow-up and supervision were provided to each site.

PSP leveraged resources with the International Labour Organization to broaden implementation of HIV prevention programs in workplaces nationwide. PSP engaged the Ethiopian Civil Service Agency (encompassing approximately 400,000 public employees) and the Ministry of Labour and Social Affairs to support reform and mainstreaming efforts to include HIV prevention and Solidarity Funds.

COP07 Proposed Activities

The Private Sector Program (PSP), through large workplaces, is improving access to HIV prevention, care and treatment services for employees and family members. In FY07, Abt Associates and consortium partners PSI, IntraHealth and Banyan will expand technical assistance to 20 additional mid-large workplaces in communities at risk (i.e. located in urban areas or contiguous to major transportation corridors or in industrial sectors which play a large role in HIV transmission (i.e. trucking, hotel and resort tourism, remote construction projects and road building). These activities are in conjunction with existing programs in 65 workplaces in seven regions. Expansion will be reviewed within the context of the health network and existing HIV prevention partners including the High Risk Corridor Initiative, Targeted Condom Promotion activity, Health Communications Partnership and AIDS Resource Centers.

This activity concentrates on demand-driven programming to the business sector; a major emphasis is to ensure management/employee ownership of activities and establish cost-sharing arrangements. By September 2008, PSP will have activities in 20 additional workplaces and will provide technical assistance to workplaces and private clinics to have BC-based prevention among workers and most at risk communities surrounding the workplaces.

A major focus of the program will occur in biweekly or monthly peer interpersonal and educational sessions which will teach and encourage positive behaviors including correct consistent condom use, seeking STI treatment; accessing counseling and testing services> They will also address pertinent issues of stigma and self risk perception of males engaging in cross-generational, coercive or transactional sex. IEC/BCC materials and recognition events reinforce the positive behaviors achieved. In clinical setting, whether workplace or private, PSP will provide TA to support prevention for positives counseling utilizing pre-existing materials.

The growing concern about males who work away from their families will lead to a revision of pre-existing peer education and BCC materials to support several options for transport workers and mobile workers that are unified with workplace activities. This will

include emphasis on transactional sex, fidelity and condom use. Prevention emphasis will also target urban males of high educational and socioeconomic status in response to EDHS data indicating their high number of sexual partners. Together with cross-generational sexual networks with an existing sub population of girls age 15-24, this is a critical group. Self-reported condom use among urban males is 48% (EDHS 2005).

This activity will collaborate with HIV prevention partners to utilize or adapt pre-existing audio and print materials to address issues surrounding male social norms, low self risk perception and correct consistent condom use, specifically working with transportation corridor programs and targeted condom promotion programs to interrupt sexual networks.

Other prevention specific activities will include both clinical and non-clinical aspects to support access to most at risk populations with condom and STI programming. The contractor will promote 100% condom use in cross generational and transactional sex relationships.

Current workplaces:
Addis Ababa Abattoirs Enterprise; Agency for Rental Housing Enterprise; Akaki Textile Share Company; Bekelcha Transport Share Company; Commercial Bank of Ethiopia; COMET Transport Share Company; East Africa Group PLC; Ethio-Agri-Ceft PLC; Wush Wush Tea Farm Development; Ethiopian Crown Can and Cork Manufacturing Industry; Ethiopian Electric Power Corporation; Ethiopian Telecommunications Corporation; Ethiopian Airlines Share Company; Ethio Leather Industry PLC; Ethio Tannery Share Company; Ethiopian Insurance Company;
Fincha Sugar Factory; Kombolcha Textile Share Company; Matador Addis Tyre Share Company; Matahara Sugar Factory; Meta Abo Brewery Share Company;
MOHA Soft Drinks Industry PLC; Mugher Cement Factory; National Mining Corporation; National Tobacco Share Company; PHARMID; Wonchi Sugar Factory; Addis Ababa Hilton Hotel; Adey Abeba Yarn Factory; Agricultural Equipment and Technical Service Share Company; Ambo Mineral Water Factory; Arba Minch Textile Share Company; Artistic Printing; Awassa Tabor Ceramics Share Company; Awassa Textile Share Company; Ayeha Development Farm; Ayehu Zigini Farm Development; Birhan en Selam Printing; Birr Farm Development; Bahir Dar Edible Oil; Bure Kul Mineral Water; Dashen Brewery PLC; Das Cotton PLC; Debre Birhan Blanket Factory; Dire Dawa Textiles Share Company; Dire Dawa Cement (National Cement) Factory; Dire Dawa Food Complex; Dire Dawa Railway; ECAFCO; Edget Yarn and Sewing Enterprise; Emergency Relief Transport Enterprise; Ethiopian Grain Trade Enterprise; Ethiopian Postal Service; Ethiopian Road Authority; Fafa Food Share Company; Babile Mineral Water; Guder Food Complex; Harar Brewery; Meher Fiber Products Factory; MOHA Gondar; Addis Ababa Cement Factory; National Bank of Ethiopia; Sheraton Addis Ababa; Tana Transport; Upper Awash Agro Industry Enterprise; and Wabi Shebelle Hotel Enterprise.

Continued Associated Activity Information

Activity ID:	5603
USG Agency:	U.S. Agency for International Development
Prime Partner:	ABT Associates
Mechanism:	Abt Private Sector Partnership
Funding Source:	GHAI
Planned Funds:	$ 90,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	110	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	18,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	350	☐

Target Populations:

Business community/private sector

Factory workers

HIV/AIDS-affected families

People living with HIV/AIDS

Private health care workers

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 3.3.05: Activities by Funding Mechanism

Mechanism: jhu-ccp
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10387
Planned Funds: $ 162,500.00

Activity Narrative: Design and Production TA for Modeling and Reinforcement to combat HIV/AIDS (MARCH)

This activity is linked to the MARCH TA Other Prevention activities COP ID 5777design and production of TA for MARCH and it also links with COP ID 5766 supporting AAU students with OP, 5635 improving HIV/AIDS/STI/TB prevention and care activities in the National Defense and 5632 Federal Police prevention activities.

JHU/CCP is providing technical support for all MARCH partners including National Defense Force of Ethiopia (NDFE), Addis Ababa University and Federal Police Commission. Budget from MARCH partners (except for the NDFE) has been re-directed to JHU/CCP to facilitate and enhance budget utilization. Accordingly, this activity has received funds redirected from MARCH cooperative agreements as follows: Addis Ababa University – 100000, and Federal Police – 62500.

CCP began providing TA to these CDC partners in FY06 to facilitate the successful implementation of the MARCH project among these three key audiences. Intensive HIV prevention activities among the military, police and university students are critical in the context of the low prevalence, generalized HIV epidemic in Ethiopia. These are highly mobile groups, frequently away from home. Targeted interventions to sub-groups most at risk are essential to stem the spread of the epidemic. Therefore, the sustained success of these programs is a crucial aspect of the national response.

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. Addressing stigma and discrimination towards PLWHA, tackling the 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, police and AAU members. There are two main components to the program: Entertainment as a vehicle for education (long running serialized printed 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. Research shows that effective interventions are often personalized ones. The MARCH reinforcement activities try to personalize the behavior change intervention. The objective of the reinforcement activities include: applying message in the drama to their own lives, provide accurate information about HIV/AIDS and behavior change, provide an opportunity to practice new skills that may be required in avoiding infection and supporting those infected.

The project utilizes models that reflect the existing characteristics of the police that face similar barriers and facilitators of behavioral change. These models are part of a printed serial drama that is published every two weeks and distributed among the target populations. The reinforcement component utilizes activities such as discussion groups amongst peers and IEC materials that reinforce behavior change at the individual and societal levels. The discussions help peers to discuss the issues they come across in the serial drama and give them a sense of community support for behavior change.

CCP will continue to provide technical assistance and guidance to the partners during FY07 in the areas of planning and designing projects, monitoring activities, organizing trainings, and assisting the partners with material production including both the modeling materials/activities and re-enforcement materials/activities. CCP will provide the necessary training to the creative team and program staff for the three MARCH partners. The TA will also include the development high quality, research-based, IEC/BCC materials on relevant HIV/AIDS topics and to continually monitor and evaluate the produced IEC/BCC materials. During FY07, additional emphasis will be placed on building the capacity of each of the three partners and support to implement the program and focusing on ways that the program will be institutionalized within each organization.

As financial systems and bureaucratic process has been found to be the major barrier in

the implementation of the MARCH project especially at FPC and AAU, budget has been redirected to JHU/CCP to facilitate the financial utilization.

Continued Associated Activity Information

Activity ID:	5777
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 160,000.00

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

Targets

Target	**Target Value**	**Not Applicable**
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	jhu-ccp
Prime Partner:	Johns Hopkins University Center for Communication Programs
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	10388
Planned Funds:	$ 300,000.00

Activity Narrative: AIDS Resource Center (ARC) Other Prevention

This project is linked with two others in COP07 – AIDS Resource Center-AB (10592) and AIDS Resource Center – Other Policy Analysis 10422 /Systems Strengthening– and is designed to expand access to non-AB focused HIV/AIDS information and services by maximizing the relevance of the ARC's work and capacity building of partners and HAPCO to implement IE/BCC activities.

The project has four interrelated components under OP. The first component provides accessible up-to-date and accurate information related to OP and service uptake to government and non-government partners, journalists and media professionals, health care providers, researchers and the general public. The second component focuses on strengthening and maintaining the ARC's premier virtual information center and library for HIV/AIDS information resources. The third component focuses on production of high quality and culturally appropriate IE/BCC materials for service providers, as well as community and individuals targeting OP. Moreover, ARC will also strengthen linkages with other prevention providers to utilize the resource fully and reach a wider community. The fourth component focuses on strengthening the expanded Wegen AIDS Talkline's capacity to respond to escalating demand and to provide accurate and valid information, referral and counseling services on OP in six local languages. In addition, caller data from the talkline is used to analyze behavioral trends and support development of effective IE/BCC materials as well as guide HIV/AIDS policy in Ethiopia.

The AIDS Resource Center also operates an interactive website, clearinghouse and IT training facility. These components are being submitted under the Other/Policy analysis and Systems Strengthening program area.

The ARC directly supports and contributes to the PEPFAR program objectives, and to the Government of Ethiopia national response in many ways. The hotline receives 6,000 calls per day from all regions of Ethiopia. The ARC library receives an average of 100 students, program implementers, government officials, and journalists daily seeking access to up-to-date HIV/AIDS information. The ARC has created a total of 52 distinct IE/BCC materials supporting the ART, VCT, PMTCT and prevention programs. The ARC will expand its capacity to provide these critical services in FY07.

PLUS UP FUNDING:Regional Expansion - CCP/ARC will expand ARC regional coverage to four towns in the Amhara and Oromia regions and strengthen existing regional ARCs; Gondor, Dessie, Nekemt and Jimma are the new sites. Specifically, CCP/ARC will: 1) Provide administrative support to manage the expansion; 2) Conduct community outreach efforts through the regional ARCs to increase linkages with community and target audience populations; 3) Disseminate large quantities of HIV/AIDS BCC materials to the new ARCs as well as community partners; 4) Conduct HIV/AIDS trainings and peer education sessions at selected resource centers for youth association members and other HIV prevention partners; and 5) Increase the quality of and strengthen linkages between the national and regional ARCs. These additional activities will contribute to in-country system strengthening as well as to the continued establishment of centers that will provide high quality, accurate HIV/AIDS information and engage community members in on-going BCC activities.

Added July 2007 Reprogramming:
Regional Expansion - CCP/ARC will expand ARC regional coverage to four towns in the Amhara and Oromia regions and strengthen existing regional ARCs; Gondor, Dessie, Nekemt and Jimma are the new sites. Specifically, CCP/ARC will: 1) Provide administrative support to manage the expansion; 2) Conduct community outreach efforts through the regional ARCs to increase linkages with community and target audience populations; 3) Disseminate large quantities of HIV/AIDS BCC materials to the new ARCs as well as community partners; 4) Conduct HIV/AIDS trainings and peer education sessions at selected resource centers for youth association members and other HIV prevention partners; and 5) Increase the quality of and strengthen linkages between the national and regional ARCs. These additional activities will contribute to in-country system strengthening as well as to the continued establishment of centers that will provide high quality, accurate HIV/AIDS information and engage community members in on-going BCC activities.

Continued Associated Activity Information

Activity ID: 5793
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Johns Hopkins University Center for Communication Programs
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 200,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
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 targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,650,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Adults
Traditional birth attendants
Traditional healers
Most at risk populations
Discordant couples
HIV/AIDS-affected families
People living with HIV/AIDS
Teachers
University students
Host country government workers
Public health care workers
Other Health Care Worker

Coverage Areas:

National

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:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	10392
Planned Funds:	$ 300,000.00

Activity Narrative: High Risk Corridor Initiative (HIV Prevention)

This comprehensive ABC activity continues from FY06. It relates to activities in OP, CT and PC. Save the Children USA will collaborate with the AIDS Resource Center,10428, AB 10592, OP 10388 Treatment 10606, IOCC/Orthodox Church (AB) 10512 (pall) 10513, 10511 (OVC), PACT/Muslim Development Agency, Abt Associates/Private Sector Program, OSSA/Mobile Counseling and Testing, TBD/Targeted Condom Promotion and Family Health International/AB 10594, OP 10641 , 10404 MARPS in Amhara and ROADS project.

Ethiopia's High Risk Corridor Initiative, an HIV prevention and care intervention started in 2003, follows a transportation corridor between Addis Ababa and the Djibouti border. Along this corridor, 24 peri-urban and urban areas have HRCI installed AIDS Information Centers and additional HIV prevention outreach activities to transport workers, commercial sex workers and in/out of school youth. Several services are offered including ABC education, STI, PMTCT and CT referral. The Initiative also has CT and Palliative Care (including wraparounds) elements to provide most at risk populations with HIV services in underserved areas. Save the Children USA has worked with World Food Program to wraparound food baskets for their palliative care clients. Approaches include information dissemination, community conversations, group discussion, peer education and interactive drama. Informal meetings with high risk individuals such as hotel/bar owners, truck drivers, sex workers are also part of the initiative.

The target groups of this activity include: in/out of school youth; transportation workers and bar/hotel based commercial sex workers.

HIV prevalence information from recent ANC and EDHS surveys indicate that urban Oromia and Afar are areas critically in need of HIV prevention efforts. Oromia's HIV prevalence using the ANC 2005 survey is 2.3% (urban 8% and rural 1.3%) and 2.2% using the EDHS 2005 survey. Several towns along the corridor are hubs for transportation, trucking and commerce.

In FY05, 25,320 clients were served with OP counseling services at AIDS Information Centers. At SAPR06, 45,737 were provided with other prevention based counseling services. Beneficiaries included transport workers, bar and hotel-based commercial sex workers and out-of-school youth. HRCI is expanding and intensifying activities for most at risk populations (MARP) year by year.

HRCI has initiated several AIDS Information Centers and is currently transitioning ownership to local HIV/AIDS committees and Anti-AIDS Clubs. AIDS Information Centers are run by counselors whose services draw MARP. AIDS Information Centers are also platforms for outreach activities to transportation workers, bar and hotel-based commercial sex workers and out of school youth. Commercial sex workers and out of school youth participate in interpersonal peer sessions that emphasize ABC, harm reduction and risk perception. These meetings ensure commercial sex workers and out of school youth of a venue to obtain accurate information where they are challenged to participate in HIV prevention outreach and recruit additional individuals hard to reach individuals.

In FY07, the High Risk Corridor Initiative will maintain existing services along 24 towns of the Addis Ababa – Djibouti corridor and increase HIV prevention services in towns along two additional transportation corridors:

Debre Berhan – Kombolcha – Dessie – Weldiya – Mekelle - Adigrat
Modjo – Shashemena – Awassa – Dilla

AIDS Information Centers will be transitioned to communities at risk for self management. They will continue to receive technical assistance and financial support from Save the Children USA. Counselors will be stationed in urban centers and secondary towns to provide information on correct consistent condom use and directly distribute condoms to most at risk populations; they will discuss HIV transmission and ABC prevention, provide information regarding available local community and facility-based HIV/AIDS services; and conduct outreach activities to hard to reach groups such as transportation workers, out of school youth and commercial sex workers. Counselors visit high risk settings (bars, hotels

etc, where MARP congregate) to distribute HIV prevention information including condoms. AIDS Information Centers and outreach services have supported the highly transient at risk trucking and commercial sex worker populations as they move along the corridor for economic reasons.

HIV other prevention activities include:
(1) Collaborate with RHB/HIV Prevention and Control Offices to support provide other prevention services in surrounding areas (STI prevention, condoms to MARPS);
(2) Transition information centers to communities and support them in partnership with local organizations;
(3) Recruit and train counselors and outreach volunteers to target at risk populations;
(4) Conduct interpersonal communications/peer education with youth, commercial sex workers and transport workers. MARP peer leaders will recruit hard to reach groups for prevention participation;
(5) Intensify interactive drama and magnet theatre for hard to reach out of school youth;
(6) Integrate substance and alcohol abuse into HIV prevention materials and life skills;
(7) Make condoms and HIV prevention, care and treatment information accessible to most at risk populations in high risk settings via counseling and outreach activities in locations where truckers, commercial sex workers and out of school youth congregate;
(8) Track condom availability in surrounding areas;
(9) Collaborate with other USG partners to stimulate demand for mobile HIV CT services;
(10) Refer to community and facility-based services including anti-AIDS clubs, support groups and community/home-based and clinical care treatment services.

Continued Associated Activity Information

Activity ID:	5599
USG Agency:	U.S. Agency for International Development
Prime Partner:	Save the Children US
Mechanism:	*High Risk Corridor Initiative
Funding Source:	GHAI
Planned Funds:	$ 110,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of STI patients refereed to HIV counseling and testing:		☑
Number of individuals involved in alcohol and chat: counseled and tested for HIV		☑
Number of personnel trained on risk reduction counseling (alcohol-subtance)		☑
Familiarization workshop conducted		☑
Development of IEC/BCC materials on alcohol / substance abuse and HIV		☑
Number of facilities that link ART adherence intervention with substance use counseling		☑
Number of individuals with single STI episode to be treated with prepacked kits		☑
Number of health care workers (private sector) trained on syndromic approach		☑
Number of peer educators trained at each site		☑
Number of facilities to be supported and supervised regularly		☑
Number of model clinics to be renovated or constructed		☑
Number of condoms distributed to STI patients		☑
Number of targeted condom service outlets	200	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	42,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	600	☐

Target Populations:

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

Key Legislative Issues

Stigma and discrimination

Gender

Reducing violence and coercion

Coverage Areas

Afar

Dire Dawa

Oromiya

Sumale (Somali)

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	USAID Central Commodity Fund
Prime Partner:	USAID Central Commodity Fund
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	10402
Planned Funds:	$ 2,000,000.00

Activity Narrative: Condom Procurement

This is a continuing commodity procurement activity linked with TBD/Targeted Condom Promotion for program implementation.

The USG has been the largest supplier of condoms to Ethiopia since 1996. Since 2004, the USG has supplied 128 million condoms to a local partner for use in a condom social marketing program. Based on new EDHS and ANC information, the USG is developing a new Targeted Condom Promotion activity funded with COP06 Supplemental focusing on most at risk populations. This activity will be underway by January 2007. This represents a transition from PEPFAR Ethiopia's previous donation of commodities to a multi-donor condom general social marketing program based on a shift in prevention strategy to focus fully on most at risk populations.

Several bilateral donors, (DFID, Development Cooperation Ireland and the Royal Netherlands Embassy) maintain an agreement covering operational costs and condom donation. In FY06, approximately 40 million condoms were provided under a social marketing brand "Sensation", which is marketed as a more expensive, upscale product. The UN Mission to Ethiopia and Eritrea, a UN peace-keeping mission, provides donations to the National Defense Forces of Ethiopia. Private donors support small scale donations to local non-governmental organizations.

In COP07, we anticipate the USG to remain a major condom donor to support HIV prevention to most at risk populations nationwide. A multi-donor general social marketing program is expected to function at levels similar to FY06. With a funded COP06 targeted promotion activity, the USG will build on momentum of a new branded condom product to support outreach and BCC messaging about correct consistent condom use, risk reduction, HIV burden among young girls and cross generational and transactional sex. In COP07, HIV prevention activities will expand beyond current programming approaches to include greater outreach to most at risk populations. Condom commodities remain a vital aspect of PEPFAR Ethiopia prevention activities.

This activity has two components:

Supplying condoms to HIV clinical settings nationwide in a consistent fashion;

Utilizing PSCMS, condom commodities will be cleared and distributed to regional branches and drop points throughout the country. Based on a pre-determined quantification, PSCMS will integrate a percentage of this procurement into the ARV and medical commodity logistics system for delivery to VCT, ART and Pre-ART clinics and case managers within the ART health network, including hospitals and health centers. USG partners in facilities will work with local authorities to support distribution to clinical settings at facilities.

2) Supplying condoms to USG HIV prevention activities, the National Defense Forces of Ethiopia supported by DOD and five refugee camps supported under PRM.

Utilizing a TBD Contractor implementing the Targeted Condom Promotion activity, condom commodities will be distributed in-country to partners conducting outreach activities to most at risk populations. This will include work under the U.S. Department of Defense and State/Population, Refugee and Migration Bureau.

Needs quantification is based on support to the Defense Forces, projected requirements within non-clinical and clinical settings amount to 44,000,000 units. This procurement will provide approximately 38,684,719. Additional condoms may carry over from COP06 due to the arrival date of supplemental funds.

The USG envisions substantial donations to uniformed services (approx. 10,000,000), refugee camps (approx. 500,000) and several USG partners conducting community outreach (approx. 15,000,000). Condom procurement is anticipated to occur through the USAID/Global Health/Central Commodities Fund mechanism.

Continued Associated Activity Information

Activity ID: 5788
USG Agency: U.S. Agency for International Development
Prime Partner: To Be Determined
Mechanism: *
Funding Source: GHAI
Planned Funds: $ 1,500,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10403
Planned Funds: $ 200,000.00

Activity Narrative: Community Mobilization through Care and Support Contractor (CSC) Outreach Workers

This is a continuing activity. As of August 2006, 100% of funds were obligated to the SOAg to support programming in this mechanism when awarded in December 2006 or January 2007.

This is a comprehensive ABC activity, linked to the care and support contract (Pallative 10647,TB/HIV 10400, ART 10399, 10604 CT)TBD/CSC (RFP) to be awarded in 2006 found in CT, PC, TB/HIV and ART. In addition, this activity is linked to activity 5768, PEPFAR Ethiopia's support of MOH/Health Extension Workers.

Recent ANC and EDHS indicate greater concentrations of HIV infection in urban and peri-urban areas. Given the low urbanization rates, a significant proportion of HIV/AIDS cases remain in rural areas. In response, this activity prioritizes the deployment of case managers and outreach volunteers to the peri-urban fringe and rural areas in/around ART health networks, and supports Government of Ethiopia efforts to deploy Health Extension Workers to these areas.

The activity has several components.

One component utilizes non-medical case managers in health centers to support consistent ABC communications with PLWHA or most at risk groups appearing. These brief counseling periods, anticipated after a closer relationship is formed with case managers, represent efforts to integrate and mainstream brief motivational interventions alongside clinical IMAI training among the clinical care team.

The second component of this activity is technical assistance to Zonal and District Health Offices to support HIV prevention activities of Health Extension Workers. Technical assistance will encompass engagement by the TBD contractor to ensure adequate in-service training, referral support for most at risk populations, and counseling at community and at health post levels. This new cadre of community health worker is to serve several villages (i.e. kebele) in peri-urban fringe and rural areas. An anticipated 30,000 HEW will be deployed by 2010. The HEW is the first point of contact at community level with 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. They function as a significant and new link in the referral system and will be able to move, through community counseling and mobilization, vulnerable and underserved populations into the formal health system. During COP07 HEW will function as the lead position at health post and community levels to provide social mobilization activities. .

The third component of this activity includes, in partnership with local authorities, identification, training and deployment of outreach volunteers to support and facilitate the role HEW. Through this activity, outreach volunteers will provide technical support to the Regional HIV/AIDS Prevention and Control activities in communities through community conversations and outreach counseling at the household level. In addition, outreach volunteers will support case managers in tracking and counseling those who miss clinical appointments. Outreach volunteers, as local individuals, will grasp culturally appropriate manners in discussing HIV/AIDS primary ABC and secondary prevention. This will include mitigating misconceptions, sitgma reduction, highlighting the gender and HIV burden for young women and negative social and cultural norms.

The USG anticipates that this activity will strongly support regional government prevention efforts through social mobilization.

CSC coverage is anchored in predominantly peri-urban settings reaching from health centers to health posts through outreach volunteers in coordination with HEW and other community agents for social mobilization. Case managers will refer HIV+ clients to VCT and lay counselors for prevention, for positives counseling. COOWS, in coordination with Health Extension Workers, will be responsive to local needs, distinctive social and cultural patterns. They will coordinate and assist implementation of local government HIV prevention efforts correct consistent condom use education and access to condoms where needed.

Outreach volunteers will play an active role in broader community and family-based counseling, including distribution of Government of Ethiopia and PEPFAR Ethiopia IEC BCC materials. Both case managers and outreach volunteers will support provision of counseling interventions with AB messaging, improve client knowledge and understanding of discordance. CSC will collaborate with existing prevention partners to avoid duplication of ongoing PEPFAR Ethiopia and Government of Ethiopia 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 outreach volunteers will utilize interpersonal approaches to behavior change on topics including VCT, substance abuse, abstinence, faithfulness, correct consistent condom use, STI referral, targeted condom promotion and distribution and other risk reduction education.

Continued Associated Activity Information

Activity ID:	5791
USG Agency:	U.S. Agency for International Development
Prime Partner:	Management Sciences for Health
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 725,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of targeted condom service outlets	393	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	600,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,000	☐

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:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	10407
Planned Funds:	$ 400,000.00

Activity Narrative: Annual Program Statement – USAID Specific
HIV Prevention ABC Annual Program Statement (APS)

This is a continuing comprehensive ABC activity, linked to activity (10406) Annual Program Statement (OP). As of August 2006, 100% of FY06 funds were obligated to the USG SOAG with the Ministry of Finance and Economic Development. These funds will be programmed through the APS mechanism in October 2006. In addition, pre-award procurement and financial assessments will be conducted by USAID prior to award. See supplemental document entitled HIV prevention in Ethiopia COP07 for program geographic coverage, population density information and health facility coverage. Also review the HIV Prevention APS map to determine targeted geographic areas where partners may be supported.

The APS will offer multiple continuing and new awards to indigenous organizations to promote AB programming in TBD urban and peri-urban areas, prioritizing those with above-average HIV prevalence. Building on the OGAC guidance on abstinence, be faithful and condom use (ABC), PEPFAR Ethiopia is soliciting innovative ideas for reaching most at risk populations using evidence-based approaches.

Based on a USG HIV Prevention/Sexual Transmission TA visit, several recommendations highlighted the need to utilize community outreach approaches to reach at risk groups and girls in Ethiopia. The needs of most-at-risk populations are heterogeneous, and therefore the USG will seek to engage more partners in order to support diverse approaches to meeting needs of these high-risk, yet diverse populations. While the geographic focus of most prevention programs should remain on urban hubs and transport corridors, USG partners will also be supported to work with peri-urban and rural bridging populations. These partners will prioritize interventions that address urban/rural transmission dynamics such as marketplaces, and targeted prevention to mobile/migrant workers and their families.

Girls in Ethiopia have been hard to reach with prevention programs due to cultural norms (leaving school earlier than boys due to family responsibility, marriage and working in the home while not at school). Specific programs need to be designed, both for in-school and out-of-school girls which are female only and supported by the family and community.

Priority program areas include:
(1) Addressing coercive sex and gender-based violence and rape against women, building referral networks to address OP services in urban areas and PEP delivery.;
(2) Correct consistent condom use among commercial sex workers, their partners and clients; and
(3) Addressing social norms on cross generational, transactional and coercive sexual relationship behaviors focused on males 25– 40.

Materials used will be predominantly pre-existing unless significant gaps are identified. Such gaps can be addressed with existing large prevention partners (i.e. development and production) or addressed through the larger International Annual Program Statement discussed below.

To alleviate confusion, this APS differs from the proposed Interagency Annual Program Statement in the following ways:
(1) Awards range between 100,000 – 200,000 for up to two years;
(2) Includes a continuation of programmatic activities of FY06 Prevention APS awards;
(3) Recipients will partner with existing USG outreach partners co-located in priority geographic areas to leverage their technical knowledge of HIV prevention and program implementation;
(4) Specifically targeted to support indigenous organizations graduate from "sub-partner" to prime partner;
(5) APS mechanism targeted to indigenous partners with capacity, providing a rapid and flexible mechanism to build capacity;
(6) Technical evaluation of concept papers will be within the in-country Prevention Working Group, an interagency unit; and
(7) Utilizes the strength of an in-country Contracting and Agreement Officer.

The Interagency Annual Program Statement is an opportunity for international and local non-governmental organizations to apply for PEPFAR funding. Awards are anticipated to be of larger value, for a minimum of three years and to support major program thrusts in AB and OP. This differs with the smaller Prevention APS in scale of activities, the anticipated types of partners, the complex interagency division of labor and speed of awarding funds.

Added July 2007 Reprogramming:
This activity receives HVAB, HVOP and OVC funds in FY07. Building on the OGAC guidance on abstinence, be faithful and condom use (ABC), PEPFAR Ethiopia is soliciting innovative ideas for reaching most at risk populations using evidence-based approaches. This activity will provide comprehensive HIV prevention programming support to local organizations in selected areas to address at risk youth, specifically older adolescents, at risk of participating in transactional sex. Furthermore, several small grants will be provided to local organizations to support ABC activities.

Based on a USG HIV Prevention/Sexual Transmission TA visit, several recommendations highlighted the need to utilize community outreach approaches to reach at risk groups and girls in Ethiopia. The needs of most-at-risk populations are heterogeneous, and therefore the USG will seek to engage more partners in order to support diverse approaches to meeting needs of these high-risk, yet diverse populations.

While the geographic focus of most prevention programs should remain on urban hubs and transport corridors, USG partners will also be supported to work with peri-urban and rural bridging populations.

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Girls in Ethiopia have been hard to reach with prevention programs due to cultural norms (leaving school earlier than boys due to family responsibility, marriage and working in the home while not at school). Specific programs need to be designed, both for in-school and out-of-school girls which are female only and supported by the family and community. Priority program areas include: (1) Addressing coercive sex and gender-based violence and rape against women, building referral networks to address OP services in urban areas and PEP delivery; (2) Correct consistent condom use among commercial sex workers, their partners and clients; and (3) Addressing social norms on cross generational, transactional and coercive sexual relationship behaviors focused on males 25– 40. Materials used will be predominantly pre-existing unless significant gaps are identified.

Continued Associated Activity Information

Activity ID:	5790
USG Agency:	U.S. Agency for International Development
Prime Partner:	US Agency for International Development
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 900,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
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 STI patients refereed to HIV counseling and testing:		☑
Number of individuals involved in alcohol and chat: counseled and tested for HIV		☑
Number of personnel trained on risk reduction counseling (alcohol-subtance)		☑
Familiarization workshop conducted		☑
Development of IEC/BCC materials on alcohol / substance abuse and HIV		☑
Number of facilities that link ART adherence intervention with substance use counseling		☑
Number of individuals with single STI episode to be treated with prepacked kits		☑
Number of health care workers (private sector) trained on syndromic approach		☑
Number of peer educators trained at each site		☑
Number of facilities to be supported and supervised regularly		☑
Number of model clinics to be renovated or constructed		☑
Number of condoms distributed to STI patients		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	45,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	300	☐

Target Populations:

Adults
Commercial sex workers
Community-based organizations
Most at risk populations
Discordant couples
Street youth
Mobile populations
People living with HIV/AIDS
Out-of-school youth
Partners/clients of CSW

Key Legislative Issues

Gender

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	United Nations High Commissioner for Refugees
USG Agency:	Department of State / Population, Refugees, and Migration
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	10529
Planned Funds:	$ 156,500.00

Activity Narrative: Condoms and other HIV Prevention Services for Refugees and Host Populations in Ethiopia

This is an expansion of a COP06 activity (originally awarded to a different partner) that targeted refugees in Dimma, Bonga, and Fugnido camps in Gambella region. No FY06 funds have been disbursed to this project because the change in partner has not yet been approved by Washington. The aim of this project is to promote correct consistent condom use in four refugee camps. This year, activities will be extended to Kebribeyah camp in the Somali region.

The activity is programmatically linked to "HIV Prevention Services for Refugees and Host Populations in Ethiopia" (10528), "Voluntary Counseling and Testing Services for Refugees and Host Populations in Ethiopia" (10527), "Assistance to Orphans and Vulnerable Children in Six Refugee Camps in Ethiopia" (10530), "Palliative Care in Four Refugee Camps in Ethiopia" (10572), and "Universal Precautions and Post Exposure Prophylaxis in Six Refugee Camps" (10634).

The project was developed in consultation with the Government of Ethiopia Agency for Refugee and Returnee Affairs (ARRA). Representatives from UNHCR and ARRA, along with staff from implementing agencies such as IRC, spent the first half of 2006 conducting a gap analysis of HIV/AIDS provision in Ethiopia's seven refugee camps. Stakeholders identified the most critical gaps, while emphasizing the need for a minimum package of basic services at each camp. Based on the current level of activities in the camps, it was agreed that UNHCR would initiate activities in camps that did not yet have a strong prevention and/or counseling and testing foundation, while various implementing partners, namely IRC, would continue and expand work in camps where they had already established a foothold. All activities are coordinated closely with ARRA, which is responsible for providing basic health care services in the camps, and with other partners. UNHCR developed a working relationship with the local HAPCO and will work with other PEPFAR partners to provide appropriate training to ARRA health staff, as well as staff from other partners.

Key elements of condom programs are promotion to create and increase demand, and adequate and sustainable supply to the public in general and to targeted groups in particular. In refugee camps, the entire population is considered inherently at risk, due to transience, vulnerability to sexual exploitation, and lack of access to information.

Intensive condom promotion activities supported by appropriate IEC materials and increasing outlets will be undertaken in these camps. Syndromic management of STI according to the guidelines will be ensured.

Creating appropriate interventions and training materials for the four refugee camps listed above will be a challenge as materials will have to be in six languages and to accommodate the different learning and communication styles of each population. Furthermore, program implementation in all three Gambella camps, and Kebribeyah, will require significant logistical inputs due to the often tenuous security situation therein. Intra- and inter- ethnic conflicts frequently erupt in Gambella region, most notably with the ambush and murder of three ARRA officials in December 2003, just 10 miles outside Gambella. All trips to Dimma and Fugnido camps must be with armed military escort, which adds considerable cost and maneuverings simply to make routine visits.

Although there are logistical and security challenges posed by working in Gambella, the need for prevention activities is enormous. Evidence from ANC surveillance in Dimma and Fugnido suggests HIV+ prevalence of 12.9% and 2.8%, respectively, while the national average for the general rural population was 2.2%. Infection rates for syphilis in the two camps were also significantly higher than the national average. Therefore, the condom and other prevention activities described below will meet critical needs

Implementing prevention programs in Kebribeyah in Somali region, pose its own set of challenges. Although this camp has housed displaced Somalis for more than a decade, the level of services in Kebribeyah is much lower than in most other camps in Ethiopia. There are currently no prevention activities in Kebribeyah, and a general lack of knowledge of the virus and its transmission in a population engaged in risky behaviors, including abduction and rape of young girls. Condom usage is extremely low or nonexistent, so

promoting correct consistent condom use in this population will involve significant efforts using a host of mediums. Since Kebribeyah camp abuts the town of the same name and there is a high level of interaction between the two, interventions will be targeted to both refugees and the host community.

Under this intervention, the following specific activities will be implemented in Bonga, Dimma, Fugnido and Kebribeyah camps:
(1) Condoms will be procured and distributed;
(2) Condom outlets will be expanded;
(3) Condom education supported with demonstrations using models will be intensified.
(4) Community health workers, peer educators, community leaders and anti-AIDS club members will be trained to promote and distribute condoms;
(5) Health care providers will be trained on syndromic management of STI;
(6) Manuals and guidelines on syndromic management of STI will be made available in all four camps;
(7) Essential drugs for syndromic treatment of STI will be procured and made available;
(8) Adherence to the guideline for diagnosis and treatment of STI will be followed up, and STI treatment seen as an entry point for other prevention services; and
(9) To monitor and evaluate progress of prevention and other programs, a comprehensive Knowledge, Attitude, Behavior and Practice (KABP) survey in all four camps will be conducted.

Continued Associated Activity Information

Activity ID:	5786
USG Agency:	Department of State / Population, Refugees, and Migration
Prime Partner:	United Nations High Commissioner for Refugees
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 7,000.00

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

Targets

Target	**Target Value**	**Not Applicable**
Number of targeted condom service outlets	169	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	25,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	☐

Target Populations:

Mobile populations

Refugees/internally displaced persons

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas

Gambela Hizboch

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: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10554
Planned Funds: $ 10,000.00

Activity Narrative: Supporting University Students with OP
This is a continuing non-AB focused activity from FY06, linked to AB activity with Addis Ababa University students (5584) and to design and production of TA for MARCH (10386 and 10388).

A survey conducted at Jimma University (B. Tefera, May, 2002) showed that out of 490 students respondents 12% were HIV+. The highest prevalence was observed among third and fourth year students who were well acquainted with the social environment compared with younger students. A different study in Gonder University, by Dr. Yohannis F. (November, 2004) focused on condom use among university students. Of the 401 student respondents 25.3%were sexually active and had had 2-5 sexual partners. Of these, 40.6% had never used condoms; about 25% used them occasionally and about 20% reported having sex after taking alcoholic, increasing the risk of unsafe sex and of contracting HIV.

Ethiopian universities students come from all corners of the country. Factors such as maturity level, desire for new experiences, peer pressure, absence of immediate parental control, change of environment, need to "fit in", mean that students are vulnerable to HIV infection. Students at Addis Ababa University are particularly highly exposed to various hot spots surrounding the university campuses. The university has ten campuses in Addis Ababa and Debrezeit (45 km south of the capital). The student population is estimated at about 30,000 with academic staff approximating 3,000. Therefore preventive behavior change interventions that combine activities to promote social norms for safer behaviors (including use of services) help build the students' capacity for avoiding the virus for implementing the interventions are valuable HIV prevention.

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 behavioral change communication. In particular, this OP will address problems related to stigma and discrimination towards PLWHA, promote consistent correct condom use and early treatment of STI, promote the uptake of services like VCT and ART with in the university context. Its intent is to reduce risky behaviors and also encourage a comprehensive care and support in the university and wider community.

MARCH (Modeling and Reinforcement to Combat HIV/AIDS) is a behavior change communications (BCC) strategy that promotes adoption of HIV prevention behaviors and encourages communities to care for PLWHA and children orphaned by the epidemic. Addressing stigma and discrimination towards PLWHA, tackling the existing gender imbalances and the removal of stigma and discrimination are expected to minimize risky behaviors and to promote community care and support towards members infected and affected by the virus. In the university community it promotes abstinence and faithfulness among AAU students and staffs. There are two main components to the program: education through entertainment and interpersonal reinforcement entertainment component uses role models in the context of a storyline to provide information about change, to motivate its audience, and to enhance a sense of self-efficacy. Reinforcement activity uses interpersonal strategies like peer group discussions, with the objectives of group members applying messages from it he drama to their own lives, providing accurate information about HIV/AIDS and behavior change, providing opportunity to practice new skills that may be required in avoiding infection and supporting those infected. A serial drama is distributed every two weeks, and follows the gradual adoption of positive behavior change by role models and the storyline forms a basis for discussion the peer groups.

In COP06 the project is developing organizational units on each campus to run the MARCH program, develop certificate curriculum and conduct training to build the leadership skills of reinforcement agents, produce print and audiovisual materials for trainings.

Most preparation is complete, assisted by JHU/CCP TA. Although implementation during COP06 was delayed, the planned restructuring under the TA will speed up project implementation. Budget aspects will be under JHU/CCP direction in future which will also reduce obstacles experienced earlier.

During COP07 the project will:

-Strengthen capacity of the liaison offices established in FY06 in every campus to implement MARCH program to full scale, reaching a total of 30,000 regular students, 2000 summer students and 3000 academic and administrative staff members
-Undertake varied reinforcement activities and events such as drama, music, exhibitions, talk shows, sport competitions, talk show, public lecture etc.
-In addition to the MARCH program, the project will continue producing and distributing IEC materials to support an array of preventive activities on campuses, strengthen alliances between Addis Ababa and other Ethiopian universities, colleges and high schools, and eventually, other educational institutions in sub-Saharan Africa and the U.S.

Continued Associated Activity Information

Activity ID:	5766
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Addis Ababa University
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 20,000.00

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 STI patients refereed to HIV counseling and testing:		☑
Number of individuals involved in alcohol and chat: counseled and tested for HIV		☑
Number of personnel trained on risk reduction counseling (alcohol-subtance)		☑
Familiarization workshop conducted		☑
Development of IEC/BCC materials on alcohol / substance abuse and HIV		☑
Number of facilities that link ART adherence intervention with substance use counseling		☑
Number of individuals with single STI episode to be treated with prepacked kits		☑
Number of health care workers (private sector) trained on syndromic approach		☑
Number of peer educators trained at each site		☑
Number of facilities to be supported and supervised regularly		☑
Number of model clinics to be renovated or constructed		☑
Number of condoms distributed to STI patients		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	35,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	500	☐

Target Populations:

Adults

Most at risk populations

People living with HIV/AIDS

University students

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Adis Abeba (Addis Ababa)

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: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10575
Planned Funds: $ 15,000.00

Activity Narrative: Federal Police Prevention Activities

This is the continuation of FY06 OP intervention in the FPC. It links to Federal Police Focused AB program (5633) and also to design and production of TA for MARCH (10386 and 10388).The objective is to strengthen and integrate FPC prevention, care, and treatment for police men and women and their family members through other prevention activities employing MARCH activities.

Data specific to police officers and their families are sparse but do indicate a higher HIV prevalence than in the general public. In 2003, the seroprevalence among ANC attendees of the Federal Police Referral Hospital was 30.2%. The seroprevalence of HIV among police recruits from Addis Ababa in 2000 was 6.1% (Zewde A. et al., paper presented to the 37th Annual Medical Conference, EMA, 2001). Among recruits from Afar, one of the least developed regions, the HIV-1 seroprevalence was 6.4% (Zewde et al., 2002). Review of these epidemiological and behavioral data indicates HIV infection among police requires more effective intervention. Many current prevention efforts still focus on increasing knowledge about transmission risk.

MARCH is a behavior change communications (BCC) strategy that promotes adoption of HIV preventive behaviors and encourages community members to care for PLWHA and children orphaned by the epidemic. This OP intervention will try to address problems related to stigma and discrimination towards PLWHA, promotion of consistent correct condom use; early treatment of STI and the uptake of services like VCT and ART similar to those within the military. These are expected to reduce risky behaviors, encourage a comprehensive community care and support approach, and promote service uptake. There are two main components to the MARCH program: entertainment as an educational vehicle, and reinforcement. The former uses long-running serialized printed dramas distributed among the police biweekly, portraying role models who gradually develop, encouraging audience identification, learning about positive behaviors. The reinforcement component reflects evidence on the successful nature of personalized interventions, employing peer group discussion led by trained group members. MARCH provides accurate information concerning HIV/AIDS and addresses related attitudes to gender, stigma, and risk perception. This activity fosters a supportive environment for police infected or affected by HIV/AIDS.

Due to financial and procurement challenges the MARCH office has been restructured and is now under the Office of the Commissioner rather than the police hospital, which will give the activity improved status with involvement of senior police officials on the advisory board. As financial systems and management have been major barriers to MARCH implementation, the budget has been redirected to JHU/CCP to facilitate financial aspects.

JHU CCP is now providing technical assistance and guidance to the FPC in building project staff capacity and facilitating project implementation in several areas: production of a peer training manual of entertainment/ IEC materials, staff training. Please refer to Activity #5777 for details on the role of JHU-CCP in providing TA to FPC.

The COP07 will build on COP06 accomplishments and continue to focus on the existing major activities, including capacity building of the FPC and Addis Ababa police. The project will also improve the necessary technical capacity to implementing MARCH Production of appropriate IEC materials with emphasis on consistent correct condom use will also be a further focus in COP07.

The activities are:
-Build organizational capacity of the FPC and Addis Ababa Police Commissions
-Strengthen the necessary technical capacity in implementing MARCH project through training
-Continuing production and dissemination of printed serial dramas within the police population
-Producing necessary IEC materials augmenting the printed serial drama

Continued Associated Activity Information

Activity ID: 5632
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Federal Police
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 100,000.00

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 STI patients refereed to HIV counseling and testing:		☑
Number of individuals involved in alcohol and chat: counseled and tested for HIV		☑
Number of personnel trained on risk reduction counseling (alcohol-subtance)		☑
Familiarization workshop conducted		☑
Development of IEC/BCC materials on alcohol / substance abuse and HIV		☑
Number of facilities that link ART adherence intervention with substance use counseling		☑
Number of individuals with single STI episode to be treated with prepacked kits		☑
Number of health care workers (private sector) trained on syndromic approach		☑
Number of peer educators trained at each site		☑
Number of facilities to be supported and supervised regularly		☑
Number of model clinics to be renovated or constructed		☑
Number of condoms distributed to STI patients		☑
Number of STI patients that will get comprehensive STIs service		☑
Number of STI patients offered and received CT		☑
Number of health personnel trained on syndromic approach.		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	8,750	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,750	☐

Target Populations:

Most at risk populations
Military personnel
People living with HIV/AIDS

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:	Ministry of National Defense, Ethiopia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	10579
Planned Funds:	$ 220,000.00

Activity Narrative: Military Prevention Activities

This is the continuation of FY06 OP intervention in the Military. It links to improving HIV/AIDS/STI/TB Prevention and care activities (10578) and to design and production of TA for MARCH (10386 and 10388). The goal of intervention is to strengthen and integrate NDFE's prevention, care and treatment efforts for soldiers and their families through AB activities employing the MARCH model.

Research by Abebe, Yigeremu (August, 2003) to assess HIV prevalence in 72,000 urban and rural male army recruits found high rates of prevalence among the armed forces. Among urban recruits, overall HIV prevalence was 7.2%, ranging from 4.3 to 10.5%, depending on the geographical region. Among rural recruits, overall HIV prevalence was 3.8%, but this is influenced by the fact the majority were farmers (57%) and students (18%) with an HIV prevalence of 2.7% and 2.6%, respectively. (Rural recruits with higher educational levels showed higher prevalence. Rural Muslim recruits were less likely to be HIV+ than those of Orthodox faith. Amhara region, both urban and rural, displayed highest prevalence.

With regard to condom use, the study confirms that due to high mobility and separation from family, military personnel have multiple partnerships, usually with sex workers. According to a 2001 study, 81.2% of soldiers had sexual contact with commercial sex workers. The study further showed that 53.3% of the respondent used condom consistently while 29.2% did not use condoms at all (August 2003, Abebe, Yigeremu). Furthermore, the correct use of condoms is in question as it usually accompanies alcohol consumption.

The Ethiopian armed forces come from all corners of Ethiopia and live a camp life, away from their family, friends, and are highly mobile. They frequent rural and urban hotspots where infection risks are highest. There is a great need for strong prevention intervention to reduce the prevalence of HIV in this population.

MARCH is a behavior change communications (BCC) strategy that promotes adoption of positive preventive behaviors and encourages community members to care for PLWHA and children orphaned by the epidemic. In particular, this OP intervention will address problems related to stigma and discrimination towards PLWHA, promote consistent correct condom use and early STI treatment; and promote service uptake like VCT and ART within the military setting. The intervention seeks to reduce risky behaviors, encourages a comprehensive care and support approach in the community context, and promote better service uptake. There are two main components to the program: Entertainment as a vehicle for education (long-running serialized printed dramas portraying role models evolving toward the adoption of positive behaviors) and interpersonal reinforcement at the community level. The first is a method of transmitting accurate information and mitigating misunderstanding or ignorance concerning HIV/AID, at the same time encouraging audiences to identify personally with the heroes or heroines who develop positive behaviors in the course of the stories. Research shows that effective interventions are often personalized ones and MARCH maximizes this aspect. The reinforcement activities, through peer discussion groups, encourage the audience to applying the dramatic messages to their own lives

Since FY04 the NDFE has been implementing a peer leadership strategy as a key strategy in the military community. By March 2006, 824 peer leader trainers and 3,700 peer leaders were trained In the first quarter of FY06, around 1,800 peer discussion groups has been organized in two divisions of the western Command (15th and 32nd) and three divisions of the Northern command (21st, 23rd and 25th) reaching directly 18, 000 army members. Peer leaders use a leaders', training manual to guide their discussions and share information with their peer discussion group and to guide soldiers in applying the information to their own lives, in order to reduce risk of infection. Groups assist HIV+ members, to cope with living with the virus and encourage them to educate and support their peers.

In FY05 production of a serialized print serial drama in the form of comic booklet was begun. Three script writers, two cartoonists and one graphic designer were employed and trained for the content message. A one year full storyline composed of 24 episodes was

developed which ran through the first quarter of 2006. A second will be launched in the second quarter of FY06 and the peer leaders will begin using it in their peer discussion groups. In FY06, the scope and depth of this program is being strengthened through collaboration with Johns Hopkins University Centers for Communication Program.

The human capacity of NDFE has been strengthened at different levels to enable NDFE implement MARCH project effectively and efficiently. Twenty one Military Officers have taken intensive project management training and around thirty military officers have also taken basic computer trainings in this regard.

Improvements in performance and budget aspects have be achieved through structural adjustment at the NDFE, which have clearly helped adapt the MARCH methodology to individual soldier level; and by the TA and close follow up of JHU / CCP.

As continuation of FY06 activities:
Training: - in FY07, additional 4,450 peer leaders will be trained in order to reach 100% of the army in the five commands;
A total of 26,696 bi-weekly booklets will be produced monthly for 11,123 peer leaders and 2,225 peer leader trainers;
To strengthen the IEC/BCC component of the program, funds will be allocated for development and distribution of military appropriate IEC/BCC materials to support the existing materials;
The MARCH team offices opened in FY06 at the five commands will be equipped and furnished in FY07; and
Monitoring and evaluation of the activities including supportive supervision will be enhanced

Continued Associated Activity Information

Activity ID:	5635
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of National Defense, Ethiopia
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 336,000.00

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 targeted condom service outlets	0	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	66,735	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,450	☐

Target Populations:

Most at risk populations
Military personnel
People living with HIV/AIDS

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: FMOH
Prime Partner: Johns Hopkins University Bloomberg School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10635
Planned Funds: $ 100,000.00
Activity Narrative: Strengthening STI Service for MARP

In FY06, prevention and control of STI was implemented by PEPFAR Ethiopia in collaboration with the MOH and WHO. Major accomplishments during this period include support to the revision of STI guidelines, development of STI training materials, training of providers and production of job-aids.

During COP07 JHU TSEHAI will support expanded access to STI prevention and treatment services and improved STI service quality at 40 JHU TSEHAI supported ART sites in its working regions (Addis Ababa, SNNPR,Gambella and Benshangul). Prevention of STI among the general population, most vulnerable groups, and people living with HIV/AIDS is a critical activity in preventing new HIV infections and slowing the pace of the epidemic. At the regional level JHU TSEHAI will work with RHB to facilitate and coordinate linkages between STI and HIV/AIDS services, and to strengthen external referral linkages between hospitals, health centers, and CSO, FBO and PLWHA Support Groups and Associations. Regional linkages will be supported so that patients not responsive to syndromic symptom management at health center level are referred for hospital care.

At the facility level JHU TSEHAI will support STI service provision at 31 public and private hospitals in AA, SNNPR, Gambella and Benshagul. Although people will seek STI investigation at the health center nearest them, there are many who seek all aspects of primary care at hospital level, as they live in urban areas. HIV+ persons receiving palliative care and/or ART at hospitals are also at risk for STI and require focused STI services at these facilities. Specific activities will include:
(1) In collaboration with respective RHB, conduct need assessments at all supported hospitals, followed by joint action planning with facility staff to improve STI services and appropriate linkages (counseling and testing, care and treatment, ANC, etc.);
(2) Provision of on-site technical assistance to improve STI diagnosis and treatment following national syndromic management guidelines;
(3) JHU TSEHAI will conduct training for 220 providers (physicians, nurses etc) on STI prevention, diagnosis, and treatment, with a focus on links between STI and HIV infection, as per national guidelines;
(4) Training of facility-based peer educators on STI prevention and treatment for PLWHA and their partners, as well as community education regarding the STI symptoms and the need to seek care;
(5) Linkage with Global Fund and USG-funded partners to ensure adequate supplies of STI drugs at all facilities;
(6) Linkages to HIV counseling and testing (CT) services, promoting a provider-initiated, opt-out approach, for all STI patients, and linkages to care and treatment services for those who are HIV+
(7) STI education focused on risk reduction, screening, and treatment for patients enrolled in HIV/AIDS care and treatment at hospitals, including PMTCT services;
(8) Condom provision and education on usage, to patients enrolled in care and treatment, with a special focus on most at-risk patients/populations. STI services will also be integrated into antenatal and PMTCT services to ensure that all pregnant women are STI educated, receive treatment if necessary and are given STI prevention education during pregnancy (according to national STI management and antenatal care guidelines);
(9) Linkages to community-based organizations that promote risk reduction and HIV/STI prevention and early/complete treatment in communities surrounding JHU TSEHAI supported ART sites; and
(10) Supportive supervision and mentoring of clinical providers on STI services and STI/HIV linkages by I-TECH Clinical Advisors.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of STI patients refereed to HIV counseling and testing:	1,000	☐
Number of individuals involved in alcohol and chat: counseled and tested for HIV		☑
Number of personnel trained on risk reduction counseling (alcohol-subtance)		☑
Familiarization workshop conducted		☑
Development of IEC/BCC materials on alcohol / substance abuse and HIV		☑
Number of facilities that link ART adherence intervention with substance use counseling		☑
Number of individuals with single STI episode to be treated with prepacked kits	10,000	☐
Number of health care workers (private sector) trained on syndromic approach	220	☐
Number of peer educators trained at each site	10	☐
Number of facilities to be supported and supervised regularly	40	☐
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Business community/private sector
Brothel owners
Commercial sex workers
Community leaders
Nurses
Pharmacists
Most at risk populations
Discordant couples
People living with HIV/AIDS
HIV positive pregnant women
Out-of-school youth
Partners/clients of CSW

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Adis Abeba (Addis Ababa)

Binshangul Gumuz

Gambela Hizboch

Southern Nations, Nationalities and Peoples

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Ethiopian Public Health Association
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10638
Planned Funds: $ 125,000.00
Activity Narrative: Formative Assessment MSM and HIV Prevention

This is a new activity in COP07.

This project aims to assess the importance of men who have sex with men (MSM) in HIV/AIDS and STI transmission in Ethiopia.

Sex between men occurs all over the world. In Europe, America and Asia the lifetime prevalence of MSM ranges between 3 and 20%. Recent evidence highlights increasing risk levels and vulnerability in this group of people in a variety of developing countries. As a result of stigma and discrimination, male-to-male sex is frequently denied, forcing the HIV epidemic underground and threatening the health of MSM, and their male and female partners. Studies in certain developing countries indicate that the prevalence of HIV and STI among MSM was as high as 14.4% and 25% respectively. There are only a few epidemiological studies on HIV and vulnerability to sexually transmitted diseases (STD) among MSM in sub-Saharan Africa.

Even though different groups have been identified as most at risk for HIV transmission, there is little information about the MSM and their HIV risk behavior in Ethiopia. The extent of MSM and their behavior in Ethiopia is not well understood. As in most developing countries MSM community would tend to congregate in cities, in places where many NGO with expatriates are operating and along major tourist travel corridors and destinations. A recent pilot study in Addis Ababa among MSM confirms that this population has long existed but in covert ways. MSM starts at an early age and is on the increase apparently. MSM individuals were found to have misconception about HIV risk; some believe sex with men has lower risk of infection than heterosexual sex.

In COP07, an assessment of MSM and their HIV status will be carried out in Addis Ababa, Awassa, and Bahir Dar. The objective of this assessment is to understand the extent of MSM and importance of MSM in HIV transmission in Ethiopia. Due to the hidden nature of this population and difficulty in identifying the individuals, a "snowball" approach will be used for MSM. In snowball sampling, key informants in a subpopulation identify other members of their community, or in this case other locations where MSM congregate. The people in each cluster are contacted, and they in turn identify further contacts. The process goes on until an adequate number of MSM individuals are achieved and/or the number of sites exhausted. The assessment will use both qualitative and quantitative methods. Subjects will be linked to STI treatment, CT/ ART.

Added July 2007 Reprogramming:
This supplemental request is for confidential clinic for MARPs. There is little information on the burden of specific STIs etiology among MARPs in Ethiopia. In 06 it was planned to conduct the Magnitude of HIV/STIs among MARPS in Rural Hot Spots: The HIV epidemic in Ethiopia is heterogeneous among regions and there exist rural high prevalence areas known as "rural hot spots. The study has been undertaken on the magnitude of HIV but it was not possible to conduct biological survey on treatable STIs etiology. Based on the evaluation on MAPRS on Rural Hotspots confidential clinics will be established in 07 with local partner. The partner is to be identified and Funding opportunity announcement for potential partner is advertised. Therefore this plus up fund will be given to a potential partner that will run the confidential clinics for STIs and conduct a biological survey among MARPS as part of their activity. Laboratory reagents and laboratory processing fees will be paid from the plus up fund.

Emphasis Areas	% Of Effort
Needs Assessment	51 - 100

Target Populations:

Most at risk populations
Men who have sex with men

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Family Health Int
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	10641
Planned Funds:	$ 350,000.00

Activity Narrative: HIV prevention to MARP in Amhara

This is a new activity in FY07. It is a comprehensive HIV prevention BCC activity with AB and OP components. It will form the basis for focused implementation of HIV prevention BCC activities in the greater Bahir Dar – Gondar area. At present, PEPFAR has limited outreach to the most at risk populations (MARP) in this geographical region. See supplemental document entitled HIV prevention in Ethiopia COP07 for program geographic coverage, population density information and health facility coverage. Linkages with additional prevention activities are discussed at the end of this document.

Amhara, Ethiopia's second largest region with a population of approximately 19,200,000 has the highest HIV burden in both urban and rural areas. 2005 ANC surveillance and Epidemic Projection Package (EPP) showed HIV prevalence of 4.2% (urban 13% and rural 3%). Approximately 13% of Amhara-based VCT clients were HIV+. Bahir Dar and Gondar Health Centers are ANC sentinel surveillance sites reporting 13.5% and 10.3% (2005). The 2005 EDHS indicates 1.8% females and 1.6% males are HIV+. HIV prevalence among couples reflects 1.4% male partner discordance and 0.7% female partner discordance. Individuals from surrounding villages are drawn to Bahir Dar, Gondar and secondary district towns by market days, governmental functions, economic opportunity (including commercial sex work) and family breakdown due to early marriage or divorce. Trafficking of women to Sudan also occurs. Early marriage and related sexual debut of girls below the age of 15 is common. Wife inheritance and additional female partners during peri-natal abstinence form low degree sexual networks. In addition, Bahir Dar and Gondar are major tourist destinations, have large student populations, host uniformed service facilities, and are centers of commerce and trade within the Amhara region, from Addis-based transportation drivers to long distance truck drivers originating the Port of Sudan. Recently, the roads connecting Bahir Dar and Gondar to one other, to Addis Ababa, Tigray region and Port of Sudan have been upgraded facilitating increased mobility and trade.

This activity is non-clinical and will implement within the facility catchments of several care and ART health networks (i.e. health centers and hospitals providing HIV clinical services) in/around Bahir Dar, Gondar, Debre Markos, Debre Tabor and Lalibela. Sexually active youth, especially girls 15–24, residing in these urban and peri-urban areas are considered most at risk due to their proximity to HIV prevalence in existing sexual networks in their communities. Men reporting multiple partners, deployed or transiting these areas are also highly exposed to HIV infection.

This activity has several components. One component is to provide comprehensive ABC interventions to MARP, through existing community structures and targeted outreach activities, in urban and peri-urban areas of high HIV prevalence. Family Health International will assume a facilitation role in the Bahir Dar – Gondar hub to support an enhanced HIV prevention "plus" approach with existing partners such as IOCC, Population Council, Health Communications Partnership, Private Sector Program (VCT), Family Health International (VCT and Palliative Care), University of Washington (ART), IntraHealth International (PMTCT), USAID's RH/FP partner and USAID's Livelihoods Security partners to support a context where safer sexual decision-making of MARP are enhanced. Existing community structures will be provided with technical assistance to strengthen BCC activities addressing social norms that negatively influence people's ABC choices. Activities addressing the community norms which sanction gender violence and rape, males having multiple partners, transactional and cross-generational sex and correct and consistent condom use will be widely implemented. FHI's existing Multi-Purpose Center and community-based care program will support outreach to persons living with HIV/AIDS to support secondary prevention efforts in discordant relationships. Outreach activities, through local organizations, will be implemented in market environments, tourist settings, public hot springs, bars, hotels, nightclubs in urban areas and truck stops where at risk populations congregate. FHI will collaborate with Abt Associates and TBD/Targeted Condom Promotion to support targeted condom distribution and BCC materials to MARP in settings (i.e. hotels, bars and night clubs) where sexual activities congregate. This component of the activity is anticipated to reach 17,000 MARP with repetitive BCC interventions, including one to one outreach, and referral to existing community services. Existing materials on HIV prevention will be adapted. Most at risk populations targeted include:

1) Commercial sex workers, their partners and clients; and
2) Youth 15– 24, specifically girls who are sexually active or in secondary school/college;
3) Males (urban-based) reporting multiple partners or within uniformed services and transportation sectors.

The second component is to support local indigenous partners to implement behavioral change interventions, including administrative and resource mobilization training, BCC implementation training, provision of BCC materials and equipment for implementation and partial activity grants to be leveraged against other funding sources. This component of the activity will support five to be determined local organizations with training opportunities for 75 persons on organizational capacity building.

The third component of this activity is to provide technical assistance to several government bodies with capacity building to implement evidence-based HIV prevention activities for MARP. Government bodies include: Amhara Regional HIV/AIDS Prevention and Control Office, Amhara Regional Health Bureau, Municipal Offices of Bahir Dar, Gondar, Mota, Debre Markos, Debre Tabor and Lalibela Administrations. Technical assistance will encompass experience sharing and best practices among USG partners in Ethiopia and Africa, training on HIV prevention implementation and implementation assistance to additional regional efforts funded by GFATM resources.

This activity will build linkages with additional prevention activities including Health Communications Partnership, Targeted Condom Promotion, Population Council, Private Sector Program, High Risk Corridor Initiative, National Defense Force of Ethiopia's HIV prevention activities, AIDS Resource Center. In addition, Family Health International will leverage community-level activities in the Counseling and Testing and Palliative Care areas.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of targeted condom service outlets	100	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	75,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,000	☐

Target Populations:

Adults
Commercial sex workers
Most at risk populations
Discordant couples
Street youth
Mobile populations
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Partners/clients of CSW

Key Legislative Issues

Reducing violence and coercion

Coverage Areas

Amhara

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Columbia University
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	10642
Planned Funds:	$ 125,000.00

Activity Narrative: Strengthening STI Services for MARP

In FY05 and FY06, the prevention and control of STI was implemented by PEPFAR Ethiopia in collaboration with the MOH and WHO. Major achievements during this period include, support to the revision of STI guidelines, development of STI training materials, training of STI providers and production of job-aids.

During COP07, Columbia University's International Center for AIDS Care and Treatment Programs (CU) will support expanded access to STI prevention and treatment services and improved STI services at 42 CU supported ART sites in its working area (Oromia, Somali, Harari and Dire Dawa). Prevention of STI among the general population, most vulnerable groups, and PLWHA is a critical activity in preventing new HIV infections and slowing the pace of the epidemic. Complete and appropriate treatment of STI is also a key element of CU's multi-disciplinary, family-focused approach to care and treatment.

CU will work with Regional Health Bureaus to help facilitate and coordinate linkages between STI and HIV/AIDS services, to strengthen external referral linkages between hospitals, health centers, and CBO, FBO and PLWHA Support Groups and Associations. Regional linkages will be supported so that patients who do not respond to syndromic management of STI symptoms at health center level are referred for hospital care.

CU will support provision of optimum STI services at 42 public and private hospitals in Oromia, Somali, Harari and Dire Dawa Regions. While it is likely that most persons with STI symptoms will seek attention nearest to their homes, there are many who seek primary care at hospitals if they live in towns or cities, HIV+ persons receiving palliative care and/or ART at hospitals are also at risk for STI and require focused services at these facilities. Specific activities will include:
(1) In collaboration with respective RHB, needs assessments at all CU supported hospitals, followed by joint action planning with facility staff to improve STI services and linkages between STI and other services (counseling and testing, care and treatment, ANC, etc.);
(2) Provision of on-site technical assistance to improve STI diagnosis and treatment following national syndromic management guidelines;
(3) CU will conduct training for 168 providers (physicians, nurses etc) on STI prevention, diagnosis, and treatment, with a focus on linkages between STI and HIV infection, as per national guidelines;
(4) Training of facility-based peer educators on STI prevention and treatment for people living with HIV/AIDS and their partners, as well as community education regarding the symptoms of STI and the need to seek care;
(5) Linkage with Global Fund and USG-funded partners to ensure adequate supplies of STI drugs at all facilities;
(6) Linkages to HIV counseling and testing (C&T) services, promoting a provider-initiated, opt-out approach, for all STI patients, and linkages to care and treatment services for those who are HIV+;
(7) STI education focused on risk reduction, screening, and treatment for patients enrolled in HIV/AIDS care and treatment at the hospitals, including PMTCT services;
(8) Provision of condoms and education on usage, to patients enrolled in care and treatment, with a special focus on most at-risk patients/populations. STI services will also be integrated into antenatal and PMTCT services to ensure that all pregnant women are educated on STI, treated when necessary are given educated on STI prevention during pregnancy (according to national STI management and antenatal care guidelines);
(9) Linkages to community-based organizations that promote risk reduction and HIV/STI prevention and early/complete treatment in communities surrounding CU supported ART sites; and
(10) Supportive supervision and mentoring of clinical providers on STI services and STI/HIV linkages by CU Clinical Advisors.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of STI patients refereed to HIV counseling and testing:	0	☐
Number of individuals involved in alcohol and chat: counseled and tested for HIV		☑
Number of personnel trained on risk reduction counseling (alcohol-subtance)		☑
Familiarization workshop conducted		☑
Development of IEC/BCC materials on alcohol / substance abuse and HIV		☑
Number of facilities that link ART adherence intervention with substance use counseling		☑
Number of individuals with single STI episode to be treated with prepacked kits	0	☐
Number of health care workers (private sector) trained on syndromic approach	0	☐
Number of peer educators trained at each site	0	☐
Number of facilities to be supported and supervised regularly		☑
Number of model clinics to be renovated or constructed		☑
Number of condoms distributed to STI patients		☑
Number of STI patients that will get comprehensive STIs service	7,000	☐
Number of STI patients offered and received CT	1,500	☐
Number of health personnel trained on syndromic approach.	168	☐
Number of targeted condom service outlets	42	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	168	☐

Target Populations:

Brothel owners
Doctors
Nurses
Pharmacists
Most at risk populations
People living with HIV/AIDS
Public health care workers
Laboratory workers

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Dire Dawa

Hareri Hizb

Oromiya

Sumale (Somali)

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	International Rescue Committee
USG Agency:	Department of State / Population, Refugees, and Migration
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	10646
Planned Funds:	$ 30,000.00

Activity Narrative: Condoms and other Prevention Activities for Sudanese and Eritrean Refugees

This is a new activity for FY07. This proposal intends to provide prevention services to refugees living in camp settings and the surrounding local host community. The prevention project was initiated with funding from State's Bureau of Population, Refugees and Migration in October 2004 as a complementary component of a pilot VCT center targeting Sudanese refugees living in Sherkole camp and the local host community, in the Benishangul-Gumuz region in western Ethiopia. This year, services in Shimelba refugee camp, located in the Tigray region, will also be added. A small percentage of funds for this activity will be used to procure roughly 135,000 condoms that will be distributed in both camps and surrounding communities, while the majority of the money will be spent on staff time for community social workers and health managers in each of the camps.

This activity is programmatically linked to activities "AB Programs in Sherkole and Shimelba Refugee Camps," (1005) and "Voluntary Counseling and Testing for Sudanese and Eritrean Refugees," (5606).

The proposal was developed in consultation with the Ethiopian regional liaison office of the UN High Commission of Refugees (UNHCR) and the Ethiopian Government's Agency for Refugee and Returnee Affairs (ARRA). Representatives from UNHCR and ARRA, along with staff from implementing agencies such as IRC spent the first half of 2006 conducting a gap analysis of HIV/AIDS programming in Ethiopia's seven refugee camps. Stakeholders identified the most critical deficiencies, while emphasizing the need for a minimum package of basic services at each camp. This entire population is considered inherently at risk, due to the transient nature of the refugees, their vulnerability to sexual exploitation, and their lack of access to information.

IRC's track record of implementing successful multi-sectoral programs in these two camps, combined with their local and expatriate staff expertise in reproductive health and HIV/AIDS interventions, makes this organization well suited to deliver quality prevention programs to the residents of Sherkole and Shimelba refugee camps. IRC coordinates its activities closely with UNHCR, as well as with ARRA, which is responsible for providing basic health care services in
the camps. In addition, they also collaborate with the local HAPCO and will work with other PEPFAR partners in order to provide appropriate training to all organizations who are working in the camps.

Sherkole Camp
Other prevention activities are a component of the overall CT services offered to the refugees of Sherkole camp and the surrounding community, with the goal of the larger AB program complementing this effort. In addition to awareness-raising activities, condoms will be supplied free at 28 distribution sites that are located within Sherkole camp and for the five distribution sites within the local host population. Community health workers, clinic staff, and other leaders will conduct trainings to encourage correct consistent condom use. Prevention activities in Sherkole are coordinated with the ARRA camp health staff and IRC's refugee incentive workers who provide community health education in educational and home-based settings. For this follow-on proposal, IRC will continue with the current awareness-raising activities on HIV, while emphasizing personal risk awareness through an integrated approach to AIDS education and strategic BCC campaigns targeting vulnerable groups. Complementing these OP activities is the community participation strategy that will be put into place as a pilot project in Sherkole in October 2006 called Community Conversations, developed by the United Nations Development Program (UNDP).

In light of increasing repatriation of Sudanese refugees, more interventions are planned to engage community leaders and especially women in activities on HIV/AIDS issues to raise awareness as far as possible prior to their return to Sudan. This endeavor is significant as refugees who go back to their homeland after living in camps outside (as opposed to those who have been internally displaced) often become leaders on return. These returning refugees often have had access to more services than their neighbors at home have had, including issues of education, water and sanitation training, and community health education. Therefore, it is critical that we train these refugees so that they can share the prevention message with their neighbors and minimize further spread. Residents

surrounding camps, which include sex workers who work in border towns, will receive targeted messages concerning correct consistent condom use.

Shimelba Camp
Like Sherkole, prevention activities in Shimelba are coordinated with the ARRA refugee camp health clinic staff, as well as community health workers. Shimelba's need for prevention and care activities is unique because the population is 70 percent male, and gender-based violence is a significant issue in the camp. Although HIV/AIDS awareness among the population is high and there has been a demand for CT services in recent years, health clinic data on the rates of STI suggest that refugees are not taking measures to reduce their risk of infection. Therefore, IRC will work with ARRA health clinic staff, anti-AIDS clubs, community health workers and non-formal education teachers to stress the importance of condom use to those residents who can not/will not practice abstinence or be faithful. Creating appropriate messages on condom use for the Shimelba residents will be challenging, as the camp population is comprised mainly of two distinct ethnic groups who speak different languages, have vastly different education levels, and whose family composition and cultural norms are also quite different. For the ethnic Kunama residents, who are traditionally pastoralists with large families and very little education, community health workers will share prevention messages by convening informal meetings and coffee ceremonies during which correct consistent condom use will be discussed and demonstrated.

For the Tigrinya-speaking camp members, condoms will be promoted among the large number of single males aged 18 -59, as well as with the smaller number of married couples. These education sessions will be held in conjunction with the many adult non-formal education classes that have been organized by Tigrayan refugees, in addition to other reproductive health classes. In addition, the camp's Women's Association will serve as a forum for delivering targeted training and messages on the correct consistent condom use.

Finally, all prevention and awareness raising activities for all ethnicities will be coordinated with the camp's gender-based violence (GBV) coordinator, who is responsible for addressing and preventing GBV in the camp.

Activities in both Sherkole and Shimelba will include:

1) Make condoms available to all refugees and to the local host community with education on correct usage;
2) Conduct group discussions on HIV/AIDS with the most at risk populations in the camps and the surrounding communities, including commercial sex workers;
3) Collaborate with Community Conversation facilitators to raise HIV/AIDS awareness;
4) Provide condoms to all CT clients who want them;
5) Distribute BCC materials on the modes of HIV prevention and other AIDS-related materials; and
6) Deliver targeted messages, in all camp languages, that will demonstrate and promote correct and consistent condom use.

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

Targets

Target	Target Value	Not Applicable
Number of STI patients refereed to HIV counseling and testing:		☑
Number of targeted condom service outlets	33	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30,604	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Refugees/internally displaced persons

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas

Binshangul Gumuz

Tigray

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	10648
Planned Funds:	$ 100,000.00

Activity Narrative: STI Services

In FY06, the prevention and control of STI was implemented by PEPFAR Ethiopia in collaboration with the MOH and WHO. Some of the major accomplishments during this period include, support to the revision of STI guidelines, development of STI training materials, training of providers and production of job-aids.

During COP07, I-TECH will support expanded access to STI prevention and treatment services and improved quality of STI services at 31 I-TECH supported ART sites in its working regions (Amhara, Tigrai and Afar). Prevention of STI among the general population, most vulnerable groups, and people living with HIV/AIDS is a critical activity in preventing new HIV infections and slowing the pace of the epidemic.

At the regional level, I-TECH will work with Regional Health Bureaus to facilitate and coordinate linkages between STI and HIV/AIDS services, and strengthen external referral linkages between hospitals, health centers, and CSO, FBO and PLWHA Support Groups and Associations. Regional linkages will be supported so that patients who do not respond to syndromic STI management at health center level are referred to hospital care.

At the facility level I-TECH will support provision of quality STI services at 31 public and private hospitals in Amhar, Tigrai and Afar Regions While most people with STI symptoms will seek care at the health center most geographically convenient, there are many who seek all aspects of primary care at hospital level, as they are located in urban areas, and as well, HIV-infected persons receiving palliative care and/or ART at Hospitals are also at risk for STI and require focused STI services at these facilities. Specific activities will include:
(1) Needs assessments at all supported hospitals in collaboration with RHB, followed by joint action planning with facility staff to improve STI services and linkages between STI and other services (counseling and testing, care and treatment, ANC, etc.);
(2) Provision of on-site technical assistance to improve STI diagnosis and treatment following national syndromic management guidelines;
(3) I-TECH will train 200 providers (physicians, nurses etc) on STI prevention, diagnosis, and treatment, with a focus on links between STI and HIV infection, as per national guidelines;
(4) Training of facility-based peer educators on STI prevention and treatment for and their partners, as well as community education regarding the STI symptoms and the need to seek care;
(5) Linkage with Global Fund and USG-funded partners to ensure adequate supplies of STI drugs at all facilities;
(6) Linkages to HIV counseling and testing (C&T) services, promoting a provider-initiated, opt-out approach, for all STI patients, and linkages to care and treatment services for those who are HIV-infected;
(7) STI education focused on risk reduction, screening, and treatment for patients enrolled in HIV/AIDS care and treatment at the hospitals, including PMTCT services;
(8) Provision of condoms and education on usage, to patients enrolled in care and treatment, with a special focus on most at-risk patients/populations. STI services will also be integrated into antenatal and PMTCT services to ensure that all pregnant women are educated on STI and if necessary treated, and are educated in STI prevention during pregnancy (according to national STI management and antenatal care guidelines);
(9) Linkages to community-based organizations that promote risk reduction and HIV/STI prevention and early/complete treatment in communities surrounding I-TECH supported ART sites; and
(10) Supportive supervision and mentoring of clinical providers on STI services and STI/HIV linkages by I-TECH Clinical Advisors.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of STI patients refereed to HIV counseling and testing:	600	☐
Number of individuals involved in alcohol and chat: counseled and tested for HIV		☑
Number of personnel trained on risk reduction counseling (alcohol-subtance)		☑
Familiarization workshop conducted		☑
Development of IEC/BCC materials on alcohol / substance abuse and HIV		☑
Number of facilities that link ART adherence intervention with substance use counseling		☑
Number of individuals with single STI episode to be treated with prepacked kits	6,000	☐
Number of health care workers (private sector) trained on syndromic approach	200	☐
Number of peer educators trained at each site	10	☐
Number of facilities to be supported and supervised regularly	31	☐
Number of model clinics to be renovated or constructed		☑
Number of condoms distributed to STI patients		☑
Number of targeted condom service outlets	31	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200	☐

Target Populations:

Commercial sex workers
Most at risk populations
Discordant couples
Street youth
People living with HIV/AIDS
HIV positive pregnant women
Out-of-school youth
Partners/clients of CSW

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Afar

Amhara

Tigray

Table 3.3.05: 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: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10651
Planned Funds: $ 50,000.00
Activity Narrative: Strengthening STI Services for MARP

In FY05 and FY06, the prevention and control of STI was implemented by PEPFAR Ethiopia in collaboration with the MOH and WHO. Some of the major accomplishments during this period include, support to the revision of STI guidelines, development of STI training materials, training of providers and production of job-aids.

During COP07, UCSD will support expanded access to STI prevention and treatment services and improved quality of STI services at 43 UCSD supported uniform services health institutions in preventing new HIV infections and slowing the pace of the epidemic.

At the facility level UCSD will support provision of quality STI services at 43 health facilities. Specific activities will include:
(1) Collaboration with respective uniform health services coordinating offices to conduct needs assessments at all supported hospitals, followed by joint action planning with facility staff to improve STI services and linkages between STI and other services (counseling and testing, care and treatment, ANC, etc.);
(2) Provision of on-site technical assistance to improve STI diagnosis and treatment following national syndromic management guidelines;
(3) UCSD will conduct training for 60 providers (physicians, nurses etc) on STI prevention, diagnosis, and treatment, with a focus on the linkages between STI and HIV infection, as per national guidelines;
(4) Training of facility-based peer educators on STI prevention and treatment for PLWHA and their partners, as well as community education regarding the symptoms of STI and the need to seek care;
(5) Linkages to HIV counseling and testing (C&T) services, promoting a provider-initiated, opt-out approach, for all STI patients, and linkages to care and treatment services for those who are HIV+;
(6) STI education focused on risk reduction, screening, and treatment for patients enrolled in HIV/AIDS care and treatment at the hospitals, including PMTCT services;
(7) Provision of condoms and education on usage to patients enrolled in care and treatment, with a special focus on most at-risk patients/populations. STI services will also be integrated into antenatal and PMTCT services to ensure that all pregnant women are educated on STI and provided with needed treatment, and are given education on STI prevention during pregnancy (according to national STI management and antenatal care guidelines);
(8) Linkages to community-based organizations that promote risk reduction and HIV/STI prevention and early/complete treatment in communities surrounding UCSD supported ART sites; and
(9) Supportive supervision and mentoring of clinical providers on STI services and STI/HIV linkages.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of STI patients refereed to HIV counseling and testing:		☑
Number of individuals involved in alcohol and chat: counseled and tested for HIV		☑
Number of personnel trained on risk reduction counseling (alcohol-subtance)		☑
Familiarization workshop conducted		☑
Development of IEC/BCC materials on alcohol / substance abuse and HIV		☑
Number of facilities that link ART adherence intervention with substance use counseling		☑
Number of individuals with single STI episode to be treated with prepacked kits		☑
Number of health care workers (private sector) trained on syndromic approach		☑
Number of peer educators trained at each site	10	☐
Number of facilities to be supported and supervised regularly	43	☐
Number of model clinics to be renovated or constructed		☑
Number of condoms distributed to STI patients		☑
Number of STI patients that will get comprehensive STIs service	750	☐
Number of STI patients offered and received CT	300	☐
Number of health personnel trained on syndromic approach.	60	☐
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	60	☐

Target Populations:

Commercial sex workers
Most at risk populations
Discordant couples
Military personnel
People living with HIV/AIDS
HIV positive pregnant women
Public health care workers

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: psi-cdc
Prime Partner: Population Services International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10654
Planned Funds: $ 310,000.00
Activity Narrative: Demand Creation and Promotion for Quality

This is a continuing activity, which aims to increase demand for quality HIV/STI prevention services in Ethiopia through social marketing of STI services linked to HIV counseling and testing. The intervention will be supported by intense service promotion and demand creation activities.

In FY05, PSI developed pre-packaged STI treatment kits for urethral discharge and genital ulcer syndromes to aid service providers in implementing the syndromic approach to STI management. In COP06, 50,000 such kits were distributed to STI patients through private health facilities. Kits contained STI drugs, promotional materials, partner notification cards, condoms, HIV testing information and vouchers to access HIV testing free of charge. The HIV testing voucher system increased HIV test uptake. The kits were targeted for distribution to most at risk populations. Their distribution was accompanied by intense demand creation and promotion activities to generate demand for quality HIV/STI services, including HIV testing and treatment services and increased service uptake.

In COP07, the following major activities will be carried out by PSI in collaboration with the MOH and regional health offices. (1) Distribution of 100,000 STI treatment kits through private sectors along with this small scale distribution in public facilities, as an essential tool for service providers by prescribing the correct drugs in correct doses, along with supporting IEC materials and other items such as condoms.
(2) Linkage of STI treatment services to HCT (HIV counseling and testing).
(3) Improvement of service providers in syndromic management through professional training. An emphasis will be placed on training of identified private sector providers, though public partners will also be trained (4) Increased awareness of and demand for optimum STI syndromic management services. This will focus on promotion of good STI services and PPST kits.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of STI patients refereed to HIV counseling and testing:	8,000	☐
Number of individuals involved in alcohol and chat: counseled and tested for HIV		☑
Number of personnel trained on risk reduction counseling (alcohol-subtance)		☑
Familiarization workshop conducted		☑
Development of IEC/BCC materials on alcohol / substance abuse and HIV		☑
Number of facilities that link ART adherence intervention with substance use counseling		☑
Number of individuals with single STI episode to be treated with prepacked kits	80,000	☐
Number of health care workers (private sector) trained on syndromic approach	300	☐
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Business community/private sector
Commercial sex workers
Most at risk populations
Men who have sex with men
Street youth
Non-governmental organizations/private voluntary organizations
Out-of-school youth
Partners/clients of CSW
Private health care workers
Doctors
Nurses
Pharmacists

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: ACQUIRE/EngenderHealth
Prime Partner: EngenderHealth
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 12235
Planned Funds: $ 350,000.00
Activity Narrative: PLUS UP FUNDING: EngenderHealth's Men As Partners (MAP) Program, established in 1996, works with men to promote gender equity and health in their families and communities. EngenderHealth will adapt its experiences from South Africa, Kenya and India to the Ethiopian context. This funding will also build on EngenderHealth's planned work through the PEPFAR-supported Male Norms Initiative by providing more technical assistance and resources to local NGOs and PEPFAR partners to address issues of male engagement, gender-based violence, and other social norms that exacerbate gender inequalities and negative health behaviors. The objectives of this activity are to provide MAP tools and technical assistance to local partners and communities, especially men and young boys, with messages about links between HIV/AIDS, STI, alcohol, 'Khat' chewing, gender-based violence, and male norms.

EngenderHealth will work with two local NGOs - Hiwot Ethiopia and Integrated Family Services Organization (IFSO) - to reach the general community as well as vulnerable at-risk groups in Addis Ababa. The target geographical areas will be seven kebeles in Addis Ababa around the Mercato and Kazanechis neighborhoods. EngenderHealth will develop communication materials and tools for local partners to use with men and young boys. There are several local NGOs working to support victims of domestic violence and rape and to prosecute the perpetrators. However, very little is being done to discuss underlying social and economic issues. There is a need for peer counseling materials for men - to discuss domestic violence, rape, gender inequality and their role in protecting the health of their family. EngenderHealth will conduct several 3-day MAP workshops with community leaders, NGOs, and youth. Topics will include creating men's discussion groups, establishing "buddy' peer support networks etc.

"By the end of the workshop, it is expected that the influential group of leaders and youth will have individual commitments to make personal changes and raise awareness of these issues. Furthermore, they will develop action plans for follow up activities with their peers. There will be pre and post workshop tests to assess knowledge gain. The post-MAP workshop activities will include a peer educators' weekly meeting to discuss their changes, challenges and learn from one another. Discussions will focus on personal changes and activities to engage peers and close friends. Members are encouraged to bring interested friends to meetings, which will be held in kebele buildings or compounds. The peer educators will facilitate the discussion and documenting progress within the groups. By the end of the first month, the program will be reaching 250-350 men through the MAP methodology.
"

By the third month, the opinion leaders and youth will be graduating as MAP advocates and will be ready to conduct their own mobilization with assistance from the peer educators. An estimated 50% of the leaders, (25-35/per kebele), will be ready to mobilize at least ten friends with personal stories, information and influence; each MAP advocate will have person to person discussions with ten friends per month.

The program also plans to reach 3000 street youth enrolled in informal education with the local NGO Forum for Street Children. Currently, 3000 street youth in Addis Ababa are receiving informal education through this organization. Trained MAP advocates will talk to young people about gender norms, HIV/AIDS prevention, etc. There will be pre and post workshop knowledge assessments for the youth. They will also be employed to reach young people through other local organizations, youth and boys' clubs. Activities addressing youth will provide age-appropriate information.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	51 - 100

Targets

Target	Target Value	Not Applicable
Number of STI patients refereed to HIV counseling and testing:		☑
Number of individuals involved in alcohol and chat: counseled and tested for HIV		☑
Number of personnel trained on risk reduction counseling (alcohol-subtance)		☑
Familiarization workshop conducted		☑
Development of IEC/BCC materials on alcohol / substance abuse and HIV		☑
Number of facilities that link ART adherence intervention with substance use counseling		☑
Number of individuals with single STI episode to be treated with prepacked kits		☑
Number of health care workers (private sector) trained on syndromic approach		☑
Number of peer educators trained at each site		☑
Number of facilities to be supported and supervised regularly		☑
Number of model clinics to be renovated or constructed		☑
Number of condoms distributed to STI patients		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	18,250	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	245	☐

Target Populations:

Most at risk populations

Children and youth (non-OVC)

Men (including men of reproductive age)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Adis Abeba (Addis Ababa)

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	15207
Planned Funds:	$ 350,000.00
Activity Narrative:	None provided.

Table 3.3.05: 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: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 15744
Planned Funds: $ 400,000.00
Activity Narrative: Creating a Youth Movement to Combat HIV/AIDS

This is a continuing activity from FY06. Funds have been reprogrammed to HVOP to promote greater programming of comprehensive HIV prevention activities. Activities are in compliance with S/GAC guidance on HIV prevention programming for sexual transmission.

Proposed Activities: Health Communication Partnership (HCP) will continue to provide direct implementation support to in and out of school youth groups. In addition, they will train and provide assistance to USG partners and the Addis Ababa and Amhara Education Bureaus implementing HCP youth life skills programs. Additionally, HCP will implement a youth-focused newsletter modeled on Uganda's "Straight Talk" experience. HCP will continue in its role as Secretariat for ABC/BCC activities supported under PEPFAR. Youth Life Skills Building Activities: HCP will provide technical assistance to several USG and non-USG HIV prevention partners to implement health education and behavioral change activities through three interactive programs: Youth Action Kit (YAK), Sports for Life (SFL) and Beacon Schools (BCS). YAK targets in- and out-of-school youth aged 15-24, and emphasizes abstinence, learning to resist coercion, secondary abstinence, fidelity, and introduces condoms to youth clubs and Sunday schools in eight geographic locations. As of August 2006, 1,166 clubs and Sunday Schools and approximately 47,000 youth are implementing the YAK.
This activity will fund activities addressing youth 15-24 through the Youth Action Kit and "Straight Talk" activities.

Targets

Target	Target Value	Not Applicable
Number of STI patients refereed to HIV counseling and testing:		☑
Number of individuals involved in alcohol and chat: counseled and tested for HIV		☑
Number of personnel trained on risk reduction counseling (alcohol-subtance)		☑
Familiarization workshop conducted		☑
Development of IEC/BCC materials on alcohol / substance abuse and HIV		☑
Number of facilities that link ART adherence intervention with substance use counseling		☑
Number of individuals with single STI episode to be treated with prepacked kits		☑
Number of health care workers (private sector) trained on syndromic approach		☑
Number of peer educators trained at each site		☑
Number of facilities to be supported and supervised regularly		☑
Number of model clinics to be renovated or constructed		☑
Number of condoms distributed to STI patients		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	467,500	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,862	☐

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Young Mens Christian Association
Prime Partner: Young Men Christian Association
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 16344
Planned Funds: $ 100,000.00
Activity Narrative: The YMCA AIDS Volunteerism and Community Engagement (ADVANCE) Program will develop, strengthen and scale-up successful YMCA youth program practices in order to improve the HIV/AIDS knowledge and practices of 50,000 youth and young adults.The ADVANCE Program has two prevention objectives: 1. Improve HIV prevention knowledge and practices of at least 50,000 youth and young adults between the ages of 10-29 in the five target communities through innovative, ageappropriate peer education and community outreach activities by 2010 and, 2. Strengthen cooperation between youth, parents, YMCAs, schools, businesses, government and faith-based groups in the five target communities to improve HIV education and increase youth and young adult access to vital medical and counseling support services by 2010. These activities will take place in 5 underserved urban communities in Addis Ababa and Adama. During the first year of the three year project, YMCA will aim to reach 10,000 youth and young adults with comprehensive HIV/AIDS prevention information and behavior change communication activities.

In the HIV Prevention program component the YMCA and YWCA will recruit and train 100 volunteer peer educators per branch (500 in total). The peer educators will be segmented into two age groups A) 10-16 and B) 17-29. Their primary function will be to educate other community youth and young adults on basic HIV prevention and care. The peer educators will utilize innovative, youth-friendly service delivery methodologies to attract and educate large numbers of youth and young adults. These include school presentations, sports, recreation, arts, music, anti-stigma campaigns and local mass-media coverage of HIV issues.

The YMCA's approach to health education strongly emphasizes building core values, life skills, gender sensitivity, appreciation for diversity and access to accurate information and advice so that youth and young adults are equipped to make the right decisions. To ensure that peer educators are successful the YMCA will also incorporate a strategy that simultaneously strengthens parent and adult education, community alliances and medical referral services. The YMCA will set up a voucher system with reputable hospitals and clinics to help youth and young adults obtain appropriate, affordable medical testing, counseling and treatment. YMCA will focus comprehensive HIV prevention messages and information for 50% of their target populations, for a total number of 25,000 older youth between the ages of 17-29 reached by 2010.

Targets

Target	Target Value	Not Applicable
Number of STI patients refereed to HIV counseling and testing:		☑
Number of individuals involved in alcohol and chat: counseled and tested for HIV		☑
Number of personnel trained on risk reduction counseling (alcohol-subtance)		☑
Familiarization workshop conducted		☑
Development of IEC/BCC materials on alcohol / substance abuse and HIV		☑
Number of facilities that link ART adherence intervention with substance use counseling		☑
Number of individuals with single STI episode to be treated with prepacked kits		☑
Number of health care workers (private sector) trained on syndromic approach		☑
Number of peer educators trained at each site		☑
Number of facilities to be supported and supervised regularly		☑
Number of model clinics to be renovated or constructed		☑
Number of condoms distributed to STI patients		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	500	☐

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: $ 18,400,504.00

Program Area Context:

Prior to FY06, palliative care support activities in Ethiopia focused mainly on end of life care and distribution of commodities to PLWHA. With the advent of free ART and improved access to HIV/AIDS care services, palliative care is increasingly perceived as a continuum of care. During COP 06 PEPFAR Ethiopia planned to reach 89 hospitals, 267 health centers and 141 community and hospice based service outlets with palliative care. In the first six months of FY06 (October 05–March 06), 129,105 PLWHA received at least one category of service defined in the OGAC palliative care guidance in 79 hospitals, 240 health centers and 45 community and hospice-based outlets. Services included the delivery of clinical care, including OI treatment and symptomatic management; psychological care through peer support groups and psychiatric nurses; spiritual support through linkages with FBOs and delivery of elements of the preventive care package, including 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 and hygiene, nutrition counseling and multivitamin supplementation.

During COP07, PEPFAR Ethiopia will leverage resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and the World Bank to deliver care and support to 338,000 PLWHA by September 2008. Focus areas will include providing elements of the preventive care package at all levels of the network, improving pain management and nutritional support for PLWHA, and building the capacity of indigenous organizations to provide palliative care. PEPFAR Ethiopia will also strengthen pediatric palliative care services by increasing detection of pediatric HIV cases through family centered, PMTCT,OVC, TB/HIV, adult palliative care and home based care programs.

In addition to provision of the adult preventive care package, pediatric services will include regular nutrition and growth monitoring, safe infant feeding and therapeutic and supplementary feeding through facility level food by prescription in selected health centers and hospitals, community-based food and nutrition support mechanisms. Infants and children will benefit from existing non-PEPFAR child survival interventions.

While rapidly expanding palliative care services, PEPFAR Ethiopia will ensure provision of quality services by each partner through use of standard guidelines and rigorous monitoring of partners. A person who receives at least one category of services stated under palliative care guidance will be counted as person on care.

Delivering effective palliative care services across the continuum of care is dependent upon a functional and effective health network. In COP07, PEPFAR Ethiopia will continue to strengthen the network of 131 hospitals, 393 health centers and associated catchment communities by deploying case managers who will follow all patients within the ART health network; hospital and health center case managers will collaborate to refer patients within and between facilities, link patients to community services, track patients, and ensure follow-up. PEPFAR Ethiopia will take necessary measures, including service mapping and use of unique patient identifiers, to avoid double counting within and across the health network.

PEPFAR Ethiopia will leverage support from GFATM, the World Bank and other major donors to reach its ambitious COP07 palliative care goals. GFATM will procure OI drugs, including cotrimoxazole, and LLITN. The World Bank, through the multi-sectoral AIDS program II, plans to support social care that includes community mobilization and leadership development of PLWHA.

Ethiopia was recently named a focus country for food and nutrition by the Office of the Global AIDS Coordinator (OGAC). PLWHA in Ethiopia have identified nutrition support as a priority palliative care service that is critical for ART adherence. During COP07, PEPFAR Ethiopia will scale up nutrition support activities to PLWHA. In addition to using funds to wrap around food resources from Title II Food For Peace and the World Food Program, PEPFAR Ethiopia will improve nutrition assessment, counseling and monitoring of

HIV-infected persons at all HIV care, ART and PMTCT service sites in the network. PEPFAR Ethiopia will also provide therapeutic feeding by prescription to malnourished PLWHA, HIV+ pregnant women in PMTCT programs, HIV+ lactating women in the first six months post-partum, their infants and OVC in at least 20 hospitals and 25 health centers in the network.

Currently, Ethiopia does not have a national policy on the use of opioids for pain management. PEPFAR Ethiopia has identified a lead partner, UCSD, to support the Federal MOH and the National HAPCO in the development of a national policy on the use of opioids. PEPFAR Ethiopia will also work with PLWHA to train patients and providers on the value of pain management as a means to improving quality of life.
Care Support throughout the Network-Regional and Woreda Support: PEPFAR Ethiopia continues to work with regions and woredas to plan, prioritize and implement HIV/AIDS prevention, care and treatment services. Support at the regional level includes building regional capacity to support, monitor and evaluate the implementation of services, and developing regional based master training teams to train facility level staff to scale up services.
Hospital Level: PEPFAR Ethiopia supports hospital level palliative care services through cooperative agreements with four USG universities including Johns Hopkins University, Columbia University, I-TECH (University of Washington), and the University of California San Diego. During COP07, all 131 public, private and workplace hospitals nationwide will receive support for palliative care services, including training, supportive supervision, and clinical mentoring of health care providers; establishment of clinical care teams; provision of elements of the preventive care package; ensuring referrals and linkages to health center and community-based care services through case managers; and monitoring and evaluation of services.

Health Center: In COP07, PEPFAR Ethiopia will support palliative and clinical care services at 393 health centers within the network. FHI/IMPACT has provided palliative care services at health centers since 2004; as the FHI/IMPACT project is ending, a solicitation process for a follow-on contractor(s) is underway. Palliative care support at the health center level will include training, supportive supervision, and clinical mentoring of health care providers; establishment of clinical care teams; provision of elements of the preventive care package; ensuring referrals and linkages to hospitals and community-based care services through case managers; and monitoring and evaluation of services.

Community Level: PEPFAR Ethiopia will continue to work with community-based partners such as International Orthodox Church Charities (IOCC), Save the Children USA (SCUSA), Family Health International (FHI), Catholic Relief Services (CRS), and the World Food Program (WFP) to support home- and community-based palliative care services including nursing, psychological, social and spiritual care, safe water, food and nutrition support. PEPFAR Ethiopia will also collaborate with the GFATM to facilitate the delivery of the following elements of the preventive care package at the community level: LLITN in malaria endemic areas, nutrition counseling, screening for TB, referral of household contacts for VCT, prevention for positives and condom provision.

In COP07, PEPFAR Ethiopia will continue to build the technical and human capacity of indigenous organizations to provide effective palliative care services in high prevalence, well-populated urban areas by offering technical support, sub-grants, and mentorship.

Program Area Target:

Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	910
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	537,012
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	17,483

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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	10393
Planned Funds:	$ 374,000.00

Activity Narrative: High Risk Corridor Initiative (HRCI)

This is a continuing activity from FY04 -FY06. As of June 06, the partner received 100% of FY06 funds and is on track in achieving targets and work plan. Funding was increased based on the achievements to date.

This activity is linked to the HRCI CT (5719); HRCI AB (5601); HRCI OP (5599), WFP Food and Nutrition support and Promotion Positive Living and Self-Reliance for PLWHA (5774),Care and Support Contract-Palliative Care (5616), and ART Service Expansion at Health Center Level, PMTCT/Health Centers and Communities (5586).
In FY06, SCUSA implemented community-based care and support programs in 22 communities to improve the well-being of PLWHA and to mitigate the effect of AIDS within families and the community. HIV-related palliative care was provided to 986 individuals. Moreover, 912 chronically sick PLWHA, 2,654 HIV/AIDS orphans and 53 PMTCT clients were linked to WFP food support in four major urban areas.

In FY07, HRCI will expand provision of home and community-based palliative care services along the Addis-Djbouti high risk corridor to reach a total of 24 communities, including Kulubi and Chelenko. The high risk corridor includes Afar, Oromiya, Dire Dawa and Somali Regions. SCUSA activities include training and support to care givers, spiritual counseling, promoting positive living, establishing support groups, identifying and referring for OI, STI, and TB treatment, and linking with WFP food support in four large urban areas.

SCUSA will provide the following palliative and preventive care services: medical and nursing care; pain management; treatment of skin conditions; diarrhea and oral problems; identification and referral for OI including TB screening based on symptoms, adherence to ART or OI treatment and prophylaxis; education on hygiene and safe water; and referral of household contacts for VCT and nutrition counseling. SCUSA will work with local community and faith-based organizations to deploy, train and supervise volunteer HBC providers.

In partnership with IOCC, SCUSA will provide spiritual, social and psychological care services. Refresher training will be given to spiritual leaders to deal with emotional and psychosocial issues of both infected and affected people. HRCI will also strengthen community-based support groups, community mobilization and leadership development of PLWHA to reduce stigma and strengthen affected households and communities.

SCUSA will train care givers in order to provide ongoing prevention messages for PLWHA in HBC settings to help them maintain safe sexual practices using abstinence, being faithful and correct consistent condom use (ABC). Condoms will be readily provided for those who choose to use them.

To reduce the morbidity and mortality caused by diarrhea, HRCI will educate PLWHA and their families on safe water and personal hygiene, including education on the use of chemicals for home water treatment.

In addition to existing food support in four large urban settings, HRCI will support training of HBC volunteers to assess the nutrition state of their PLWHA clientele and to refer them to health facilities when necessary. Needy patients will be linked to existing food support mechanisms. HRCI will work through CBO and other partners to mobilize internal and external (WFP, FAO, Food for Peace, etc.) resources to provide community-based nutrition services, (e.g. community meals, daily vitamin supplements, community gardens and food vouchers).

HRCI home-based care activities will be strongly linked to health centers and hospitals. For ART services, the HRCI will work closely with Columbia University, ITECH and health center level ART partners as well as other relevant PEPFAR and non-PEPFAR partners to strengthen referral systems through the use of standard procedures and regular meetings with health facility based HIV/AIDS committees.

In FY07, in Afar, Oromiya, and Somali regions, and the Dire Dawa Administrative Council along the corridors, HRCI will promote ART adherence and compliance as well as ANC attendance. The home-based care volunteers will receive basic training on ART referrals

and adherence counseling.

HRCI will continue to leverage local resources from 24 local HIV/AIDS Committees to assess the needs of and map available services for persons and families affected by HIV/AIDS. Through this approach, HRCI has strengthened the program context for wrap-around services and policies. This has resulted in community networks that are more user-friendly and confidential, able to mobilize resources, and able to coordinate community-based care and support services. SCUSA will continue to work with these local partners to conduct ongoing resource mapping along the high risk corridor.

HRCI will also continue to honor long-serving HIV/AIDS Committee members. This activity will also continue its capacity-building efforts, including training on resource mobilization, leadership, and simple accounting procedures. HRCI will support restructuring or election of new members, and revising by-laws as part of the Community Action Cycle. Kebele committees are encouraged to provide more representative involvement in community planning and to replace non-functioning members.

HRCI will also strengthen management and supervision of community-based palliative care services through sub-grant processes by building the capacity of indigenous FBO and CBO.

Continued Associated Activity Information

Activity ID:	5600
USG Agency:	U.S. Agency for International Development
Prime Partner:	Save the Children US
Mechanism:	*High Risk Corridor Initiative
Funding Source:	GHAI
Planned Funds:	$ 325,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	24	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,177	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	437	☐

Target Populations:

Community leaders
Most at risk populations
Truck drivers
People living with HIV/AIDS
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Afar

Dire Dawa

Oromiya

Sumale (Somali)

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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	10464
Planned Funds:	$ 311,000.00

Activity Narrative: This is a continuing activity from FY06. It is programmatically linked to the following activities: access to home water treatment and basic hygiene counseling (6630), promote positive living and self reliance for HIV/AIDS affected beneficiaries of urban nutritional support program (New-1061), Improving HIV/AIDS/STI/TB Prevention and care activities (5635), Uniformed Services PMTCT Implementation Support - Hospital Level (5638), HIV/AIDS program implementation support (5676), military ART support (5666).

In FY06, UCSD introduced a basic palliative care approach to the six ART facilities it supports; this included initial assessment of the palliative care activities at sites, development of site level training in collaboration with the national lead, and supervision of palliative care activities. Training and supervision focused on identification of pain and discomfort among HIV patients, ensuring cotrimoxazole prophylaxis, TB screening and targeted elements of the preventive care package such as multivitamin use, nutritional assessments and prevention for positives. This program was introduced to six Uniformed Services hospitals.

In FY07, UCSD will support palliative care activities at 40 Uniformed Services hospitals providing HIV/AIDS care and treatment, via a multi-disciplinary, family-focused approach to provision of the preventive care package both for adults and children. This approach will incorporate best practices for the health maintenance and prevention of opportunistic infections for people with HIV infection, to slow disease progression and reduce morbidity and mortality.

At the facility level, UCSD will assist the uniformed service hospitals to provide the preventive care package, complementing Global Fund, MOH, and other USG-funded activities when possible. UCSD will focus on provision of the preventive care package which, for adults, includes: active TB screening, cotrimoxazole prophylaxis, symptom management, micronutrient (multivitamin) and nutrition supplement and counseling, provision of insecticide mosquito nets (linkage), positive living, HIV counseling and testing of family members and contacts, and assisting safe water through provision of safe water vessel at all UCSD supported hospitals. The preventive care package for children includes: prevention of serious illnesses like PCP, TB and malaria, prevention and treatment of diarrhea, nutrition and micronutrient supplement and linkage to national childhood immunization programs. Orphans and vulnerable children (OVC) will be prioritized for palliative care and linked to other OVC care programs to receive a continuum of care.

UCSD will work closely with other university partners to ensure complementary activities. More details on the delivery of these aspects of the preventive care package are outlined below.

UCSD facility-level support will be continued or expanded as follows:

1. Strengthen internal and external linkages required to identify HIV+ individuals and provide them with access to care. Internal linkages include referrals to the HIV/AIDS/ART clinic from ANC, TB clinic, under-5 clinics, inpatient wards, OPD, and VCT. External linkages include referrals to and from community-based resources providing counseling, adherence support, home-based care, and financial/livelihood and nutritional support.
2. Provide on-site implementation assistance, including staff support, implementation of referral systems and forms, and support for monthly HIV/AIDS team meetings to enhance these linkages.
3. Provide training on palliative care/the preventive care package to multi-disciplinary teams.
4. Provide clinical mentoring and supervision to multi-disciplinary care teams related to care of PLWHA, including those who do not qualify for or choose not to be on treatment. Provider job aids and patient education materials related to palliative care and positive living will continue to be developed and distributed.
5. Improve nutrition assessment at a health facility level
6. Intervention (pharmacologic/opioids and non-pharmacologic) to ease distressing pain or symptoms.
7. Continued management after hospital discharge if pain or symptoms are chronic.
8. Linking with community resources after discharge.

UCSD'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+ patients, and for HIV-exposed infants, and will be an important component of UCSD's implementation activities, especially at sites not yet providing ART. UCSD will ensure that all supported sites have reliable stocks of cotrimoxazole tablets and syrups, providing emergency supplies when absolutely needed to ensure quality and continuity of care. Similarly, TB screening and isoniazid prophylaxis will be promoted and provided for HIV+ adults and children. (See also the activity section on TB/HIV activities). Supportive supervision and the institution of standard operating procedures will enhance the use of cotrimoxazole and INH prophylaxis. Attention will be given to the issue of HIV/malaria co-infection, and provision of impregnated bednets routinely to pregnant patients at the HIV/AIDS and PMTCT programs in collaboration with Global Fund.

Health education and behavior change communication for HIV-infected individuals will be provided by facility and lay staff, complementing Global Fund and other USG-funded activities where they exist. Patients will have access to nutrition counseling and multivitamins. With guidance from JHU, the university lead for hospital-level nutrition, "therapeutic feeding-by- prescription" of patients who qualify based on criteria agreed upon with PEPFAR (e.g. HIV+ pregnant or lactating women, HIV exposed or infected infants who are no longer breast feeding, malnourished patients) will be provided in at least 5 hospitals. Clear criteria will be established for patient selection, and 'exit' strategy development will be part of all initiation of therapeutic feeding support. Health education, counseling, and support will encourage positive living to forestall disease progression, promote prevention among positives to prevent further HIV transmission, and enhance adherence.

UCSD is collaborating with the training and evaluation program of San Diego Hospice, internationally known for its expertise in palliative care delivery, training, and evaluation. In FY07, UCSD will take the lead among the US university partners in the area of opioid use and education. Activities will include:
1. Providing technical assistance to a HAPCO Task Force (that includes Ethiopian and international experts and clinicians) to develop a MOH Policy on opioid use and education.
2. Developing specific sub-indicators for the palliative care delivery so that the domains of suffering are being specifically assessed.
3. Expanding the demand for and understanding of PC through education of the public and especially ART recipients. Specifically, UCSD work with PLWHA to train patients and providers on the value of pain management as a way of increasing quality of life. Additionally, UCSD plans to initiate peer support groups within the uniformed services s to address pain management, and will promote experience sharing through available military and police media.

Continued Associated Activity Information

Activity ID:	5770
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	University of California at San Diego
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 75,000.00

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	40	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	20,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	120	☐

Target Populations:

Adults
Country coordinating mechanisms
Family planning clients
Doctors
Nurses
Pharmacists
Infants
International counterpart organizations
Military personnel
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Pregnant women
Children and youth (non-OVC)
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Public health care workers
Other Health Care Worker
HIV positive children (5 - 14 years)

Key Legislative Issues

Wrap Arounds

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	*
Prime Partner:	Catholic Relief Services
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	10484
Planned Funds:	$ 489,060.00

Activity Narrative: Care and support for PLWHA

This is a continuing activity from FY06. As of June, the partner received 100% of FY06 funds and is on track in achieving its FY05/FY06 targets and work plan. In FY07 intensive monitoring will be conducted to ensure that each partner agency reaches its targets by the end of the reporting period. In FY07 this activity will build upon FY06 achievements through economy of scale and leveraging resources.

This activity is linked to the CRS OVC support (5733); JHU Technical Support for ART Scale-up (5664); Care and Support Contract Palliative Care (5616); Care and Support Contract TB/HIV (5749), Care and Support Contract counseling and testing (5654), ART Service Expansion at Health Center Level, PMTCT/Health Centers and Communities (5586), and ART Service Expansion at Health Center Level, PMTCT/Health Centers and Communities (5586).
In FY06 CRS combined P.L.480 Title II and PEPFAR Ethiopia resources for care and support for PLWHA. CRS leveraged 9,442 MT of food worth $5,642,590 from Title II resources. CRS used both resources to work with Medical Missionaries of Mary, Organization for Social Services for AIDS and Missionaries of Charity to provide support to approximately 35,000 PLWHA in 18 urban communities in Addis Ababa, Afar, Amhara, Dire Dawa, Gambella, Oromiya, SNNPR, Somali and Tigray regions. CRS also utilized Title II resources to work with Organization for Social Services for AIDS to provide support to 100 PLWHA in Dire Dawa and Harar. This work included both home-based care and support, and institutional-based medical care for opportunistic infections and end-of-life care. Through SAPR 06, CRS reached 26,000 PLWHA with palliative care services.

The locations of hospices that provide support for HIV+ orphans, medical and end-of-life care are the Asco Children's Home/Hospice and Sidist Kilo in Addis Ababa; Dubti in the Afar region; the Debre Markos Hospice and Debre Markos Children's Home/Hospice in the Amhara region; Dire Dawa in Dire Dawa Council; Gambella in Gambella region; Bale, Jimma and Kibre Mengist in the Oromia region; Awassa, and Sodo in the SNNPR; Jijiga in Somali; and Mekelle, Alamata, Adwa in the Tigray region. Outreach work providing home-based care was associated with these hospices. Additional home-based care programs were present in Addis Ababa and Nazareth.

In FY07, CRS will continue to utilize its resources to work with the above mentioned partners in collaboration with the Ethiopian Catholic Church Social and Development Co-ordination Branch Office of Adigrat – Mekelle to address basic care and support needs of 36,000 PLWHA both in the community and through the 15 hospices and two homes for HIV+ orphans.

All hospices are located in high prevalence and highly populated urban areas within the health network model. This provides a unique opportunity for linking beneficiaries with facility level ART, PMTCT and chronic HIV care services.

CRS and other PEPFAR Ethiopia implementing partners will provide nutrition support, hygiene education, counseling, psychosocial, spiritual and medical care, preventive care including cotrimoxazole prophylaxis as needed by PLWHA both in their homes and through the hospices. Additional educational and life-skills support will be given to children living with HIV/AIDS. Local implementing partners like Organization for Social Service Against AIDS (OSSA) will undertake stigma reduction interventions (information, education and communications) within host communities and provide counseling and psychosocial support to asymptomatic and symptomatic PLWHA.

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 set of palliative care interventions appropriate to participating communities. Strong referral linkages exist between many community-based care and support programs, hospices and facilities. CRS will strengthen these by identifying and referring adults and children in MOC shelters for VCT and other diagnostics necessary for the provision of HIV/AIDS care and treatment services. Special emphasis will be given to enabling HIV+ children to access quality HIV/AIDS care and treatment services. In 2007, this activity will continue to strengthen these linkages and collaboration with other PEPFAR Ethiopia partners for treatment, high quality clinical care.

Continued Associated Activity Information

Activity ID:	5734
USG Agency:	U.S. Agency for International Development
Prime Partner:	Catholic Relief Services
Mechanism:	*
Funding Source:	GHAI
Planned Funds:	$ 585,000.00

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

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	21	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	36,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	60	☐

Target Populations:

People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Public health care workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Gender

Wrap Arounds

Coverage Areas

Adis Abeba (Addis Ababa)

Afar

Amhara

Dire Dawa

Gambela Hizboch

Oromiya

Southern Nations, Nationalities and Peoples

Sumale (Somali)

Tigray

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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	10495
Planned Funds:	$ 333,000.00

Activity Narrative: Palliative Care – Basic

This is a continuing activity from FY06, programmatically linked to the following activities: access to home water treatment (HWT) and basic hygiene counseling (6630), TB/HIV at hospital level promote positive living and self reliance for HIV/AIDS affected beneficiaries of urban nutritional support program (New-1061), HIV/TB at hospital level (5750), Regional PMTCT Service Delivery - Hospital Level (COP ID: 5637), technical support for ART scale-up (5661).

In FY06, CU introduced a basic palliative care approach to the 32 ART facilities it supports. This approach included an initial assessment of the palliative care activities conducted at the sites, development of site level training in collaboration with the national leadership, and supervision of palliative care activities. Training and supervision focused on identifying pain and discomfort among HIV patients, and providing cotrimoxazole prophylaxis, TB screening and targeted elements of the preventive care package such as multivitamins, nutritional assessments and prevention for positives. This program was introduced to the hospitals in Oromia, Somali, Dire Dawa, and Harar (Operational Zone 2).

In FY07, CU will support palliative care activities at 42 hospitals providing HIV/AIDS care and treatment via a multi-disciplinary, family-focused approach to provision of the preventive care package for both adults and children. This approach will incorporate best practices for health maintenance and the prevention of opportunistic infections for PLWHA, to slow disease progression, and reduce morbidity and mortality. CU will play a lead role among the PEPFAR Ethiopia's US university partners in pediatric HIV care and treatment. CU will play an active role in the development of national guidelines and standard operating procedures for pediatric HIV care, and will share experiences and best practices with other PEPFAR Ethiopia partners.

CU will assist hospitals in Operational Zone 2 to provide the preventive care package, complementing Global Fund, MOH, and other USG-funded activities when possible. CU will focus on provision of the preventive care package which for adults includes: active TB screening, cotrimoxazole prophylaxis, symptom management, micronutrient (multivitamin) and nutrition supplements and counseling, insecticide mosquito nets (linkage), positive living strategies, counseling and testing of family members and contacts, and promoting safe water usage through the provision of safe water vessels at all CU supported hospitals. The preventive care package for children includes: prevention of serious illnesses like PCP, TB and malaria; prevention and treatment of diarrhea; and nutrition and micronutrient supplements and linkage to national childhood immunization programs. OVC will be prioritized for palliative care and linked to other OVC care programs in order to receive a continuum of care.

CU will work closely with other PEPFAR Ethiopia university partners to ensure complementary of activities with, for example, UCSD on implementation of national pain management guidelines. More details on delivery of these aspects of the preventive care package are outlined below.

CU support to facilities will be continued or expanded as follows: (1) strengthen the internal and external linkages required to identify HIV+ individuals and provide them with access to care (internal linkages include referrals to the HIV/AIDS/ART clinic from ANC, TB clinic, under-5 clinics, inpatient wards, OPD, and VCT, and external linkages include referrals to and from community-based resources providing counseling, adherence support, home-based care, and financial/livelihood and nutritional support; (2) provide on-site implementation assistance, including staff support, implementation of referral systems and forms, and support for monthly HIV/AIDS team meetings to enhance linkages; (3) provide training on palliative care and the preventive care package to multi-disciplinary teams; (4) provide clinical mentoring and supervision to multi-disciplinary teams related to the care of PLWHA -- including those who do not qualify for or choose not to be on treatment -- in partnership with RHB in the respective regions; (5) continue to develop and distribute provider job aids and patient education materials related to palliative care and positive living ; (6) identify and sensitize community-based groups on palliative care and the importance of adherence to both care and treatment for PLWHA and the palliative care services available at the facility-level; (7) improve nutrition assessment at health facilities; (8) promote intervention (pharmacologic/opioids and

non-pharmacologic) to ease distressing pain or symptoms; (9) continue patient management after hospital discharge if pain or symptoms are chronic; and (10) link patient with community resources after discharge.

CU's 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+ adults and children, and for HIV-exposed infants, and will be an important component of CU's implementation activities, especially at those sites not yet providing ART. CU will ensure that all supported sites have reliable stocks of cotrimoxazole tablets and syrups, and will provide emergency supplies when absolutely necessary to ensure quality and care continuity. Similarly, TB screening and isoniazid prophylaxis will be promoted and provided for HIV+ adults and children. (See also the activity section on TB/HIV activities.) Supportive supervision and the institution of standard operating procedures will improve the use of cotrimoxazole and INH prophylaxis. Attention will be given to the issue of HIV/malaria co-infection, and routine provision of impregnated bednets, at minimum, to pregnant patients in HIV/AIDS and PMTCT programs in collaboration with Global Fund.

Health education and behavior change communication for HIV+ individuals will be provided by facility and lay staff, complementing Global Fund and other USG-funded activities. Patients will have access to nutritional counseling and multivitamins. With guidance from JHU, the university lead for hospital-level nutrition, "therapeutic feeding-by-prescription" of patients who qualify based upon criteria agreed upon by PEPFAR Ethiopia (e.g. HIV+ pregnant or breast feeding women, HIV exposed or infected infants who are no longer breast feeding, malnourished patients) will be provided in at least five hospitals. Clear criteria will be established for patient selection, and an exit strategy developed as part of all initiation of therapeutic feeding support. Health education, counseling, and support will encourage positive living to forestall disease progression, promote prevention among positives to prevent further transmission of HIV, and strengthen adherence to both.

Continued Associated Activity Information

Activity ID:	5772
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Columbia University
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 850,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	40	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	24,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	160	☐

Target Populations:

Adults
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
National AIDS control program staff
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Children and youth (non-OVC)
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Public health care workers
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Wrap Arounds

Coverage Areas

Dire Dawa

Hareri Hizb

Oromiya

Sumale (Somali)

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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	10496
Planned Funds:	$ 644,714.00

Activity Narrative: IOCC HIV/AIDS Response Mechanisms Project

This is a continuing activity from FY04-FY06. As of June 2006, the partner received 100% of FY06 funds and is on track regarding 05/06 targets and workplan. We propose increased funding based on achievements to date.

This activity is linked to the IOCC OVC (5591), Ethiopian Orthodox Church Comprehensive HIV/AIDS activity AB (5592), Care and Support Contract Palliative Care (5616), Care and Support Contract (TB/HIV) (5749), Care and Support Contract counseling and testing (5654), ART Service Expansion at Health Center Level, PMTCT/Health Centers and Communities (5586).

The IOCC will work in partnership with the development arm of the Ethiopian Orthodox Church (EOC) to use the strong Orthodox network towards reinforcing HIV AB prevention messages this The EOC has approximately 40 million faithful, over 500,000 clergy and a network of parishes that can be found throughout Ethiopia. The IOCC-EOC partnership operates in 100 woredas in five regions. The EOC publicly declares it has an obligation and duty to mobilize its human and material infrastructure to lead the HIV/AIDS campaign in Ethiopia, and that it should strive to influence social change, caring for PLWHA, promoting abstinence and faithfulness, reducing stigma and discrimination and educating Ethiopian society on the facts about HIV/AIDS. This activity is one component of a broader continuum of care for those receiving clinic-based nutritional support.

In COP07, IOCC/DICAC will reach 11,500 PLWHA with care and support activities including IGA, HBC and spiritual counseling. IOCC utilizes volunteers drawn from local Orthodox congregations to conduct home visits to clients who are bedridden or in the end-of-life stages of AIDS to conduct several activities at least twice each week including: counseling client and family, providing basic physical and social care, serving as liaison for clergy to visit the home, referring patients to medical services including ART, and leveraging nutritional support from the community including local businesses and hotels.The activities planned at each project Woreda will continue t in close collaboration with the local Woreda HAPCO branch and other area stakeholders. Networking among groups will be encouraged to further strengthen the project's impact and sustainability. Gender equality is an important cross cutting theme of the IOCC/DICAC program in COP07 and efforts will be made to ensure increased female participation in youth clubs, advocacy groups, community-based discussion groups and counseling and training activities. During COP06 a 50% female participation target was set for IGA schemes, for OVC and for para counselor and peer educator staffing. A 70% target for female participation in IGA schemes for PLWHA was also in place. These will be maintained in COP07.

Since FY05 IOCC implemented HBC services by trained providers. 1,500 PLWHA benefited from this, involving 80 volunteers during 2006. During 2007 IOCC/DICA will provide HBC services to 6,000 PLWHA. HBC will include nursing care, spiritual counseling, referral of household contacts for VCT, screening for active TB, education on safe water and hygiene, nutrition counseling, adherence counseling, education and encouragement of PLWHA to seek HIV care and treatment at health centers and hospitals

In COP05, IOCC/DICAC developed a strategy aimed to improve the welfare and economic sustainability of PLWHA households with income generating activities (IGA). In COP06 1,000 new PLWHA were enrolled in the IGA program for ART patients, with emphasis on those HIV positive women who are heads of households. In COP06 4,000 PLWHA household members were supported with start-up capital and training for income generation activities, PLWHA self-help support groups, spiritual counseling and home based care services.

In COP07, IOCC/DICAC will extend IGA support to an additional 1,000 PLWHA and will indirectly support 4,000 family members. During FY07 IOCC will increase IGA start-up capital from $90 to $115 per person to address increased cost of commodities.

PLWHA will continue to receive regular follow-up guidance and technical advice from their local HAPCO and agricultural office regarding selection and management of their IGA. IOCC will also support 4,500 PLWHA with spiritual counseling through trained spiritual para counselors. IOCC implements HBC services in eight woredas, and its IGA and

spiritual counseling support services in 100 woredas.
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The EOC has taken a strong public stance against stigma and discrimination. This will continue to be a key message in COP07 and will be widely disseminated at public rallies, through the teachings of the church and trained clergy.

Continued Associated Activity Information

Activity ID:	5593
USG Agency:	U.S. Agency for International Development
Prime Partner:	International Orthodox Christian Charities
Mechanism:	*
Funding Source:	GHAI
Planned Funds:	$ 400,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	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**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	100	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	11,500	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	205	☐

Target Populations:

Community leaders
Most at risk populations
People living with HIV/AIDS
Religious leaders

Key Legislative Issues

Stigma and discrimination

Gender

Coverage Areas

Amhara

Binshangul Gumuz

Oromiya

Southern Nations, Nationalities and Peoples

Tigray

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	FMOH
Prime Partner:	Johns Hopkins University Bloomberg School of Public Health
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	10497
Planned Funds:	$ 421,000.00

Activity Narrative: Palliative Care and Nutrition Support at Hospitals

In this continuing COP 07 activity, one activity from COP06 is merged with a new activity (# 5618 and # 1058). This activity is programmatically linked to: access to home water treatment and basic hygiene counseling (# 6630), increasing access to palliative care at hospitals (# 1062), promote positive living and self reliance for HIV/AIDS affected beneficiaries of urban nutrition support program (# 1061), HIV/TB at hospital level (# 5772), Regional PMTCT services- hospital level (# 5641), model center for maternal and family ART/care (# 1069), technical support for ART scale-up (# 5664).

In FY06 JHU introduced a basic palliative care approach to the 20 ART facilities it supports. This included initial assessment of the palliative care activities conducted at sites, development of site level training in cooperation with the national leadership, and supervision of palliative care activities. Training and supervision focused on identification of pain and discomfort among HIV patients, ensuring cotrimoxazole prophylaxis, TB screening and targeted elements of the preventive care package such as multivitamin provision, nutrition assessments and prevention for positives. The program was introduced to hospitals in Addis Ababa, SNNPR, Benshangul Gumuz, and Gambella (Operational Zone 3).

In FY07, JHU will support palliative care activities at 40 hospitals providing HIV/AIDS care and treatment, via a multi-disciplinary, family-focused approach to provision of the preventive care package for both adults and children. This approach will incorporate best practices for the health maintenance and prevention of opportunistic infections for PLWHA to slow disease progression and reduce morbidity and mortality.

JHU will assist hospitals in Operational Zone 3 to provide the preventive care package, complementing Global Fund, MOH, and other PEPFAR Ethiopia funded activities when possible. JHU will focus on provision of the preventive care package which for adults includes: active TB screening, cotrimoxazole prophylaxis, symptom management, micronutrient (multivitamin) and nutrition supplements and counseling, insecticide mosquito nets (linkage), positive living strategies, HIV counseling and testing of family members and contacts, and supporting safe water usage through the provision of safe water vessels at all JHU-supported hospitals. The preventive care package for children includes: prevention of serious illnesses like PCP, TB and malaria; prevention and treatment of diarrhea; nutrition and micronutrient supplement; and linkage to national childhood immunization programs. OVC will be prioritized for palliative care and linked to other OVC care programs to receive a continuum of care.

JHU will work closely with other university partners to ensure complementary of activities with, for example, UCSD on the implementation of national pain management guidelines. More details on the delivery of these aspects of the preventive care package are outlined below.

JHU support to facilities will be continued or expanded as follows: (1) strengthen the internal and external linkages required to identify HIV+ individuals and provide them with access to care (internal linkages include referrals to the HIV/AIDS/ART clinic from ANC, TB clinic, under-5 clinics, inpatient wards, OPD, and VCT, and external linkages include referrals to and from community-based resources providing counseling, adherence support, home-based care, and financial/livelihood and nutritional support; (2) provide on-site implementation assistance, including staff support, implementation of referral systems and forms, and support for monthly HIV/AIDS team meetings to enhance these linkages; (3) provide training on palliative care and the preventive care package to multi-disciplinary teams; (4) provide clinical mentoring and supervision to multi-disciplinary teams related to the care of PLWHA -- including those who do not qualify for or choose not to be on treatment -- in partnership with RHB in the respective regions; (5) continue to develop and distribute provider job aids and patient education materials related to palliative care and positive living ; (6) identify and sensitize community-based groups on palliative care and the importance of adherence to both care and treatment for PLWHA and the palliative care services available at facility-level; (7) improve nutrition assessment at health facilities; (8) promote intervention (pharmacologic/opioids and non-pharmacologic) to ease distressing pain or symptoms; (9) continue patient management after hospital discharge if pain or symptoms are chronic; and (10) link

patient with community resources after discharge.

JHU will ensure that all supported sites have reliable stocks of cotrimoxazole tablets and syrups, and will provide emergency supplies when absolutely necessary to ensure quality and continuity of care. Similarly, TB screening and isoniazid prophylaxis will be promoted and provided for HIV+ adults and children. (See also the activity section on TB/HIV activities.) Supportive supervision and the institution of standard operating procedures will improve the use of cotrimoxazole and INH prophylaxis. Attention will be given to the issue of HIV/malaria co-infection, and the routine provision of impregnated bednets, at minimum, to pregnant patients in HIV/AIDS and PMTCT programs in collaboration with Global Fund.

Health education and behavior change communication for HIV+ individuals will be provided by facility and lay staff, complementing Global Fund and other USG-funded activities. Health education, counseling, and support will encourage positive living to forestall disease progression, promote prevention among positives to prevent further HIV transmission, and strengthen adherence to both.

In FY07, JHU will take the lead among PEPFAR Ethiopia's US university partners in nutrition support activities of HIV/AIDS hospital programs. JHU will support or expand nutritional
activities to: (1) assist in development of guidelines for nutrition assessment; (2) improve dietary and nutrition assessment at the point of care; (3) improve nutrition counseling; (4) assess and address micronutrient supplement needs and examine and address therapeutic and supplemental feeding needs; (5) integrate therapeutic food-by-prescription with ART and PMTCT programs; (6) support therapeutic "feeding-by-prescription" of patients who qualify in at least 5 hospitals based upon criteria agreed upon by PEPFAR Ethiopia (e.g. all HIV+ pregnant women in PMTCT, HIV+ lactating women in their first six months postpartum, and malnourished PLWHA); (7) evaluate therapeutic and supplementary feeding programs with adaptation of WHO criteria for eligibility and exit criteria for programs; (8) support dietary assessment and supplementation of micronutrients to pregnant and lactating women and children; (9) assess and recommend effective ways to improve dietary intake in patients with weight loss due to appetite loss and inadequate intake; (10) integrate infant feeding counseling and maternal nutrition in PMTCT programs; (11) assess effect of ART in chronically malnourished populations; (12) develop capacity and skill of hospital staff in nutritional assessment; (13) examine the use of lay counselors such as PLWHA to assist with nutritional counseling so that clinic staff is not overburdened; and (14) share information regarding nutritional assessment guidelines and experiences gained through pilot implementation programs with the other university partners.

Continued Associated Activity Information

Activity ID:	5618
USG Agency:	HHS/National Institutes of Health
Prime Partner:	Johns Hopkins University Bloomberg School of Public Health
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 675,000.00

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	40	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	24,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	160	☐

Target Populations:

Adults
Country coordinating mechanisms
Family planning clients
HIV/AIDS-affected families
Infants
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Pregnant women
Children and youth (non-OVC)
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Public health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Wrap Arounds

Coverage Areas

Adis Abeba (Addis Ababa)

Southern Nations, Nationalities and Peoples

Binshangul Gumuz

Gambela Hizboch

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	10501
Planned Funds:	$ 333,000.00

Activity Narrative: Palliative Care

This is a continuing activity from FY06. This activity is programmatically linked to the following: access to home water treatment and basic hygiene counseling (# 6630), promote positive living and self reliance for HIV/AIDS affected beneficiaries of urban nutritional support program (# 1061), HIV/TB at hospital level (# 5751), regional PMTCT implementation support – hospital level (Amhara, Tigray and Afar # 5639), Technical support for ART scale up (# 5658).

In FY06, I-TECH introduced a basic palliative care approach to the 31 ART facilities it supports. This included initial assessment of the palliative care mechanisms at site, development of training in collaboration with the national lead, and supervision of palliative care activities. Training and supervision focused on identifying pain and discomfort among patients, and ensuring cotrimoxazole prophylaxis, TB screening and targeted elements of the preventive care package such as multivitamin use, nutritional assessments and prevention for positives. This program was introduced to hospitals in Amhara, Tigray and Afar regions (Operational Zone 1).

In FY07, I-TECH will support palliative care activities at 35 hospitals providing HIV/AIDS care and treatment via a multi-disciplinary, family-focused approach to provision of the preventive care package for both adults and children. It will incorporate best practices for the prevention of OI in PLWHA, to slow disease progression, and reduce morbidity and mortality.

I-TECH will assist 32 hospitals in Operational Zone 1 to provide the preventive care package, complementing Global Fund, MOH, and other PEPFAR Ethiopia activities when possible. I-TECH will focus on provision of the preventive care package, which for adults includes: active TB screening, cotrimoxazole prophylaxis, symptom management, micronutrient (multivitamin) and nutrition supplement and counseling, insecticide coated mosquito nets, positive living strategies, HIV counseling and testing of family members and contacts, and improving safe water usage through provision of safe water vessels at all I-TECH supported hospitals. The preventive care package for children includes: prevention of serious illnesses like PCP, TB and malaria; prevention and treatment of diarrhea; provision of nutrition and micronutrient supplements; and referral to national childhood immunization programs. OVC will be prioritized for palliative care and linked to other OVC care programs to receive a continuum of care.

I-TECH will work closely with other university partners to ensure complementary of activities, with UCSD, for example, on implementation of national pain management guidelines. More details on the delivery of these aspects of the preventive care package are outlined below.

I-TECH support to facilities will be continued or expanded as follows: (1) strengthen the internal and external linkages required to identify HIV+ individuals and provide them with access to care (internal linkages include referrals to the HIV/AIDS/ART clinic from ANC, TB clinic, under-5 clinics, inpatient wards, OPD, and VCT, and external linkages include referrals to and from community-based resources providing counseling, adherence support, home-based care, and financial/livelihood and nutritional support; (2) provide on-site implementation assistance, including staff support, implementation of referral systems and forms, and support for monthly HIV/AIDS team meetings to enhance these linkages; (3) provide training on palliative care and the preventive care package to multi-disciplinary teams; (4) provide clinical mentoring and supervision to multi-disciplinary teams related to the care of PLWHA -- including those who do not qualify for or choose not to be on treatment -- in partnership with RHB in the respective regions; (5) continue to develop and distribute provider job aids and patient education materials related to palliative care and positive living ; (6) identify and sensitize community-based groups on palliative care and the importance of adherence to both care and treatment for PLWHA and the palliative care services available at the facility-level; (7) improve nutrition assessment at health facilities; (8) promote intervention (pharmacologic/opioids and non-pharmacologic) to ease distressing pain or symptoms; (9) continue patient management after hospital discharge if pain or symptoms are chronic; and (10) link patient with community resources after discharge.

I-TECH's activities will promote OI prophylaxis and treatment in accordance with the national guidelines. Appropriate use of cotrimoxazole prophylaxis (pCTX), an essential element of care for HIV+ adults and children, and for HIV-exposed infants, will be an important component of I-TECH's implementation activities, especially at those sites not yet providing ART. I-TECH will ensure that all supported sites have reliable stocks of cotrimoxazole tablets and syrups, and will provide emergency supplies when absolutely necessary to ensure quality and continuity of care. Similarly, TB screening and isoniazid prophylaxis will be promoted and provided for HIV+ adults and children. (See also the section on TB/HIV activities.) Supportive supervision and institution of standard operating procedures will improve the use of cotrimoxazole and INH prophylaxis. Attention will be given to the issue of HIV/malaria co-infection, and to routine provision of impregnated bednets, at minimum, to pregnant patients in HIV/AIDS and PMTCT programs in collaboration with Global Fund.

Health education and behavior change communication for HIV+ individuals will be provided by facility and lay staff, complementing Global Fund and other USG-funded activities. Patients will have access to nutrition counseling and multivitamins. With guidance from JHU, the university lead for hospital-level nutrition, "therapeutic feeding-by-prescription" of patients who qualify based upon criteria agreed with PEPFAR Ethiopia (e.g. HIV+ pregnant or breastfeeding women, HIV exposed or infected infants who are no longer breastfeeding, malnourished patients) will be provided in at least five hospitals. Clear criteria will be established for patient selection, and an exit strategy developed as part of all initiation of therapeutic feeding support. Health education, counseling, and support will encourage positive living to forestall disease progression, promote prevention among positives to prevent further transmission of HIV, and strengthen adherence to both.

I-TECH operational zones are endemic for Kala Azar, which poses significant challenges to the management of both diseases. Therefore, I-TECH will perform a situation analysis on the extent of Kala Azar infection among patients enrolled in HIV care and treatment, disseminating and using results to improve program strategies and clinical services.

Continued Associated Activity Information

Activity ID:	5767
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	University of Washington
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 400,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	32	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	24,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	160	☐

Target Populations:

Adults
Country coordinating mechanisms
Family planning clients
Doctors
Nurses
Pharmacists
Infants
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Pregnant women
Children and youth (non-OVC)
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Public health care workers
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Wrap Arounds

Coverage Areas

Afar

Amhara

Tigray

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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	10523
Planned Funds:	$ 1,677,539.00

Activity Narrative: This is a continuation of a COP06 activity that combines Title II and PEPFAR Ethiopia resources for nutritional support of PLWHA. The partner is on track according to the original targets and workplan. Funding has been increased based on the need to reach larger numbers of clinically malnourished and food insecure PLWHA graduating from the short term facility based food-by-prescription program with community-based food and nutrition and livelihood support.

This activity is closely linked to the CSC Palliative Care (5616); CSC TB/HIV (5749), PMTCT/Health Centers and Communities (5586)and ART Service Expansion at Health Center Level, JHU (5618), ITECH (5767), UCSD (5770)CU (5772) palliative care activities. This narrative is a combination of activities "Food Support for PLWHA" (5774) and "Promote Positive Living and Self Reliance for HIV/AIDS Affected Beneficiaries of WFP Urban Nutritional Support Program" (New-1061).

The activity will complement PEPFAR resources with 12,089 MT of nutritious food with value of $6.8 mil leveraged from Title II FFP resources. PEPFAR Ethiopia will support improved nutritional status and quality of life of PLWHA through nutrition assessment, counseling and education within community and home-based care services, linkages with hospital and health center based pre-ART, ART and PMTCT services, capacity development of local HIV/AIDS committees and town HAPCO, and IGA support. The food and related operational costs will be contributed by non-PEPFAR Ethiopia sources.

During FY07 WFP will scale up food and nutrition support for PLWHA in 14 urban areas including Dire Dawa; Adama, Shashemene, Mojo and Debre Zeit in Oromiya; Debre Birhan, Bahir Dar, Gondar and Dessie in Amhara; Awassa, Dilla and Soddo in SNNPR; and Mekele in Tigray. These are some of the most populous towns in Ethiopia with high rates of HIV/AIDS infection and urban poverty.

The beneficiaries of the project are PLWHA on HIV care and treatment with clinical signs of severe malnutrition, and HIV+ women and their infants in PMTCT programs. The project also provides nutritional support to OVC. According to the findings of two surveys conducted at the end of 2004 and 2005, WFP nutrition support for PLWHA has resulted in significant improvements in the nutritional status and quality of life of its beneficiaries.

This activity will be implemented through the govt and NGO partners in the implementation areas. Each town has a Coordination Committee composed of representatives of the town, HAPCO, health bureau, health service providers, NGO partners and PLWHA associations. Nutritional support is designed to build upon and complement existing care, support and treatment activities including home based care, ART, PMTCT and educational support for orphans.

Activities central to this project are: (1) training for partners and home-based care givers and beneficiaries in HIV/AIDS and nutrition; (2) Corn Soya Blend (CSB) preparation, (3) CSB demonstration reprint; the re-print and distribute of the Famix/CSB recipe book; (4) monitoring, evaluation and impact documentation; (5) strengthening of town coordination mechanisms; (6) increasing beneficiaries' access to nutrition information and HIV/AIDS related services (including ART and PMTCT); (7) integration with selected preventive care activities including safe water and hygiene, and nutrition counseling; and (8) referral linkages with other HIV/AIDS prevention, care and treatment services.

PEPFAR will provide food assistance to 1,000 HIV+ 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 from 6-24 months; 5,000 food insecure PLWHA linked with HIV/AIDS prevention, care and treatment services and with BMI<18.5; and 26,513 HIV/AIDS orphans attending primary schools by linking with Title II resources. In addition, 1,200 community care volunteers will be provided with monetary and other incentives.

This activity will be aligned with all ART hospitals and network health centers in 14 major urban areas and with other PEPFAR partners to integrate nutrition assessment of PLWHA in pre-ART, ART, PMTCT and postnatal care services. Standard referral formats will be used by facilities to refer malnourished PLWHA to community-based WFP food and nutrition outlets for a monthly ration, and counseling and training on the use of the food

supplement. Nutritional status will be assessed on a monthly basis to determine a discharge time from the program.

For pregnant women and nursing mothers accessing PMTCT services, food aid is expected to provide a food supplement to meet additional nutritional requirements of pregnancy and lactation, support and facilitate feeding for infants during the period of higher nutritional risk and infection (6 - 24 months), provide an incentive for mothers to attend ANC regularly and utilize PMTCT services and follow AFASS breast feeding, and act as a resource transfer to alleviate socioeconomic stress on affected households. For end- of-life clients and ART patients in food insecure households, food will provide 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 affected households to allow them to spend more on other essential needs such as medical and school expenses.

IGA support for food insecure PLWHA is the top priority for the GOE. This activity contributes to host country efforts to improve self reliance of PLWHA and the quality of life for food insecure, unemployed PLWHA who will eventually graduate from WFP food support. Most PLWHA beneficiaries of food and nutrition support in the 14 urban areas do not have or have lost their savings, livelihoods and employment and do not have access to the government's food security program, which targets the rural population. This situation, together with increased healthcare costs, increases the vulnerability of PLWHA after discharge from food and nutrition support. Most PLWHA have no wish to be dependent on others for their survival. There are already encouraging experiences whereby some IGA participants have set up viable economic ventures. It is important that physical recovery be linked directly to economic security. IGA will, moreover, help promote a positive image of PLWHA as productive members of society by giving them realistic opportunities to develop viable livelihoods.

The initiation of IGA will significantly contribute to improving beneficiaries' overall welfare. WFP and partners will consult on the dev't of the actual content of IGA. Training will be offered in life skills and business management, and will be the first step to ensuring that beneficiaries are able to realize sustainable IGA. With PEPFAR support, the needed training materials will be produced and distributed to beneficiaries, who will develop their IGA proposal during training when it will be assessed for economic viability. Once an IGA is approved by WFP and implementing partners, seed money will be provided to beneficiaries.

This activity will support 7,000 PLWHA of which 70% will be female and assist an additional 110,000 beneficiaries, including OVC and household members of PLWHA.

The plus up is a stop gap measure to address Title II shortages, and will enable reg'l/local purchase of small amounts of food, in addition to admin support for food transportation, distribution, capacity building and other program activities. This will enable the program to continue through Dec 2007. Approx $5.5 million is needed to cover the food shortfalls for the remainder of this year. ($2.6M is transportation/handling costs.) This funding would offset this amount, maximizing the amount of food contributed through FFP, and would benefit 111,000 people for a six month period.

Continued Associated Activity Information

Activity ID:	5774
USG Agency:	U.S. Agency for International Development
Prime Partner:	World Food Program
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 350,000.00

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

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	14	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	111,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,000	☐

Target Populations:

Community-based organizations
Most at risk populations
National AIDS control program staff
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

Wrap Arounds

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Private Sector Program
Prime Partner:	ABT Associates
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	10544
Planned Funds:	$ 2,277,000.00

Activity Narrative: Access to Home Water Treatment (HWT) and Basic Hygiene Counseling

This is a continuing activity from FY06 that received supplemental funding. The supplemental funding was recently obligated to the partner, which will soon initiate implementation. Funding has been augmented to increase safe water access for ART, pre-ART and PMTCT clients.

This activity is will be implemented in close coordination with the Care and Support Contract Palliative Care (5616); Care and Support Contract TB/HIV (5749), PMTCT/Health Centers and Communities (5586) and ART Service Expansion at Health Center Level, WFP-Food and Nutrition support and Promotion Positive Living and Self-Reliance (5774); HRCI (5600), JHU (5618), ITECH (5767), UCSD (5770), CU (5772) palliative care activities.

People living in resource-poor settings often have limited access to safe water and basic methods of hygiene and sanitation. The situation in Ethiopia is no different as only 35.9% of the population has access to a safe and adequate water supply, and only 29% has access to excretal disposal facilities. The government is currently addressing this issue through the health extension program where HEW and health promoters educate, mobilize, and support communities in constructing safe excreta disposals and teaching about safe water storage (an activity supported by USAID with non-PEPFAR funds).

PEPFAR Ethiopia will build on the government's safe water initiative to improve safe water access among PLWHA. This is important as there is ample evidence that simple safe water interventions radically improve the quality of life for PLWHA. For instance, a study of HIV+ persons and their families in Uganda showed that use of a simple, home-based safe water system reduced incidence of diarrhea episodes by 25%, and the cost was less than $5 per family per year.

This activity strongly supports a safe water program as an element of the preventive care package for PLWHA in adherence to OGAC guidance. This activity will work closely with PEPFAR Ethiopia partners operating at hospitals and health centers to build on their safe water efforts and strengthen their links with community-based initiatives and safe water outlets.

Thirty hospitals and ninety health centers providing ART, PMTCT and HIV/AIDS care services and their surrounding community networks will be targeted, with particular attention to high prevalence areas with poor water and sanitation services. It will include: distribution of a locally-produced point-of-use water treatment, WuhaAgar, which is a diluted sodium hypochlorite approved by Ethiopian authorities, at VCT, ART, PMTCT and postnatal clinics; inclusion of a voucher entitling HIV/AIDS-affected clients to receive free bottled water disinfectant at a nearby commercial outlet to avoid travel to the health facility just for the sake of getting WuhaAgar; training of health providers at hospitals and health centers on hygiene and safe water counseling; consistent supply of WuhaAgar to the facility-based service outlets; sensitization of commercial providers to the voucher approach; monitoring of the voucher program at commercial outlets primarily through stock monitoring; support of existing community-based education on hygiene and safe water by the health extension workers and community health promoters; assessment and revision of existing teaching materials; and the design of new IE/BCC resources for patient education at facilities and by community health extension workers and health promoters on personal hygiene, safe water storage, and home water treatment, including how to use WuhaAgar.

Abt Associates will coordinate with the MOH/HAPCO, Health Education Center, ARC, the USAID-supported ESHE project, and other relevant PEPFAR Ethiopia partners on designing the IEC materials.

Abt Associates will spearhead the social marketing of WuhaAgar through commercial market outlets in urban and peri-urban areas. It will work in partnership with other PEPFAR partners, including the US universities, CSC, IntraHealth, FHI, SCUSA, IOCC, WFP and SCMS, to distribute WuhaAgar to community and facility outlets providing HIV/AIDS care, treatment and PMTCT services.

Abt Associates will also ensure equity of availability for the product. Those not yet

benefiting from PEPFAR Ethiopia programs or not yet aware of their status will have access to the products at affordable prices in local markets.

Please note that PEPFAR Ethiopia will not fund Abt Associates social marketing activities except to cover the cost of WuhaAgar utilized by PLWHA at health facilities or at commercial outlets through the voucher system.

This market-assisted approach will support sustainability, increase availability of the product through commercial outlets and reduce possible stigmatization of purchasers. Moreover, Abt Associates will partner with other USG partners, including the Millennium Water Alliance, to work on safe water and health promotion to maximize impact of this particular intervention. The Point of Use Safe Water product, WuhaAgar, is approved by Ethiopian authorities.

PLUS UP: The project will produce and distribute packages of essential preventive care elements to pre-ART and ART clients through facility and community-based care programs. Distribution will be supplemented by the training and deployment of approximately 800 women living with HIV to counsel on using the prevention products and to sell items such as affordable home water treatment in the community to their peers living with HIV as well as the general community. This will create income generating activities for women living with HIV. Implementation will be as per national guidelines, will attempt to leverage existing MoH malaria and TB programs and will test various implementation models of delivery for cost and efficiency metrics.
The Preventive Care Package includes a range of services and items to reduce morbidity such as TB, diarrhoea and malaria referral; home water treatment and locally available safe water storage vessels; oral rehydration salts; basic hygiene products including soap, bleach and antiseptic; multivitamins; antihelminthics; long-lasting insecticide treated nets (as required); and condoms for use by sexually active beneficiaries.
The package will include behavioral change and IEC elements meeting low-literacy levels regarding products described above in simple, pictorial form, as well as information and referral advice on co-trimoxazole prophylaxis, family planning methods to prevent unwanted pregnancy among women living with HIV, leaflets about STI treatment, referral for counseling and testing among family members over 18 months to know their HIV status, and referral of HIV+ clients for TB screening.
Packages will be delivered through selected health networks, including community based care, hospitals and health clinics across Ethiopia. Staff at community organizations or clinic sites will receive training to provide counseling on the use of the package products. Community services and clinics will be provided with BCC materials to facilitate displays that promote water purification, nutrition, adherence and hygiene.
The package's effectiveness will be evaluated through three complementary methods: CDC/Ethiopia will work closely with CDC-Atlanta and a local public health institution to conduct a comprehensive evaluation of the BCP. PSI will conduct regular mapping surveys to track availability of retail elements of the package, and map these to measure proximity to ART clinics, and to networks of community agents that have been trained. Finally, PSI will conduct annual tracking surveys at the general population level to monitor the community's opportunities, ability and motivation to use water purification products and insecticide treated nets.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
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
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	120	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	40,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	500	☐

Target Populations:

Business community/private sector
HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Public health care workers
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

Increasing women's access to income and productive resources

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Addis Ababa Regional HIV/AIDS Prevention and Control Office
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10549
Planned Funds: $ 534,400.00
Activity Narrative: Increasing access to palliative care at Hospitals

This is a new activity for FY07. It is linked to the following activities: access to home water treatment and basic hygiene counseling (# 6630), promote positive living and self reliance for HIV/AIDS affected beneficiaries of urban nutritional support program (# 1061), palliative care (# 5618), care and support for PLWHA (# 5734). In FY07, AAHAPCO, as prime partner, will subcontract Organization for Social Services for AIDS (OSSA) to implement and expand HIV/AIDS palliative care program at hospitals in collaboration with US university partners.

HIV infection leads to chronic and recurrent illness that necessitates long-term care and support for patients, their families and other caregivers. Expanded counseling and testing services will identify more HIV+ persons who require care, treatment and support services within facilities and in the community; such services will improve the quality of life of patients and their families.

OSSA is an indigenous organization founded in 1989 by the MOH and major faith-based organizations. OSSA was developed in response to the AIDS epidemic to provide community care and support. Currently, OSSA operates in fourteen towns in seven regions. OSSA provides VCT services in nine free standing sites and one mobile unit, a hotline service in five towns, care and support for PLWHA and orphans in 11 towns, IGA for PLWHA and AIDS orphans in nine towns and a community awareness program using Anti-AIDS clubs. By 2005, OSSA provided VCT services to 22,473 clients (HIV prevalence 10.9%), care and support services to 2,982 PLWHA, and referred 578 AIDS patients to hospitals to access free ART.

OSSA, with PEPAFR Ethiopia support, established a model free standing VCT site, a mobile unit and a home based VCT program in Addis Ababa. People who test positive face difficulties because of the inadequate range of comprehensive care and support packages. OSSA has many years of local experience and the capacity to provide care and support for PLWHA. All hospitals providing ART have limited resources to address the full package of comprehensive care services for PLWHA.

In collaboration with PEPFAR Ethiopia, OSSA will: (1) support 70% of ART hospitals by providing adherence counseling, psychological support and education on basic care, nutrition and the preventive care package; (2) assist critically ill patients to access different services within the hospital and link patients with home-based care run by OSSA at discharge;
(3) establish patient peer support groups in the hospitals to support adherence to care and treatment; (4) distribute patient education materials and translate some into local languages;
(5) link all patients needing community care service to OSSA's care and support program through which it will provide counseling, basic nursing, hygiene, and will support patient access to safe water, nutrition, and HBC services; (6) assist HIV/AIDS patients to disclose test results to sexual partners and family members and encourage HIV testing for couples and families; (7) provide preventive and supportive post-test services for concordant HIV+ and discordant couples; (8) provide care for terminally-ill patients at their home and support family members to prepare for loss; (9) provide support to family members (including orphans) to maintain their living through IGA; (10) recruit and train community care providers to provide care and support services at hospitals; and (11) work closely with major religious organizations that provide care & support for HIV/AIDS patients to reduce stigma.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	14	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	20,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	450	☐

Target Populations:

Adults
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Doctors
Nurses
HIV/AIDS-affected families
Infants
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
Volunteers
Children and youth (non-OVC)
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Religious leaders
Other Health Care Worker
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Volunteers

Wrap Arounds

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Academy for Educational Development/FANTA
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10571
Planned Funds: $ 200,000.00
Activity Narrative: Technical Assistance on Nutrition Assessment and Counseling

This is a new activity for FY07. It links to ART Service Expansion at Health Center Level; Care and Support Contract Palliative Care (5616); Care and Support Contract TB/HIV (5749), PMTCT/Health Centers and Communities (5586)and, ITECH technical support for ART scale up (5658); JHU Technical Support for ART Scale-up (5664); CU Technical Support for ART Scale-up (5661) and UCSD military ART support (5666) services.

While the need to address food and nutrition support is great across PEPFAR Ethiopia's programs, a most immediate need is to strengthen nutrition assessment, counseling and support within clinical HIV/AIDS services. COP07 activities will strengthen nutrition support for PLWHA, including HIV+ pregnant and lactating women in PMTCT programs and OVC. In particular, these activities will strengthen the integration of nutrition assessment, counseling and support within clinical care and treatment services (hospital and health center levels), while linking patients to food security and livelihood assistance at the community level. The Academy of Educational Development Food and Nutrition Technical Assistance Project (FANTA) has assisted many countries in Sub-Sahara Africa to formulate policies and technical guidance for HIV/AIDS and nutrition, develop appropriate training curricula and job aids for nutrition support, and establish programs to address directly the nutritional needs of those most vulnerable.

Drawing heavily on this experience and using/adapting materials from other countries, FANTA will provide support to PEPFAR Ethiopia to (1) strengthen and finalize the National Guidelines on HIV/AIDS and Nutrition with local stakeholders; (2) assist in developing plans and participate in a visit by representatives of PEPFAR Ethiopia, MOH/HAPCO, and implementing partners to Nairobi to observe the PEPFAR Kenya-supported Food-by-Prescription (FBP) Program at hospitals and other ART sites and the InstaProducts Ltd. supplementary food production site; (3) provide technical input to PEPFAR Ethiopia for development of specifications for local procurement of appropriate therapeutic and supplementary food(s) for clinically malnourished PLWHA patients, pregnant/lactating women in PMTCT programs, and infants of HIV+ women from early weaning (~6 mo) to 2 years of age; (4) provide technical assistance to PEPFAR Ethiopia partners to support systems for food distribution to clinic sites, inventory control, provision to patients, and record keeping based on the experiences of other programs in the region; (5) work with the university partners responsible for hospital sites, IntraHealth, and CSC responsible for health center sites to establish training and QA approaches to integrate and strengthen nutrition assessment and counseling within all PEPFAR ETHIOPIA-supported sites (including PMTCT); (6) assist the same partners to establish guidelines and protocols for the introduction of food assistance for clinically malnourished PLWHA, PMTCT women and OVC in 20 hospitals and 25 health centers; (7) provide technical assistance to PEPFAR Ethiopia and partners about provision of appropriate daily multi-micronutrient supplements for adult PLWHA, PMTCT pregnant/lactating women and OVC whose diets are inadequate to meet basic vitamin/mineral requirements; and (8) work with SI advisors to develop plans for monitoring and public health evaluation of the nutrition support activities.

Finally, FANTA will share current scientific knowledge and program experience from other countries with PEPFAR Ethiopia and its implementing partners, particularly with regard to linking clinical nutrition support with food security and livelihood assistance, including wraparounds with food aid and MCH/nutrition programming, to address the longer-term food and nutrition needs of PLWHA and their families.

Emphasis Areas	% Of Effort
Policy and Guidelines	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

National AIDS control program staff

Public health care workers

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	United Nations High Commissioner for Refugees
USG Agency:	Department of State / Population, Refugees, and Migration
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	10572
Planned Funds:	$ 100,000.00

Activity Narrative: This is a new activity.

This proposal comprises the follow-on phase of a project intended to provide prevention and care services to refugees living in the Bonga, Dimma and Fugnido refugee camps, located in Gambella region, and Kebribeyah camp in Somali region. Services will be provided to all camp residents as well as the surrounding local host community.

The activity is programmatically linked to "HIV Prevention Services for Refugees and Host Populations in Ethiopia" (5739), "Condoms and Other HIV Prevention Services for Refugees and Host Populations in Ethiopia" (5786), "Voluntary Counseling and Testing Services for Refugees and Host Populations in Ethiopia" (5657), "Assistance to Orphans and Vulnerable Children in Six Refugee Camps in Ethiopia" (1049), and "Universal Precautions and Post Exposure Prophylaxis in Six Refugee Camps" (1022).

This proposal was developed in consultation with the Government of Ethiopia Agency for Refugee and Returnee Affairs (ARRA). Representatives from UNHCR and ARRA, along with staff from implementing agencies such as IRC spent the first half of 2006 conducting a gap analysis of HIV/AIDS programming in Ethiopia's seven refugee camps. Stakeholders identified the most critical gaps, while emphasizing the need for a minimum package of basic services to be provided at each camp. It should be noted that the entire refugee population is considered inherently at risk, due to their transient nature, their vulnerability to sexual exploitation, and their lack of access to information.

Logistical challenges:. Implementing programs in these regions will require significant logistical and material inputs due to the often tenuous security situation in the camps. Intra- and inter- ethnic conflicts frequently erupt in the Gambella region, most notably with the ambush and murder of three ARRA officials in December 2003, just 10 miles outside Gambella. All trips to Dimma and Fugnido camps must be made with armed military escort, which adds considerable costs and logistical maneuverings simply to make routine visits. Although the security situation in Kebribeyah is not as bad as in Gambella, this region is historically under resourced and lies in an area that is under threat of violence due to its proximity to Somalia and the frequent conflicts between the Ethiopian military and local rebel factions.

Statement of Need and Proposed Activities. Not all PLWHA need anti-retroviral treatment. However, all do need basic health care and support. This should include routine monitoring of disease progression, prophylaxis and treatment of opportunistic infections and complications of immune suppression. In refugee settings in Ethiopia, though the magnitude of HIV/AIDS problems is high, there is no comprehensive palliative care program that addresses the needs of people living with the virus. This project aims to strengthen basic health care services in general and the diagnosis and treatment of OI in particular for people living with HIV/AIDS in four refugee camps in Ethiopia through capacity building, training of health workers and provision of essential drugs for prevention and treatment of OI. Linkages will be made between with existing PEPFAR partners who are operating in the region, including JHU which is working in the health centers. Trainings for health center staff will be provided, and the basic palliative care package will be provided to all clients who have tested positive for HIV.

The existing tuberculosis program is also strengthened by providing technical assistance to health workers to adhere to the national guideline for implementation. Home-based care for AIDS patients will be introduced by training and supporting care providers from the community. The following are specific activities to be undertaken with this project:
(1) Health workers will be trained on prophylaxis and management of OI, including tuberculosis.
(2) Essential drugs for the management of OI (apart from those for tuberculosis) will be provided.
(3) Health center staff will be trained in administering the basic palliative care package.
(4) Basic palliative care packages will be procured and distributed to all HIV+ clients.
5) Referral linkages will be strengthened for management of neurological diseases associated with HIV/AIDS.
(6) Symptom diagnosis and management of diseases associated with HIV/AIDS will be strengthened.
(7) Tuberculosis control program run by each health facility in the camps will be

strengthened by providing technical supports to health workers.

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

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	6	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	320	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	12	☐

Target Populations:

Adults
Community leaders
Disabled populations
Family planning clients
Refugees/internally displaced persons
Orphans and vulnerable children
People living with HIV/AIDS
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Partners/clients of CSW
Religious leaders
Nurses
Pharmacists
Traditional birth attendants
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Gambela Hizboch

Sumale (Somali)

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Family Health Int
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10574
Planned Funds: $ 2,090,000.00

Activity Narrative: Community-level Response to Palliative Care
This is a new activity for FY07 which links to Care and Support Contract Palliative Care (5616); Care and Support Contract- HCT (5654), Care and Support Contract TB/HIV (5749), ART Service Expansion at Health Center Level; JHU (5618), ITECH (5767), UCSD (5770) CU (5772) palliative care activities.

Recent analysis of the health network by PEPFAR Ethiopia indicates there are limited linkages to and use of community-based care services. There is a lack of operational non-governmental services providers in most health networks. Furthermore, a limited number of indigenous organizations provide psychological and social services. To address this situation, this activity will augment the network capacity at community level. This activity will strengthen PEPFAR Ethiopia supported health networks associated with 28 high prevalence urban areas. FHI will strengthen the health network by addressing the critical community component and maximizing opportunities for wraparounds.
An end of project evaluation indicated that PEPFAR Ethiopia supported FHI/IMPACT activity contributed substantially to the rapid increase of HIV services, including expansion of HIV CT services in 469 government and private facilities; establishment of TB/HIV and chronic care services at health center level; establishment of HCBC programs and mobilization of communities to engage in AIDS care and support, community-level ART and TB treatment adherence support; and development of multi-sectoral referral networks within and between community, health center and hospital services. While the facility-based services will be handled under the Care and Support Contract, FHI's community level role will continue in FY07 with special emphasis on increasing community ownership of HIV/AIDS services, strengthening and expanding PLWHA support groups and building capacity of indigenous organizations. FHI's international capacity and Ethiopia-specific experience in providing palliative care services at community level is a resource that can be used instrumentally for sustainability of PEPFAR Ethiopia programs.

During COP07, this activity will strengthen the health network by increasing the capacity of indigenous CBO and FBO. These organizations will strengthen home and community-based care programs to provide palliative and preventive care from the moment of diagnosis through end-of-life, and to enable widespread community-level engagement in advocacy, networking, caring for OVC and provision of quality integrated general palliative care services at all levels.

The activity will also strengthen the capacity of indigenous organizations to provide independently quality palliative care and preventive care packages. These services will include adherence to OI and ART, referral of household contacts for VCT, screening for TB, nutrition counseling, prevention for positives, stigma reduction, community planning and mobilization thorough the engagement of community-based volunteers, care for OVC, home and community-based care providers, PLWHA associations, idirs, youth groups, women's associations, religious leaders and the community at large.

A family-centered approach to palliative care will continue to be promoted, including care for adults and children. The family-centered approach is key to strengthening pediatric palliative care by referral of children and family members on home and community-based care for HIV counseling and testing and TB screening. This activity will work with volunteers and local kebele HIV/AIDS committees to identify and refer OVC who are family members of PLWHA on HBC care. This will involve promoting and facilitating access to reproductive health (RH) and family planning (FP) services for palliative care clients, and PMTCT counseling and support for PLWHA desiring children.

This activity will work with CBO, FBO, communities and HIV/AIDS Prevention and Control Offices to:
(1) Build capacity of community groups and indigenous organizations to mobilize resources for HCBC services.
(2) Establish and/or strengthen community HIV/AIDS committees on indigenous resource mobilization, CBO/FBO planning and management.
(3) Build the capacity of PLWHA associations in advocacy, media relations, resource mobilization and provision of palliative care services.
(4) Train community groups on effective ways to access services, consult with providers, and work with case managers to ensure quality care.
(5) Establish community-based palliative care support groups who will support their

members in treatment adherence, stigma mitigation, information exchange on utilization of preventive care services
(6) Train a pool of HBC palliative care master trainers to support CBO, FBO and communities.
(7) Distribute tailored communication tools to support palliative care efforts of the community-level partners described above.

This activity will involve limited provision of equipment, including bicycles and commodities, to facilitate linkage between HCBC services. It will collaborate with US Universities and the Care and Support Contract to ensure strong and functional multi-sectoral referral networks.
This activity will build capacity of community organizations within the health network to map existing services in their communities, develop service directories including contact info, regularly update the service directories, and share and utilize the service directories throughout the health network to ensure that palliative care clients receive services to meet their diverse needs. It will also build capacity of the community referral networks to develop and utilize user-friendly referral systems and tools to track referrals made and received and to match these per client.

All of this activity's palliative care support efforts will be underscored by gender equity and empowerment. This includes but is not limited to assessing and addressing barriers which limit access to general palliative care and support for women and girls with HIV/AIDS, and ensuring that both male and female volunteer care givers and community workers are engaged in palliative care efforts.

During FY07, this activity will support expansion of community and home based palliative care support services to 28 high prevalence urban and peri-urban communities within the health network through sub granting to local indigenous organizations. This activity will provide TA to strengthen the synergy and close collaboration with other partners, including US Universities, CSC, the WFP, IntraHealth, RPM+ and PSCMS, ABT, injection safety, reproductive health services, and re-service training. The activity will be focused on building capacity of the MOH, HAPCO, regional Health Bureaus (RHB), HCBC program managers, health extension workers and community groups including PLWHA groups to effectively manage implementation and quality assurance of integrated holistic general palliative care services at community level.

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	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	28	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	100,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	4,500	☐

Target Populations:

Community-based organizations
Faith-based organizations
Most at risk populations
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Public health care workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

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: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10577
Planned Funds: $ 70,000.00
Activity Narrative: Targeted evaluation to assess the IMAI training package

This activity is linked to: Care and Support Contract Palliative Care (5616); Care and Support Contract TB/HIV (5749), PMTCT/Health Centers and Communities (5586) and ART Service Expansion at Health Center Level, WFP- Food and Nutrition support and Promotion Positive Living and Self-Reliance (5774); HRCI (5600), JHU (5618), ITECH (5767), UCSD (5770), CU (5772) palliative care activities and IMAI integrated services training.

Ethiopia adapted the WHO/IMAI models and those utilized by the MOH and PEPFAR Ethiopia partners which operate to train clinical care teams at health centers.

Under this activity, PEPFAR Ethiopia will conduct a targeted evaluation to assess the effect of IMAI training on service quality at various levels in the health network. Existing and potential challenges in the implementation of IMAI will also be closely examined. The evaluation will assess IMAI methodology, training content and quality, at all levels of care. It will also look at how the WHO/IMAI model supports the nurse centered and newly-decentralized treatment centers.

The result of this assessment will inform PEPFAR Ethiopia of the value of IMAI training in HIV/AIDS care activities. It will also shed light on any necessary modifications or improvements in the training package to improve the quality of service provision for PLWHA.

Both quantitative and qualitative assessment methods will be employed. The qualitative techniques include exit interviews to assess client satisfaction, and use "mystery" clients' observations to evaluate the performance of health practitioners in accordance with the IMAI standards. Through key informant interviews the opinions and observations of key stakeholders will be gathered on IMAI implementation. The findings will help PEPFAR Ethiopia to make necessary improvements in the implementation of IMAI for HIV clinical care at health center and hospital levels.

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: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10580
Planned Funds: $ 264,000.00
Activity Narrative: This is a new activity in FY07. It links to access to home water treatment and basic hygiene counseling (# 6630) and basic palliative care programs of the US university partners (# 5618, # 5770, # 5772, and # 1057).

People living with HIV/AIDS should be offered a basic care package regardless of stage of HIV disease or eligibility for antiretroviral therapy. The use of safe water is one element of this basic package. Point of use safe water is one of the components of the preventive care package developed by PEPFAR Ethiopia.

A safe water supply has been shown to reduce diarrheal illness in children by 20%. Water treatment and safe storage at the point-of-use has been shown to reduce diarrhea prevalence by 25% and the number of days ill from diarrhea by 33% in PLWHA.

As part of the preventive care package, PEPFAR Ethiopia began supporting a safe water system project at hospital, health center and community level in FY06. The project targets persons visiting urban and peri-urban hospitals, and peri-urban and rural health centers within selected ART Health Networks.

This activity will support interagency technical assistance in the implementation, monitoring and evaluation of the safe water system project at all levels of the health care system. It will use CDC's prior experience in Uganda, Kenya, Nigeria and Botswana in implementing projects aimed at reducing diarrheal diseases and providing safe water through collaborations with organizations delivering care to PLWHA.

In addition to providing technical assistance as described above, CDC will also:
(1) Conduct a KAP survey related to water, sanitation, and health, including point-of-use water treatment
(2) Analyze monthly sales of WuhaAgar disinfectant data to look for trends and assess where to focus more intensive efforts
(3) Perform a distribution survey to assess commercial availability of WuhaAgar disinfectant
(4) Evaluate the safe water system program in Ethiopia by using a combination of these techniques to assess its impact

Emphasis Areas	% Of Effort
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Target Populations:

Community-based organizations
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Twinning

Wrap Arounds

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	PCI-USAID
Prime Partner:	Project Concern International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	10581
Planned Funds:	$ 0.00
Activity Narrative:	moved to tx services per program review

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	150	☐

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women
Public health care workers

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Amhara

Table 3.3.06: Activities by Funding Mechanism

Mechanism: pc
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10582
Planned Funds: $ 925,000.00

Activity Narrative: At the invitation of the government, Peace Corps will establish a program in Ethiopia and will recruit and field forty volunteers to begin service in HIV/AIDS work in FY07. These volunteers (30 funded by PEPFAR and 10 by Peace Corps) will collaborate with other USG partners to support the Government of Ethiopia strategy to create and strengthen a community and family-centered HIV/AIDS prevention, care and treatment network model in the Amhara and Oromia regions. Given their high population densities and relatively high HIV prevalence, these regions are considered priorities by the Government of Ethiopia and the USG. Peace Corps' OVC activities described below are related to its activities in the treatment area as all volunteers will be working and reporting in both areas.

In Ethiopia PEPFAR is supporting, among many programs, capacity building for hospitals, health centers and community organizations to provide adults and children with high quality prevention, care and treatment services. Several challenges mitigate the effectiveness of these organizations in serving new clients and providing continuing services to existing clients. These challenges include weak organizational systems; lack of trained health care personnel; and inadequate referral networks along the prevention, care and treatment continuum.

To help address these challenges and fill critical gaps related to the provision of core services to Ethiopia's growing orphan population, volunteers will be assigned to various levels of the continuum depending on community needs and the volunteers' qualifications. Potential volunteer assignments include PEPFAR supported Regional Health Bureaus, Woreda Health Offices, health facilities, kebeles and community-based organizations (such as AIDS Resource Centers) serving orphans and vulnerable children, particularly in rural areas. Volunteers reporting to different levels of this system may be clustered in groups of three to increase opportunities for strengthening linkages within the network of health facilities, other local service providers, and community members. All volunteers will be assigned counterparts, who may be Health Extension Workers, community volunteers, or case managers, among others, and will collaborate closely with PEPFAR-funded partners as well as other organizations in their catchment area that are not receiving PEPFAR funds.

Volunteers will assist with building and supporting the network of OVC service providers by helping to identify relevant information and communication channels to move case information effectively and confidentially so that clients are tracked through the service continuum. Development of this network will help facilitate referrals and follow up to ensure that children receive necessary services.

To promote the flow of information, volunteers will work with counterparts to train and coach health facility personnel in the development of information systems and in utilizing data for planning and decision-making about operations, programs and individual cases. At the community level vvolunteers and their counterparts will help strengthen or create committees that would be responsible for coordinating all OVC activities in a catchment area (e.g., kebele). They will also build capacity among family members and organizations serving OVC to advocate for orphans and vulnerable children, particularly the most vulnerable in their communities. .Emphasis will be placed on promoting linkages with other types of services needed by OVC such as child survival and family planning services. To ensure that information on available services is current; volunteers will assist partners in mapping exercises.

Each community has a unique constellation of HIV/AIDS services and providers which may benefit from volunteer collaboration. Additional community activities that volunteers are likely to support include:

Introduction and promotion of permaculture (low energy gardens) as a way to address food insecurity;
Training of peer educators in peer support for a variety of issues (AB, ABC, PMTCT, alcohol /chat use and HIV, mobile workers etc.) and target groups (girls, boys, young mothers, caregivers, discordant couples, OVC, etc.);
Promotion of positive living through a variety of entry points (PLWHA groups, OVC groups, schools, post test clubs, etc.);
Prevention for positives and prevention among discordant couple programs;
Life skills camps and workshops with students, out-of-school youth, peer educators,

mothers, and other groups;
Health literacy and HIV/AIDS teacher training in primary and secondary schools;
Girls' clubs and places where girls can be together safely; and
Promoting OVC attendance and success in school.

In all activities in which volunteers are engaged, they will strive to address issues related to gender sensitivy, stigma and discrimination and the active involvement of youth in the development and implementation of OVC programs.

All volunteers recruited in FY07 will receive PEPFAR-funded pre-service and in-service technical and language training. When possible, Peace Corps will tap the expertise of local PEPFAR-funded partners for training and will procure PEPFAR-funded materials. After pre-service training and upon arrival at their sites, volunteers and their counterparts will conduct needs assessments of their communties and work places. These assessments will benefit from existing data and will help define the types of specific activities on which volunteers will focus.

Peace Corps/Ethiopia will create and make available to all volunteers PEPFAR funds through the "VAST" (Volunteer Assistance Support and Training) Program for small community-initiated projects such as training. Volunteers will be ecouraged to apply for these funds with their counterparts and communities only when local resources are inadequate.

COP07 funds will be used to cover the costs of thirty volunteers for the entire two years of their service and local staff required to support and train all forty volunteers in country. Peace Corps will use its own funds to recruit and fund Country Director, Administrative Officer and Program Manager positions.

Volunteer recruitment will begin on approval of the FY07 COP. Peace Corps staff are expected to begin operations in-country in January 2007, including office set-up, consultation with Government of Ethiopia and the PEPFAR Team to finalize sites and develop site specific volunteer work assignments, and preparations for volunteer training and placement. The volunteers are expected to arrive in-country in July 2007 for 8-10 weeks of training, taking up their assignments in September 2007.

It is expected that development of community-based networks and training of service providers on systems and information management and use will increase the numbers of orphans and vulnerable children served by OVC programs. Peace Corps' targets for activities approved in the FY07 COP are low as volunteers will work less than six months at their sites during the FY07 COP period. Depending on their level of involvement, volunteers' contribution to the following indicators may be indirect.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	40	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	900	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	350	☐

Target Populations:

Community-based organizations
People living with HIV/AIDS
Host country government workers
Public health care workers

Key Legislative Issues

Gender

Volunteers

Stigma and discrimination

Wrap Arounds

Coverage Areas

Amhara

Oromiya

Table 3.3.06: Activities by Funding Mechanism

Mechanism: MSCI
Prime Partner: Medical Service Corporation International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10587
Planned Funds: $ 0.00
Activity Narrative: This is a new activity. Since 2003, SIM Ethiopia and the Presbyterian Church in America, through its agency Mission to the World (MTW), have partnered in an HIV/AIDS home-based care project in the Lideta area of Addis Ababa. Through an agreement with the Bureau of Labor and Social Affairs of the Addis Ababa city government more than 130 HIV-positive individuals and their families have been supported economically, medically and emotionally.

The activity is linked with current PEPFAR partners. For example, through SIM's pre-treatment counseling and adherence program with Black Lion Hospital they have contact with the Johns Hopkins University's Tsehai project that provides technical assistance to Black Lion Hospital. The project has linkages with the Care and Support Contract as well the Community-level counseling and testing service support in Ethiopia (New 1113). The project also works very closely with WHO, which trained SIM's ART AID counselors and Expert Patients that work at Black Lion Hospital. MSCI plans to work with SIM to engage them further with other PEPFAR Ethiopia faith-based and community-based partners. The Project also aims to expand and develop the network of community organizations in Addis Ababa that run the adherence programs.

The Project will work with the existing government health system to compliment and support their ART services with a program that connects government hospital patients receiving free care to a community organization within a larger faith-based network of organizations for adherence care. The adherence programs run by these faith-based organizations for beneficiaries include support group involvement and income-generating activities. All beneficiaries on ART meet weekly at the project office for an adherence support meeting. A lesson on some aspect of treatment is given, questions are answered and discussion is encouraged. Beneficiaries bring their medicines to the meeting and are helped with sorting out their drugs into a weekly pillbox the project provides. They have time to meet with a project staff person if they need help, are having side effects or need to be referred to the hospital or clinic. All beneficiaries on treatment are also given a digital watch with a twice a day alarm to help remind them to take their medicines. This activity will establish relationships with VCT centers and regularly refer people to these centers. It will explore the feasibility of implementing a mobile VCT program in the community using one of the partner testing centers. The activity will develop and implement strategies to increase the number of people being tested, particularly children.

One of the primary purposes of the support groups is health education and so AB education is integrated into these. As a faith-based organization SIM has a strong AB message that is reinforced in one-on-one counseling sessions with beneficiaries and through all other project activities and programs. About 80% of project beneficiaries are women and so emphasis is placed on counseling women to resist the pressure to be involved in commercial sex work or to seek out short term partnerships for financial support. The Project will explore additional strategies to support, encourage and protect this population.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	330	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	306	☐

Target Populations:

People living with HIV/AIDS

Key Legislative Issues

Gender

Coverage Areas

Adis Abeba (Addis Ababa)

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Management Sciences for Health
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	10647
Planned Funds:	$ 3,306,820.00

Activity Narrative: Care and Support Contract- Palliative Care (CSC-PC). [NB: This TBD activity was previously named, Building Ethiopia's Response for HIV/AIDS Network (BERHAN) Palliative Care].

This activity will provide integrated prevention, care and support services and is described in the program areas of Prevention AB (5760), Prevention OP (5791), Care and Support Contract- HCT (5654), Care and Support Contract TB/HIV(5749), Treatment services and linked to JHU (5618), ITECH (5767), UCSD (5770)CU (5772) palliative care activities. This is a follow on of FHI/IMPACT activity. Proposals for the follow-on project have been reviewed and a new project will be awarded in early FY07.
An end of project evaluation indicated that the IMPACT project contributed substantially to the rapid augmentation of HIV services. These included: expansion of HIV/ CT services in 469 government and private facilities; establishment of TB/HIV and chronic care services at health center level; establishment of HCBC programs and mobilization of communities to engage in AIDS care and support, community-level ART and TB treatment adherence support; and development of multi-sectoral referral networks at community level and between community, health center and hospital services. As of March 2006, IMPACT supported 469 counseling and testing sites, where 436,885 individuals were tested and received results. The activity also supported 198 TB/HIV sites in different parts of the country, and provided TB/HIV services to 26,447 patients.
Hospital-centered delivery of care and support services is near capacity. A recent assessment conducted by JHU indicates that hospital providers on average spend only seven minutes with each ART patient. In addition, the Government of Ethiopia has accelerated decentralization of care and treatment to health centers. To complement this strategy, PEPFAR Ethiopia will continue to expand the delivery of palliative services throughout the health network. The CSC-PC will continue to work in health centers and health posts, the facilities that deliver most preventive and curative services throughout Ethiopia. As part of the ART health network, CSC-PC will link with ART hospitals for referrals and work with clients and their families in the community.

During COP07, this activity will continue to support a massive scale-up of care and support services that began in COP06 in line with the MOH decentralization of HIV/AIDS care at health centers. Activities include implementation of enhanced palliative care services in 393 selected health centers nationwide. Health centers that are geographically and functionally linked to ART health networks will be included in this category.

At these selected health centers, PEPFAR Ethiopia will provide technical assistance to support asymptomatic and symptomatic care including: (1) developing and updating semi-annual HIV/AIDS prevention, care and service plans jointly with Woreda health offices, health center administrators and clinical care teams; (2) implementing personalized and family-focused care plans; (3) providing clinical care services based on Integrated Management of Adult and Adolescent Illnesses (IMAI) and treating opportunistic infections; (4) establishing, standardizing and/or strengthening chronic care clinics and clinical care teams including terms of reference for health providers, supportive supervision and cross-training opportunities; (5) working closely with Tulane University and other PEPFAR partners to achieve effective patient tracking and identification, and data measures to ensure that PLWHA receiving palliative care services at different levels will be reported only once; (6) delivering clinic-based elements of the Preventive Care Package including Long Lasting Insecticide Treated Nets (LLITN) in malaria endemic areas, Cotrimoxazole Preventive Therapy (CPT), prevention for positives, screening for active TB among HIV+ clients, and nutrition counseling in collaboration with the GFATM and World Bank; (7) educating on safe water and personal hygiene and linking to community-based safe water initiatives; (8) integrating nutrition assessment and monitoring in the health center based HIV care settings, and referring severely malnourished PLWHA to food-by-prescription and later to Title II food or livelihood support initiatives. (Food-by-prescription will be initiated at least 25 health centers providing ART services); (9) improving quality of laboratory services including complete blood count, acid fast bacilli microscopy, stool for ova and parasites, malaria smear, pregnancy test and serology for HIV and syphilis; and routine quality assurance and control of laboratory practices with CDC support; (10) implementing standardized paper records management including procurement in coordination with the US universities and RHB.

This activity will also strengthen pediatric palliative services by increasing detection of pediatric HIV cases through family centered, PMTCT,OVC, TB/HIV, adult palliative care

and home based care programs and improved pediatric diagnosis. In addition to provision of elements mentioned under the adult preventive care package, pediatric clients will receive regular nutrition and growth monitoring, safe infant feeding, therapeutic and supplementary feeding through facility level food by prescription in selected health centers, and referral to community-based WFP food and nutrition outlets. Moreover, infants and children will benefit from existing non-PEPFAR child survival interventions. While rapidly expanding palliative care services, this activity will ensure provision of quality services through use of standard guidelines.

This mechanism will continue to provide technical assistance to RHB, zonal and Woreda health offices to deploy case managers in 393 health centers providing enhanced palliative care. Support includes the cost of the case managers' training, deployment, supportive supervision, and salary.

The activity continues to support major elements of the health network model including case managers based at health centers. These key staff will continue to collaborate with Health Extension Workers, Community Health Agents, and Traditional Birth Attendants to support and link patients with community-based services. These include the promotion of adherence, referral to RH/FP and child survival services, delivery of elements of the preventive care package, and referrals to spiritual counseling.

These efforts will continue to promote effective referrals within health centers, to and from hospitals for specialized care, and to and from community and faith-based organizations. A data tracking system supporting case management will link hospitals, health centers and community services through Tulane University strategic information support.

To create additional linkages between the health network, communities and families, PEPFAR Ethiopia will continue to provide technical assistance to selected Kebele HIV/AIDS desks and health posts to deploy, at a minimum, five volunteer outreach workers supporting Health Extension Workers in their community outreach activities. The outreach workers will collaborate closely with existing community health promotion volunteers and reproductive health agents. In addition, CSC-PC will work closely with FHI's Community-level Responses to Palliative and preventive care activities to further strengthen local ownership and capacity development of indigenous partners. Finally, the CSC-PC works closely with PEPFAR Ethiopia university partners and WHO to provide clinical mentoring at health centers.

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, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	393	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	220,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	6,913	☐

Target Populations:

Doctors
Nurses
Traditional birth attendants
Most at risk populations
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Public health care workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

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: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 12293
Planned Funds: $ 200,000.00
Activity Narrative: PLUS UP FUNDING: This activity links to the Basic Care Package Provision Program. This supplemental fund will be used to conduct a systematic, quantitative program evaluation of implementation of the basic care package in Ethiopia. The goal is to determine the extent to which the package has been provided to persons enrolled in HIV care. It will entail working closely with CDC-Atlanta and the Ethiopian Public Health Association (EPHA) to design and conduct programmatic evaluation through a multi-stage scientific sampling process that will establish a study population representative of all patients enrolled in HIV care in Ethiopia. Trained study staff will interview patients, conduct chart reviews and make home visits to collect water
samples and observe usage of items in homes to establish the extent to which the basic care package is being used within the study population. The results will then be analyzed to project an overall implementation rate for each element of Ethiopia's basic care package. Such analysis will allow identification of factors associated with incomplete or with full implementation of the basic care package; furthermore it will identify gaps in the use of various commodities necessary for the basic care package, or inadequate facility-level promotion of use, and identify ways to improve program implementation. Finally, this project will build capacity for program evaluation within Ethiopian Public Health Association.

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

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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	12310
Planned Funds:	$ 1,000,000.00

Activity Narrative: PLUS UP: As of April 2007, approximately 130,000 HIV/AIDS care beneficiaries, including 60,000 ART clients, require broadened care and support activities to stabilize their household livelihoods to support their adherence to preventive care and treatment services. Observations during recent site visits (including that of the Core Team) indicate that broad expansion of the ART program has altered the characteristics and needs of beneficiaries receiving community-based care from palliative care to long-term chronic care and livelihood stabilization. Late presentation into the HIV/AIDS care and treatment program exacerbate individuals' poverty status as they shed personal or household assets and migrate to new towns because of ART service availability or stigma and discrimination.

Expansion of income generation activities for those in care and treatment is necessary to provide a continuum of care that graduates individuals to basic clinical management without other major support services as they become productive and healthy. Each beneficiary will receive time-limited support to establish income generating activities parallel with ongoing care and treatment services. Upon graduation the majority of beneficiaries will have a small sustainable income to support themselves.

PEPFAR Ethiopia proposes to contribute GHAI funds into a pre-existing mechanism funded through USAID/Ethiopia's Office of Business, Environment, Agriculture and Trade (BEAT) to expand income generation activities, specifically smallholder dairy production for HIV/AIDS care and treatment beneficiaries. PEPFAR Ethiopia will benefit from and leverage $5,000,000 of DA funding and technical expertise from the ongoing BEAT dairy development project to implement revenue generating activities for urban/peri-urban beneficiaries currently enrolled in the HIV/AIDS care and treatment program. The current BEAT agreement has provided some wraparound but is not able to expand significantly to meet requirements of PEPFAR's care program without additional funding. Furthermore, the partner will provide technical leadership for other PEPFAR partners working on community-based care on agricultural income generation activities.

"PEPFAR funding would leverage investments by BEAT within an existing mechanism to introduce or strengthen smallholder dairy production to urban/peri-urban persons currently enrolled in the HIV/AIDS care and treatment program in ART health networks.

Beneficiary selection will utilize existing community-based care structures within local government/Idirs and local non-governmental organizations. The program anticipates establishing smallholder dairy businesses, including dairy production (majority), fodder production, small scale processing, and milk marketing for 10,000 persons enrolled in care and treatment services. Current and additional technical staff would provide technical assistance for all aspects of the dairy operations, mentioned above, including micro-credit, for this target group."

Land O'Lakes, an international NGO, is currently implementing a market-driven, private sector led dairy program in Ethiopia focused on increasing productivity of smallholder dairy farmers (1-5 cows) to generate income in urban/peri-urban areas which overlap with several ART health networks containing thousands of ART beneficiaries. Such areas include but are not limited to Gonder, Bahir Dar, Debra Markos and Addis Ababa "milksheds". The program offers technical assistance in all areas necessary for successful smallholder dairy production and marketing: animal nutrition and fodder production, breeding and artificial insemination, animal housing, cooperative strengthening, health and hygiene, veterinarian care, milk marketing, small scale value-added production, business management.

"The program has significantly raised milk production and incomes of smallholder farmers. A smallholder dairy farmer with three improved cows, for example, can earn approximately $6-$15 per day from milk sales. The market for raw milk is strong because demand is higher than available supply. Since August 2005, the program has provided training and technical assistance to 25,627 beneficiaries.

Urban and peri-urban areas are within easy distance of milk collection and sales points. Peri-urban smallholders have the added advantage of land area for growing fodder. The high price of dairy livestock fodder is a constraint for urban smallholders without land for raising their own fodder. "

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

People living with HIV/AIDS

Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Oromiya

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: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 12311
Planned Funds: $ 500,000.00
Activity Narrative: Plus ups: As of April 2007, approximately 130,000 HIV/AIDS care beneficiaries, including 60,000 ART clients, require broadened care and support activities to stabilize their household livelihoods to support their adherence to preventive care and treatment services. Observations during recent site visits (including that of the Core Team) indicate that broad expansion of the ART program has altered the characteristics and needs of beneficiaries receiving community-based care from palliative care to long-term chronic care and livelihood stabilization. Late presentation into the HIV/AIDS care and treatment program exacerbate individuals' poverty status as they shed personal or household assets and migrate to new towns because of ART service availability or stigma and discrimination.
Expansion of income generation activities for those in care and treatment is necessary to provide a continuum of care that graduates individuals to basic clinical management without other major support services as they become productive and healthy. Each beneficiary will receive time-limited support to establish income generating activities parallel with ongoing care and treatment services. Upon graduation the majority of beneficiaries will have a small sustainable income to support themselves.
"PEPFAR Ethiopia proposes to contribute GHAI funds into a mechanism funded through USAID/Ethiopia's Office of Business, Environment, Agriculture and Trade (BEAT) to expand income generation activities specifically handicraft production and marketing for HIV/AIDS care and treatment beneficiaries. PEPFAR Ethiopia is expected to leverage $1,000,000 of DA and other partner funding as well as technical expertise from the BEAT Office to implement revenue generating activities for urban/peri-urban beneficiaries currently enrolled in the HIV/AIDS care and treatment program.

PEPFAR funding leverages investments by BEAT within a mechanism to introduce or strengthen handicraft production to urban/peri-urban persons currently enrolled in the HIV/AIDS care and treatment program in selected ART health networks. "

An international NGO (TBD) with specific expertise and experience in handicraft development and marketing will maintain a successful Market Link program to support entrepreneurial skills, product design, production, business skills and market development. BEAT's activity will focus on 1) development of market linkages for export to developed markets 2) providing technical trainings in product design and production and 3) organizing micro-producers to maximize economic efficiency. PEPFAR funds will cover the cost of HIV/AIDS care and treatment beneficiary inclusion for a time limited period in the program. Upon graduation beneficiaries will have a small sustainable income to support their adherence to care and treatment and to maintain a healthy, productive lifestyle to serve as a role model for their communities.
Beneficiary selection will utilize existing community-based care structures within local government/Idirs and local non-governmental organizations. Selected handicrafts such as leather products, weaving, basketry and ceramics will help beneficiaries in care and treatment receive a sustainable income. The activity will enable chronically poor beneficiaries to become micro producers; approximately 3,000 beneficiaries enrolled in HIV/AIDS care and treatment services will benefit.

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

People living with HIV/AIDS

Coverage Areas:

National

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: $ 7,965,000.00

Program Area Context:

According to the WHO Global TB Control Report issued in 2006, Ethiopia ranked 8th out of the top 22 High TB Burden Countries in terms of total number of TB cases notified in 2004, which was 123,127. The estimated incidence of all forms of TB and PTB+ was 353 and 154/100,000, respectively. The case detection rate of PTB+ cases was 36%, nearly half the global target of 70%. Cure rate for PTB+ cases on DOTS was 54% in 2004, falling short of the global target by 31%.

Information on the association between HIV and TB in Ethiopia is very limited. Various studies have been conducted showing a high level of TB/HIV co-infection rates. Recent findings conducted in Addis Ababa in 2000 showed a 45% HIV infection rate among new smear-positive TB patients. Additionally, data compiled from hospitals and health centers implementing TB/HIV collaborative activities show that the HIV infection rate among TB patients is in the range of 40% – 70%. Due to the limitation in the reporting system there is no proper information on the number of TB patients captured from ART clinics.

The TB/HIV activities at site level include 1) screening all HIV+ persons coming to different clinics (ART,PMTCT, STI, etc.) for tuberculosis, 2) provision of TB treatment for those diagnosed with tuberculosis, 3) Isoniazid Preventive Therapy (IPT) for those free from active TB, 4) screening all TB patients at the TB clinic for HIV with provider initiated counseling and testing (PIHCT), 5) provision of Cotrimoxazole Prophylactic Treatment (CPT) for TB/HIV patients, 6) establishing referral linkages to different service areas , and 6) monitoring and evaluation .

PEPFAR Ethiopia continues to collaborate with other donors. The WHO TB/HIV Project centrally-funded by PEPFAR Ethiopia is to be implemented in COP06 and COP07 in 48 hospitals and 84 health centers in six regions. This project works in TB clinics and its targets are: 1) providing CT services to 20,000 TB patients, 2) providing CPT for HIV+ TB patients and 3) providing ART for 5,000 eligible HIV+ TB patients. The coordination between US Universities, the Care and Support Contract (previously referred to as BERHAN) and WHO will be further strengthened in COP07. TB activities in Ethiopia are also supported by a Round 1 Global Fund grant. Key activities include procurement of anti-TB drugs, INH for preventive therapy, laboratory reagents and equipment, training, community-based DOTS and expansion of TB control to include the private sector. Other donors for TB and TB/HIV prevention and control in Ethiopia include UNAIDS, WHO (through regular funding), German Leprosy and TB Relief Agency (GLRA), Italian Cooperation, and the Royal Netherlands Embassy.

In COP06, the major activities conducted in TB/HIV at hospitals and health centers include:
1. Site assessments by USG Universities and FHI throughout the country;
2. Delivery of TB and TB/HIV guidelines, SOPs and resource materials to sites;
3. Development of a minimum package for implementation of TB/HIV activities;
4. Development of a checklist for TB/HIV activities at sites based upon minimum standards;
5. Strengthening TB screening and diagnosis in HIV patients;
6. Participation in national meetings dealing with technical issues like revising the Acid Fast Bacilli (AFB) microscopy manual, including improving the quality control/quality assurance system for AFB, and strengthening the laboratory network system;
7. Increase HIV testing and provider initiated counseling and testing services (PIHCT) in TB clinics;
8. Provision of CPT to all TB/HIV patients; establishing TB/HIV Demonstration Centers in strategically located sites; training of staff in collaboration with TB/Leprosy Control staff at federal and regional levels; situational analysis of pediatric TB/HIV in Ethiopia;
9. Targeted evaluation on pertinent TB/HIV related policy and technical issues;
10. Strategies devised whereby TB as a major OI serves as entry point to broader palliative care and preventive care package services;
11. Establishment of TB/HIV committees as a first critical step in initiating TB/HIV collaborative activities in 126 health centers;

12. Introduction of PIHCT and referral from DOTS clinics for HIV screening in the same health center and for ART related services to hospital at health centers where TB/HIV collaborative activities are officially implemented; and
13. Introduction of TB/HIV recording and reporting formats in all 126 health centers

At work places, 55 companies currently provide TB/HIV services, of which 20 are provided with consumables for AFB smear microcopy, anti-TB drugs, TB/HIV formats and registers from MOH through the PEPFAR Ethiopia funded Private Sector Partnership (PSP) Program. PSP is the lead agency working with MOH and other relevant partners in developing PPM-DOTS Implementation Guidelines and initiating PPM-DOTS services in private clinics in two regions. During COP 07, PSP will expand PPM-DOTS to 50 private higher clinics in urban areas to complement CT services.

The challenges in implementing TB/HIV collaborative activities in Ethiopia include, among others, insufficient coordination, poor implementation of TB/HIV guidelines largely as a result of human resource constraints and high turnover of trained and skilled staff, stigma and fear of disclosure, resistance to screening, lack of appropriate advocacy and communication materials, poorly organized monitoring and evaluation system, and improper recording and reporting system at some sites.

The Ethiopian Strategic Plan for intensifying multi-sectoral HIV/AIDS response issued by MOH/HAPCO in December 2004, clearly states that the prevention and management of OI, including TB is one of the major strategies to improve the quality of life of PLWHA. The third edition of the TB/Leprosy Control Guidelines issued in 2005, contains a chapter on the clinical and programmatic aspects of TB/HIV. The MOH has also issued the first edition of the TB/HIV Implementation Guidelines in 2005. USG agencies and implementing partners were actively involved in the development of these documents. PEPFAR Ethiopia is fully represented in the National TB/HIV Advisory Committee and Private-for-Profit (PPM) DOTS Technical Working Group.

PEPFAR Ethiopia was concerned about reaching the TB/HIV targets during FY06 as there were delays in having the national TB guideline finalized and disseminated as well as delays in the implementation of provider initiated counseling and testing. In FY07, intensive monitoring will be conducted to ensure that each partner is reaching its targets by the end of the reporting period.

During COP07, TB/HIV collaborative activities will be further consolidated in the hospitals and health centers delivering the service. There will be a scale up to include all the ART hospitals (131) and 500 health centers. PIHCT will be strengthened at all levels. Hospital level TB/HIV work will be coordinated with the health center level using the health network model. This will be supported by the four US Universities and USAID local partners. Resources will be leveraged with other initiatives, including the TB/HIV initiative, WHO TB/HIV support provided by PEPFAR. A total of 83,906 registered TB patients will be tested for HIV.

Program Area Target:

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	673
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	66,807
Number of HIV-infected clients given TB preventive therapy	13,685
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	3,472

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	Private Sector Program
Prime Partner:	ABT Associates
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	10375
Planned Funds:	$ 286,000.00

Activity Narrative: Private Sector Program

This activity is linked to Mobile and Private Sector Counseling and Testing Services (5718); Care and Support Contract TB/HIV (5749) Care and Support Contract Palliative Care (5616), Care and Support Contract counseling and testing (5654)community-level counseling and testing service support in Ethiopia; the High Risk Corridor Initiative (5719), and ART Service Expansion at Health Center Level.

This is a continuing activity from FY05 and FY06. To date, the partner received 100% of FY06 funds and is on track according to the original targets and workplan.

Building on COP06 activities, Abt Associates Private Sector Program (PSP)-Ethiopia will continue interventions in very large (1000+ employees) and large companies (500+ employees) in seven regions of Ethiopia to improve access to quality TB and TB/HIV activities for employees, dependants and surrounding communities. It will also initiate TB and TB/HIV services in selected private health facilities.

By September 2008, activities will be established in up to 75 workplaces and 35 private clinics to ensure the presence of or improved access to quality HIV and TB/HIV services including TB/HIV prevention, TB detection, active referral for TB diagnosis and DOTS therapy. This activity will also establish referral linkages with private and public health facilities including MOH and PEPFAR Ethiopia health network.

In COP07, this activity will educate the workforce, families and surrounding community about basic TB facts and prevention and its correlation with HIV. Access to TB/HIV services will be extended to more workplaces and private clinics.

This activity will continue to strengthen the capacity of workplace and private clinics by providing essential commodities and in-service training for clinical and non-clinical staff, including building strong referral linkages to CT and other services. Efforts to establish readiness will enable facilities to provide quality services for employees, dependants and the surrounding community. Activities to expand PPM- DOTS referral will be continued. Efforts will be made to support the MOH in establishment of sustainable financing mechanisms in collaboration with the Medical Association of Physicians in Private Practice. To achieve maximum TB and HIV detection, outreach activities will continue to extend to employees, dependants and members of the adjacent community. The activity will also provide technical support to selected workplaces to determine cost/benefit of TB/HIV services in collaboration with the Association of the Ethiopian Insurers (i.e. solidarity funds or insurance). PEPFAR Ethiopia will use the recommendations from the OGAC private sector TA to further strengthen public private sector partnership in the design and delivery of TB/HIV services.

Based on the above, of an estimated 3,125 TB patients expected to be diagnosed at the 75 work places and 50 private clinics in FY07, 80% will receive HIV counseling and testing over one year period. Additionally, of the estimated 1,500 HIV+ clients expected to receive palliative care services at the 75 workplaces and 50 private clinics, 50% will receive routine TB screening at least once. Screening will be based on sign/symptom review and AFB smear microscopy for patients with a history of productive cough of more than two weeks.

This activity will develop approaches to meet the needs of workplaces and private clinics concerning HIV and TB support services, including prophylaxis therapy, PMTCT, ART, VCT and TB/DOTS. TB Champions (.employees who volunteer to be DOT supporters to and/or CPT or IPT intake) of colleagues, community or family members will be promoted in each workplace. This will be achieved through a cost share arrangement with the business sector.

This activity will leverage peer education activities in HIV prevention to improve workplace, family and community outreach knowledge of TB and HIV. Additionally, private companies are now covering the cost of elements of the preventive care package in workplaces to employees and families living with HIV.

Continued Associated Activity Information

Activity ID: 5604
USG Agency: U.S. Agency for International Development
Prime Partner: ABT Associates
Mechanism: Abt Private Sector Partnership
Funding Source: GHAI
Planned Funds: $ 250,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of TB patients who are tested for HIV among the registered TB patients	2,500	☐
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	75	☐
Number of HIV-infected clients given TB preventive therapy	0	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,125	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	225	☐

Target Populations:

Business community/private sector
Factory workers
HIV/AIDS-affected families
Truck drivers
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:	N/A
Prime Partner:	Management Sciences for Health
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	10400
Planned Funds:	$ 1,374,000.00

Activity Narrative: Care and Support Contract (CSC) (TB/HIV)

This activity is linked to Care and Support Contract TB/HIV (5749) Care and Support Contract Palliative Care (5616), Care and Support Contract counseling and testing (5654), and ART Service Expansion at Health Center.

This is a continuing activity from FY05 and FY06 currently being run by Family Health International. As of March 2006, FHI IMPACT established 198 TB/HIV sites in different parts of the country and provided TB/HIV services to 26,447 patients. To date, the partner has received 100% of FY06 funds and is on track according to the original targets and workplan.

Forty to 60 percent of TB patients are co-infected with HIV. Health center and community outreach activities are major venues for case detection, diagnosis, care and treatment in Ethiopia where TB/HIV services are highly decentralized. The government policy of decentralization demands that all health centers serve as providers of TB diagnosis and treatment,

This activity will continue to strengthen health centers and health posts, the facilities that deliver most preventive and curative health services throughout Ethiopia. As part of the ART health network, (CSC-TB/HIV) will link with network hospitals for referrals and work with clients and their families in the community. It is anticipated that health centers continue receiving TB referrals from hospitals. Complex TB cases will be referred to hospitals. By September 2008, CSC-TB/HIV will be established in 500 health centers linked to the 131 ART hospitals. Many of these sites overlap with existing additional CT services including the preventive care package and ARV.

The CSC-TB/HIV approach conforms with the PEPFAR Ethiopia Five-Year Strategy of building up the public health sector and of promoting a set of TB/HIV interventions appropriate to specific partners in the ART health network.

During COP06, much experience has been gained from health center based TB/HIV activities. Family Health International's support to decrease the burden of TB in PLWHA continues to be achieved through TB screening, in health centers, HIV clinical, home, and community-based care settings. HIV counseling and testing has been decreasing the HIV burden in tuberculosis patients. CPT was provided by FHI and the Global Fund for PLWHA TB patients, and the patient referral system was improved.

Gaps still exist: integration between CT and TB services requires continued support. Important lessons learned include: (1) the need to strengthen patient referral systems, (2) the need for a case manager for HIV+ 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 center and community levels.

In COP07, CSC-TB/HIV will continue to coordinate with RHB and USG partners including the World Health Organization 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 interventions are a key component of the preventive care package. Health centers provide TB diagnosis and treatment through the DOTS strategy and VCT services. In COP07, the TB clinics will conduct the following (1) all TB patients will be given provider initiated counseling and testing (opt-out), (2) co-infected patients will receive ongoing counseling along with their TB drugs, (3) after the intensive phase of TB treatment, patients will be referred formally to the ART treatment center for ARV evaluation (4) co-infected patients will be provided with the preventive care package at the health center and community levels, (5) VCT clients will receive TB screening and formal referral to the TB clinic for diagnosis and treatment if necessary. The issue of provision of IPT at health center level needs further consultation. Its feasibility can be assessed in selected number of health facilities to guide future policy decisions.

In COP07, CSC-TB/HIV will support 500 health centers to diagnose and treat 60,000 TB patients of which, 34,000 (57%) will receive HIV counseling and testing. Of the 220,000 HIV+ clients expected to receive palliative care services at health centers, 100,000 (45%) will receive routine TB screening at least once. Screening is based on sign/symptom review and AFB smear microscopy for patients with a history of productive cough of more than two weeks.

The results of TB screening among HIV+ clients receiving palliative care will be recorded in the pre-ART and ART registers at health centers. Program performance will be monitored every quarter, under leadership of the Woreda Health Office and RHB. Supportive supervision will be provided by the RHB staff and experts from implementing partners. National and Regional TB/HIV Review Meetings will be held on regular basis.

Increasing case detection by providers at health center and within the community, specifically family-oriented case detection, is critical. Social mobilization activities will be supported through outreach workers who will establish relationships at health posts with Health Extension Workers (HEW). They will provide community groups and households with CT referral, adherence support and TB/HIV IE/BCC messages. CSC-TB/HIV interventions will have outreach workers and HEW who will screen PLWHA for TB based on symptoms and refer suspected cases to health centers for diagnosis, counsel TB/HIV patients to adhere to TB treatments, and confirm that TB/HIV patients receive CT and CPT.

Continued Associated Activity Information

Activity ID:	5749
USG Agency:	U.S. Agency for International Development
Prime Partner:	Management Sciences for Health
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 737,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of TB patients who are tested for HIV among the registered TB patients	34,000	☐
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	500	☐
Number of HIV-infected clients given TB preventive therapy	0	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	36,000	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	2,500	☐

Target Populations:

Adults
Family planning clients
Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Pregnant women
Men (including men of reproductive age)
Public health care workers
Laboratory workers

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	FMOH
Prime Partner:	Johns Hopkins University Bloomberg School of Public Health
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	10429
Planned Funds:	$ 264,000.00

Activity Narrative: This activity also relates to activities in Counseling and Testing (#5728), ART (#5664), Palliative Care (#5618), and PMTCT (#5641)

An integrated TB/HIV program is an essential component of the comprehensive HIV care preventive package. This program aims to support the strengthening of linkages between TB and HIV services in the hospitals in the four regions of Addis Ababa, SNNPR, Benshangul Gumuz, and Gambella.

JHU will continue to support and expand activities initiated in COP06, and as such, will support TB/HIV activities in 20 ART facilities in Operation Zone 3 and expand up to 40 ART sites in FY07. Working with Columbia and other US Universities, JHU will continue to introduce and implement a package of key interventions, including: 1) expansion of provider initiated HIV CT for TB patients, 2) referrals of HIV/TB patients for HIV related care including CTX and ART, 3) TB screening in HIV care and treatment settings, and 4) INH preventive therapy (IPT) for HIV+ patients in whom active disease has been safely ruled out. These activities, which were initiated in FY06, will continue to be closely coordinated with the National TB and HIV control programs and RHB in the areas covered by JHU.

JHU will continue to work closely with the RHB in each region to strengthen: 1) TB/HIV working groups at the regional level, 2) strategies to provide supportive supervision for TB/HIV activities, 3) monitoring and evaluation of TB/HIV activities, 4) programs to improve prevention and diagnosis of MDR-TB, 5) the human resource both in quality and quantity.

In FY06, JHU initiated support to strengthen TB diagnostics among HIV+ patients through improvement of smear microscopy services, quality assurance of laboratory networks and support for regional referral. JHU laboratory personnel assisted in the review of new smear microscopy guidelines and will be responsible for dissemination of this information to JHU supported TB/HIV sites. JHU will continue to support improved smear microscopy but will also expand this laboratory support to labs providing culture and sensitivity testing at the regional and federal level. The goal will be to increase ease of referral, information feedback to the patient and efforts to assess situation of MDR-TB. Targeted evaluation regarding TB sensitivities will be implemented among cases that present as re-infection or relapse.

In FY06, JHU identified St. Peter's Specialized TB Hospital as a model center for TB/HIV activities. St. Peter's Hospital, located in Addis Ababa is a federal institution specializing in TB. It has a bed capacity of 200 and serves 1000 inpatients annually, of whom 60-70% of the in-patients are co-infected with HIV. This center will continue to 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 the TB/HIV interventions, 3) develop a multidisciplinary care model in the hospital setting, and 4) adapt and implement TB infection control strategies for the hospital setting.

In FY07, along with continuing to support all activities initiated in FY06, JHU will increase the number of ART and TB/HIV clinics support in accordance with the MOH road map for ART and TB/HIV expansion activities and targets. JHU will increase supportive supervision and mentoring activities from 20 to 40 sites. To accomplish these expanded goals, JHU will invest in the needed personnel nationally and regionally to support TB/HIV activities directly. JHU will continue to support the RHB through regional meetings technical assistance to federal and regional TB/ HIV teams.

Additionally, JHU will initiate family-focused care within the TB/HIV clinics to increase TB screening and treatment for family members of HIV/ TB patients. This effort will specifically target pediatric screening and diagnosis of TB in co-infected persons. JHU will work with Columbia University and the MOH to assess the training needs and curricula related to family- focused TB/HIV activities, including PIHCT guidelines for children. With Columbia as the lead, current didactic materials will be modified to reflect these needs. JHU will implement training so that all site level personnel are aware and able to practice the MOH TB/HIV guidelines.

JHU will support quarterly TB/HIV meetings for planning and implementation purposes.

Duplication of materials, including guidelines will be performed. JHU will assist with the strengthening of inter and intra-facility referral for TB /HIV activities. MOH guided referral forms and data collection will be supported and enhanced at site level. JHU will assist at site level with data collection, filling in of data forms and accurate reporting to the MOH.

Within the ART clinics, JHU will assess needs and support access to the full complement of clinical and/or diagnostic services needed to rule-in or rule-out TB; including X-ray and FNA services. Once capacity has been significantly improved so that all active sites are capable of ruling out active TB, JHU will support site level expansion of IPT to TB exposed HIV patients. JHU will assist the CDC-Ethiopia, Atlanta and WHO to continue an evaluation of IPT at JHU supported ART clinics.

To better support expansion of TB activities at St. Peter's out and in patient departments, renovations will be required to expand laboratory and care services. Laboratory training will be initiated and improved at site level.

Finally, in an effort to better understand the impact of these interventions of the lives of the TB/HIV infected patients, JHU will lead targeted evaluations. Potential targeted evaluations include:
(1) An initial assessment of the current clinical screening techniques at all newly supported sites. After which, a standard clinical screening form will be introduced and implemented to improve accuracy of identifying patients with TB infection or exposure among HIV+ patients.
(2) To better document treatment outcomes among HIV/ TB patients, a selected group of patients will be identified and charts tracked to distinguish between re-treatment, re-infection, and treatment default versus actual TB therapy failure. This will be accomplished with improved screening, recording and case follow-up from local TB health centers. Laboratory support for this targeted evaluation will be required.

Based on achievements in FY06 and the planned scale up in 2007, JHU have proposed 100% increase in funding for the FY07.

The following indicators will be used to monitor the program:
(1) Number of HIV+ clients from VCT/PMTCT/ART clinics screened for TB
(2) Number and percentage of TB patients recorded to be HIV+
(3) Number and percentage of registered TB/HIV patients accessing ART for the reporting period
(4) Number and percentage HIV/TB accessing CTX for the reporting period.

Continued Associated Activity Information

Activity ID:	5754
USG Agency:	HHS/National Institutes of Health
Prime Partner:	Johns Hopkins University Bloomberg School of Public Health
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 150,000.00

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of TB patients who are tested for HIV among the registered TB patients	11,633	☐
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	40	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	7,920	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	200	☐

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:	Columbia University
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	10456
Planned Funds:	$ 440,000.00

Activity Narrative: TB/HIV at Hospital Level

This activity relates to activities in Counseling and Testing (#5722), ART (#5661), Palliative Care (#5772), and PMTCT (#5637).

Columbia University's International Center for AIDS Care and Treatment Programs (CU) has much experience in strengthening linkages between TB and HIV programs in PEPFAR focus countries, including Ethiopia. CU will continue and expand activities from FY05 and 06 at the national, regional, and local levels to improve the vital linkages between these closely related services and to establish programmatic components that will enhance the diagnosis and management of TB/HIV co-infected patients.

Columbia University will scale up to 40 hospitals in its operational regions; two of which are the largest regions of Ethiopia (Oromia and Somali). Columbia will also continue its lead role on TB/ HIV work amongst the university partners. Based on these increases funding levels will increase.

At national level, CU will:
As leader on TB/HIV amongst university partners, CU will be responsible for coordinating TB/HIV activities amongst partners and providing technical support to MOH at National Level, which includes updating and maintaining the TB/HIV website, supporting reprint and distribution of TB/HIV implementation guidelines, TB/HIV registers and reporting formats, and supporting MOH to conduct bi-annual TB/HIV collaboration review meetings. Additionally, CU will work with MOH, CDC-E and the other university partners on development of guideline on management of MDR TB, training of physicians and selection of treatment centers.

Continue to support the MOH technically in development of policies and program design. Support a national workshop/conference to update and standardize Ethiopia's guidelines for the management of latent TB infection (LTBI).

Columbia has a lead role in pediatric HIV/AIDS, therefore, will ; 1) Support the government to create and expand integrated TB/HIV programs for children 2) Develop standardized screening tools and diagnostic algorithms 3) Work on integrating the TB care package into programs caring for HIV-exposed infants and HIV+ children 4) Explore effective referral mechanisms between facilities. 5) Collaborate with JHEPIGO to incorporate pediatric provider initiated counseling and testing (PIHCT) in the PIHCT training manual. Pediatric TB/HIV will be highlighted at the second Ethiopian Pediatric HIV/AIDS Situational Analysis Conference, which CU will co-host with the MOH.

CU will (1) support regional TB/HIV Technical Advisors to liaise with Regional Health Bureaus in Oromia, Somali, Dire Dawa and Harar; and (2) collaborate with Jimma and Alemaya Universities, and with other partners such as JHPIEGO, on pre-service TB/HIV curricula and in-service training initiatives, developing local capacity to train health care professionals and provide regional technical assistance.

At the facility level, CU will:
(1) Assist 40 hospitals in four regions (Oromia, Somali, Dire Dawa, and Harari) to provide TB/HIV services. Thirty-two of these hospitals began receiving CU assistance in 2005-2006 and an additional ten will receive support in COP 2007 to initiate and/or expand TB/HIV activities as part of comprehensive HIV/AIDS services.

(2) Support standardized TB screening and intensified TB detection in HIV+ patients, focusing on CU supported ART sites but ensuring that experiences are made available for nationwide adoption. This will include training, supportive supervision, and other interventions that will ensure that TB screening (including routine symptom checklists), prevention, care, and referrals are included as part of the basic package of care for all HIV+ individuals.
(3) Support the implementation of routine provider-initiated HIV counseling and testing (with an opt-out approach), prevention, education, and referral for HIV care (if needed) for all patients at TB clinics and TB inpatient wards.
(4) Encourage all patients with TB to bring family members and household contacts to the clinic (particularly children 5 and younger) in order to promote early TB detection.

(5) Provide isoniazid preventive therapy (IPT) to HIV+ patients in whom active disease has been ruled out.
(6) Provide cotrimoxazole preventive therapy (CPT) for all TB/HIV co-infected patients.
(7) Design, implement, and evaluate systems for referral of HIV+ TB patients to ART services.
(8) Provide close clinical monitoring for TB/HIV patients started on ART to identify and manage immune reconstitution reactions.
(9) Support strategies to engage families into care when HIV is found in TB patients, such as home visits to screen for HIV infection and disease in the household.
(10) Develop and share clinical support tools for TB/HIV management, including TB symptom screening questionnaires, job aids, posters, and clinical algorithms.
(11) Support TB/HIV refresher trainings and ongoing supportive supervision for site staff.
(12) Support a TB/HIV technical advisor (as above), who will spend approximately 50% time at ICAP-supported ART sites. The purpose of these visits will be to provide technical assistance and oversight of TB/HIV integration activities, to work with CU clinical advisors to ensure that TB/HIV integration activities are initiated and expanded appropriately, and to provide hands-on technical and educational support to site-level staff to build capacity and improve services.

The following indicators will also be used to monitor the program:
(1) Number of HIV+ clients from VCT/PMTCT/ART clinics screened for TB
(2) Number and percentage of TB patients recorded to be HIV+
(3) Number and percentage of registered TB/HIV patients accessing ART for the reporting period
(4) Number and percentage HIV/TB accessing CTX for the reporting period

Continued Associated Activity Information

Activity ID: 5750
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Columbia University
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 250,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of TB patients who are tested for HIV among the registered TB patients	15,161	☐
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	40	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	8,800	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	160	☐

Target Populations:

People living with HIV/AIDS

Public health care workers

Coverage Areas

Dire Dawa

Hareri Hizb

Oromiya

Sumale (Somali)

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: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 10463
Planned Funds: $ 100,000.00
Activity Narrative: This activity also relates to activities in Counseling and Testing (#5737), ART (#5666), Palliative care (#5770), and PMTCT (#5638).

Proposed activities will build on existing activities and plans for TB/HIV in Ethiopia.

UCSD has been providing TB/HIV support to the National Defense Force (NDFE) and Police Force since 2006. In 2006, UCSD increased its technical support from 6 sites to 13 sites.

Working with other US universities, UCSD has implemented a package of interventions, including (1) expansion of provider-initiated HIV counseling and testing for TB patients, (2) referrals of HIV+ 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+ patients. The Armed Forces Teaching General Hospital (AFTGH) is one of the original nine TB/HIV pilot sites, thus lessons learned from this site are used to improve activities in other facilities.

Expanding capacity for TB/HIV has followed a phased approach in 2005 and 2006 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. The next phase, in 2007, will be to include all the peripheral hospitals and clinics served by the uniformed services. These will include regional clinics as well as peripheral health centers.

In 2007, UCSD intends to continue and enhance the TB/HIV program by increasing its technical assistance to 43 sites. Some of these (19) will not provide ART, but all will have HCT capacity. UCSD will specifically be supporting the uniformed services in the areas of (1) TB/HIV clinical co-management, including ART, (2) adaptation and implementation of TB infection control strategies in 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.

UCSD plans to further expand the TB/HIV program through:
(1) Awareness campaign for TB/HIV using military and police media services,
(2) Strengthening follow-up of TB/HIV patients through case managers and PLWHA/TB,
(3) Support PLWHA/TB to form peer support groups,
(4) Collaborate with ENHRI to evaluate the sensitivity of isolates of mycobacterium tuberculosis to antimicrobial agents,
(5) Assessing adherence to INH prophylaxis of HIV patients.

The following indicators will be used to monitor the program
(1) Number of HIV+ clients from VCT/PMTCT/ART clinics screened for TB
(2) Number and percentage of TB patients recorded to be HIV+
(3) Number and percentage of registered TB/HIV patients accessing ART for the reporting period
(4) Number and percentage HIV/TB accessing CTX for the reporting period

Continued Associated Activity Information

Activity ID: 5752
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University of California at San Diego
Mechanism: N/A

Funding Source: GHAI
Planned Funds: $ 50,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of TB patients who are tested for HIV among the registered TB patients	5,600	☐
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	24	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,380	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	230	☐

Target Populations:

Military personnel
People living with HIV/AIDS
Prisoners
Public health care workers

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	aa
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	10469
Planned Funds:	$ 396,000.00

Activity Narrative: HIV/TB at Hospital Level

This activity also relates to activities in Counseling and Testing (#5725), ART (#5658), Palliative care (#1057), and PMTCT (#5639).

I-TECH will build on activities started in 2005 and 2006 and will continue to support and expand TB/HIV activities in Operation Zone 1 (Amhara, Tigray, and Afar regions) in FY07.

In 2006, I TECH assessed the ART hospitals in its operational regions, recruited medical officers, and gave training to TB/HIV health workers in 31 ART hospitals. In addition, I-TECH supported strengthening TB diagnostics among HIV+ patients through improved smear microscopy services, quality assurance of laboratory networks and support for regional referrals.

In 2007, I-TECH will support improved access to high-quality HCT among patients at TB clinics by ensuring trainings, supportive supervision, and other interventions that will ensure that TB screening (including routine symptom checklists), prevention, care, and referrals are included as part of the basic package of care for all HIV+ individuals.

I-TECH will support sites to implement routine provider initiated HIV counseling and testing (with an opt-out approach) for all TB patients at hospital level, as well prevention counseling, education, and referral for HIV care.

I-TECH will introduce intensified TB/HIV detection by incorporating TB symptoms screening into post-test counseling for persons newly-identified as HIV+ in VCT centers, STI clinics, and ANC clinics, and linking those with symptoms to the appropriate service to ensure accurate TB diagnosis and treatment. In addition, I-TECH will support efforts to improve adherence to TB therapy. Through its region-based clinical mentoring teams, I-TECH will sensitize ART adherence nurses to the importance of adherence to TB treatment. I-TECH will collaborate in regional and national interventions related to MDR-TB treatment and containment.

Additionally, I-TECH will initiate family-focused care within the TB/HIV clinics to increase TB screening and treatment for family members of HIV/ TB patients. This effort will specifically target pediatric screening and diagnosis of TB in co-infected persons. I-TECH will work with Columbia University and the MOH to assess training needs and curricula related to family-focused TB/HIV activities, including PIHCT guidelines for children.

Region-based ART clinical mentoring teams will include appropriate diagnosis and treatment of active TB in HIV+ persons as part of their routine activities. I-TECH will ensure that HIV+ patients, after being screened for active TB, are appropriately provided with isoniazid preventive therapy (IPT), through regular supportive supervisory visits by field-based clinical mentoring teams to all 31 hospital sites. I-TECH will support sites in the provision of cotrimoxizole preventive (CPT) therapy for all TB/HIV patients. I-TECH will establish and strengthen the multi-disciplinary care teams in each facility, with representation from the TB service to facilitate the referral. I-TECH's M&E unit (both field and Addis-based) will support facilities in monitoring the referral system for co-infected patients, and regularly evaluate/analyze referral data to inform efforts to improve the current system. I-TECH will also support monitoring and evaluation of TB/HIV activities through supportive supervision of ART-clinic-based data clerks and data managers, and on-site training and mentoring in data collection using TB/HIV data collection forms.

I-TECH will support laboratory TB diagnosis through regular mentoring visits to TB clinics by a laboratory technician with experience in TB diagnosis by smear microscopy. These laboratory-mentors will provide on-site troubleshooting, training, as well as a link to the regional referral laboratories.

Finally, I-TECH will work closely with the other USG partners, RHB, hospital ART committees, regional TB/HIV working groups, the MOH and local universities in its focus areas in the program planning activities and policy development that addresses the co-morbidity of HIV/AIDS and TB.

The following indicators will also be used to monitor the program:

(1) Number of HIV+ clients from VCT/PMTCT/ART clinics screened for TB
(2) Number and percentage of TB patients recorded to be HIV+
(3) Number and percentage of registered TB/HIV patients accessing ART for the reporting period
(4) Number and percentage HIV/TB accessing CTX for the reporting period.

Continued Associated Activity Information

Activity ID:	5751
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	University of Washington
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 150,000.00

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of TB patients who are tested for HIV among the registered TB patients	12,850	☐
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	32	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	5,782	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	125	☐

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: Ethiopian Health and Nutrition Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 10471
Planned Funds: $ 150,000.00
Activity Narrative: Evaluation of MODS (Microscopic Observation Drug Susceptibility assay) for diagnosis of Tuberculosis in Ethiopia. A feasibility study.

Over 5,000 people die of tuberculosis every day. The majority of this avoidable morbidity and mortality is in the developing world. Ethiopia is one of the 22 high burden countries in the world. The DOTS strategy has had some notable, but limited, success in turning the tide of this growing burden and the HIV pandemic and the emergence multi-drug resistant disease (MDR-TB) worldwide demands urgent improvement of control efforts.

The diagnosis of TB by sputum smear microscopy is the standard method and an integral feature of the DOTS (direct observation of treatment-short-course chemotherapy) strategy for global TB control. Sputum smear diagnosis is simple, low cost and the most important diagnostic tool in the developing world. Nonetheless, the sensitivity of microscopy for the detection of all cases is low, even when the optimum sensitivity of microscopy is achieved (approximately half of all culture-positive cases are smear negative), and the performance of microscopy is highly variable. Furthermore, the contribution of transmission of infection by smear-negative culture-positive patients is not inconsiderable, and the potential impact of the detection and treatment of these patients is significant.

In the developing world, the high prevalence of HIV/AIDS and the absence of information on resistance and susceptibility testing threaten the continuing role of the sputum smear as the sole tool for the diagnosis of the majority of cases of TB worldwide. The development of new, low-cost diagnostic tools offers the possibility of future TB control on the basis of culture-based diagnosis and more widespread, targeted susceptibility testing.

In Ethiopia, diagnosis of TB mainly relies on sputum smear microscopy. The high HIV/TB co-infection rate (40-50%) is making the diagnosis of TB by sputum smear very difficult. The number of TB treatment failure cases is increasing year by year, calling for a need to have a feasible means of drug resistance testing. Therefore, having a simple, cost effective diagnostic method in the Ethiopian context will improve the TB program and the TB/HIV collaborative activity.

Microscopic observation drug susceptibility assay (MODS) is a rapid, efficient detection and drug susceptibility testing of Mycobacterium tuberculosis in sputum by microscopic observation. It is especially fit for developing countries like Ethiopia.

This project tries to assess the feasibility of MODS and to examine the added value of MODS over the current TB diagnostic methodology in Ethiopia.

The project has three phases. The first phase, in 2007, will last up to one year, and is a preparatory period whereby the necessary infrastructure will be installed. Two training centers (Ethiopia and Israel) have been identified; a training program will be developed for MODS at the Hadassah University Hospital in Israel and at the EHNRI in Ethiopia. Trainers will be trained at Central MODS training lab at Israel and regional lab technicians will be trained locally at EHNRI to run MODS. In the 2nd and third phases, the test will be implemented in few regions of the country and its feasibility evaluated.

Emphasis Areas	% Of Effort
Targeted evaluation	51 - 100

Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Oromiya

Tigray

Table 3.3.07: 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:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	11157
Planned Funds:	$ 150,000.00

Activity Narrative: Anti-Tuberculosis Drug resistance Surveillance in HIV-confected population

TB is a leading cause of morbidity and mortality in Ethiopia. One of the objectives of ensuring effective management of TB is to minimize the development of drug resistance. Surveillance of anti-TB drug resistance is therefore an essential tool for monitoring the effectiveness of TB control programs and improving national TB control efforts.

Reports from the 16th International AIDS Conference in Toronto showed emergence of multiple resistant strains of TB CDC also reported on extensively drug-resistant TB strains resistant to isoniazid, rifampin, and at least three of the six main classes of second-line drugs.

Reliable data about the prevalence of drug resistant tuberculosis at a national scale is not available in Ethiopia. However studies carried out in different areas of the country at different times do report primary resistance to one or more anti-tuberculosis drugs. The Tuberculosis and Leprosy Control Team (TLCT) of the MOH and the National Mycobacterium Reference Laboratory of the EHNRI conducted the first national prevalence of drug susceptibility survey in a representative samples of newly diagnosed smear-positive cases by a population proportionate cluster sampling technique recommended by WHO.. About 40-60% of new TB cases in Ethiopia are HIV co-infected, but there have been few reports about MDR TB in this population. A survey of MDR TB will thus be very helpful for effective treatment of HIV co-infected population. The anti-TB drug susceptibility survey among HIV co-infected patients will be conducted in 2007. The overall goal of the study is to improve the efficiency of TB control and better management of HIV Patients. In the survey, the total number of samples will to be about 1,000. All samples will be collected only from HIV co-infected population. This is based on the following parameters, (an estimated 1% prevalence of resistance to Rifampicin in Ethiopia, a 95 % confidence limit around the prevalence, a precision of 1 percentage point and an additional 13% to account for loses). A minimum of thirty diagnostic centers will be randomly selected from a list of all diagnostic centers in the country using cluster-sampling methods. Before sample collection, a training workshop will be provided for thirty health facilities staff that will be involved in the survey. Positive sputum specimens will be collected from eligible patients at the health facilities and transported within five days to the National Reference laboratory for culture and susceptibility testing. Culture will be done using Petroff's methods. Identification of Mycobacterium tuberculosis complex (MTC) will be according to the standard methods followed at EHNRI. The drug susceptibility test will be performed according to a simplified variant proportion method of Canetti et al. The susceptibility of the strain for Isoniazid, Rifampicin, streptomycin and Ethambutol will be tested since these drugs are used in the TLCT. Drug concentrations used in LJ medium will be according to the manufacturer guidance.

Quality control will be organized to detect system errors and to improve compliance with the survey procedures. It will be applied to all essential elements of the survey including, the sampling, the clinical information, previously treated patients, and the laboratory techniques used at the peripheral level and at the National TB Reference laboratory at EHNRI. To ensure that results of susceptibility testing were reliable and comparable, internal and external; quality control of susceptibility testing was carried out during the survey. For international comparison and acceptance the quality control of the drug susceptibility testing will be linked to a WHO Supranational Laboratory RIVM Bilthoven, the Netherlands. The survey will be conducted by EHNRI and TLCT /MOH with the support of PEPFAR Ethiopia.

Overall the survey on the prevalence of anti-TB drug resistance will involve three major operational issues: program management (logistics, training, collection of clinical information, supervision of survey); laboratory techniques (drug susceptibility testing, proficiency testing, quality assurance); and epidemiology (sampling, data entry and analysis).

Emphasis Areas	% Of Effort
Targeted evaluation	51 - 100

Table 3.3.07: 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: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 12314
Planned Funds: $ 1,330,000.00
Activity Narrative: plus ups: "Important interventions in TB/HIV collaboration are screening HIV+ persons for tuberculosis, DOTS provision for active TB cases and INH prophylaxis for cases where active TB is ruled out. In Ethiopia however, where TB diagnosis relies mainly on sputum smear examination, physicians are hesitant to put HIV+ clients on INH prophylaxis due to fear of inadvertently treating active TB cases suboptimally with a single drug that potentially could lead to development of resistance to one of the most powerful anti-TB drugs. In resource-poor settings, sputum smear microscopy has been shown to be a simple cost-effective means of diagnosing pulmonary tuberculosis (PTB). Unfortunately, with emergence of HIV, sputum smear microscopy has become less reliable and may be negative in up to 40% of PLWHA with PTB . Despite efforts to improve the yield of smear microscopy through concentration, sputum induction, or quality control measures, it remains a sub-optimal test for HIV-infected individuals.

"
"In Ethiopia, more than 50% of reported TB cases are smear negative and extra pulmonary. There are no culture or biopsy services and chest x-ray facilities are inadequate. A PEPFAR supported targeted evaluation of 2005/6 revealed the importance of strengthening TB diagnostic capacities, especially the need to make available sputum culture and chest x-ray facilities in areas serving large number of HIV+ patients. It is also important to assess the feasibility of introducing histology services for extra pulmonary TB diagnosis.
"
"Description of Activities:1) Only one center in the country currently does mycobacterium culture, the Ethiopian Health and Nutrition Research Institute (EHNRI); therefore, strengthening the current EHNRI TB culture facility and expanding the service to other five regions will be undertaken. Regional TB laboratories will be renovated and equipped for TB culture; laboratory technicians and microbiologists will be trained on culture diagnosis of M.TB. 2) Quality control for sputum AFB examination will be established and onsite training given to laboratory technicians to improve the AFB examination 3) EHNRI will also work with JHU to assess the feasibility of introducing Fine Needle Aspiration (FNA) and histological examination in selected hospitals in Addis Ababa. A number of health centers where physicians are available will be included in the assessment. Details mechanisms will be developed after discussions with relevant stakeholders, including pathology departments of selected referral hospitals.
"

Targets

Target	Target Value	Not Applicable
Number of TB patients who are tested for HIV among the registered TB patients		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	250	☐

Table 3.3.07: Activities by Funding Mechanism

Mechanism: MOH-USAID
Prime Partner: Federal Ministry of Health, Ethiopia
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 12315
Planned Funds: $ 0.00
Activity Narrative: plus ups: "More than two years ago Ethiopia began TB/HIV collaborative activities nationwide. Encouraging results include the fast expansion of services, training of health workers, and development of national TB/HIV guidelines and recording/reporting formats. However several challenges persist, including difficulties in diagnosis of pulmonary TB in HIV+ persons, and support to the M&E system, both of which require urgent action to improve further TB/HIV service delivery in Ethiopia.
"

"Activities under this activity, to be channeled through HAPCO/MOH, will focus on these two major challenges. Most ART hospitals have at least one x-ray machine but these are old and serve large numbers of people daily. This supplemental fund will be used for: quick mapping and assessment to determine the number and condition of existing machines, the health centers and populations they serve; purchase of new machines; distribution according to need; training staff to operate the machines; preventive and ongoing maintenance. Negotiations with HAPCO/MOH will arrange that they cover the running costs.
"

"Activities to improve the M&E system will be channeled through HAPCO/MOH and will develop existing systems, through revision of TB/HIV registers according to feedback from implementing sites and inclusion of missing indicators. There is a need also to develop a data system at national, regional and district level, systematizing reporting and analysis of TB/HIV surveillance data. This will require training MOH and regional staff on data management, procurement of site IT equipment, recruitment of necessary data managers and other logistic support. A weak area in the monitoring system is the absence of regular site level support, especially from the federal MOH and regional health bureaus. Therefore establishment of regular supervision, and regular review meetings involving all stakeholders and external evaluation are essential. External technical assistance on this area will be invited as required.
"

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: World Health Organization
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 12316
Planned Funds: $ 0.00
Activity Narrative: plus ups: "Expansion of TB/HIV collaborative services in Ethiopia has occurred in a phased and collaborative manner as follows: 1)establishment of the national TB/HIV advisory committee in late 2001; 2) sensitization/education of policy makers regarding the importance of TB/HIV collaborative services ; 3) initiation of services in nine pilot sites (five hospitals and four health centers); 4) development of TB/HIV implementation guidelines 5) revision of data collection tools; 6) training of health workers; and 7) phased expansion of TB/HIV activities to 340 health facilities nationwide.

In FY07, TB/HIV collaborative activities will be further scaled-up in 131 hospitals and 500 health centers. Provider-initiated HIV counseling and testing (PIHCT) will be strengthened at all levels. Hospital level TB/HIV work will be coordinated with health centers using the health network model.The greatest challenge to implementing TB/HIV collaborative activities successfully in Ethiopia is the human resource constraint and high turnover of trained and skilled staff. "
"Activities proposed to address the human resource constraints include strengthening human resources at all levels of the health system, including the Federal Ministry of Health, HAPCO and Regional Health Bureaus. These will include hiring and seconding qualified staff and training more staff. Critical review of TB/HIV activities by experts from international and national organizations is an important component of this activity; and could be led by the World Health Organization. The TB Program in Ethiopia has not yet begun to manage MDR-TB cases. Confirmed MDR TB cases in Ethiopia are often getting second line anti-TB drugs without proof of clinical efficacy through informal channels. If the drugs continue to be unavailable in the control program, the practice of using improper combinations of second line drugs for less than the standard duration through untrained health personnel could potentially lead to the development and spread of extensively drug resistant TB (XDR-TB), which in HIV+ patients has been associated with a 90%+ fatality rate.

"
"There exist some initiatives to introduce MDR-TB treatment in Ethiopia through the recently approved Global Fund Round Six grant for TB control. PEPFAR can financially and technically assist the country by leveraging technical expertise and resources to develop scientifically sound proposals in line with international and national TB/HIV guidelines to the Green Light Committee (GLC), train clinical and laboratory staff on management of MDR tuberculosis and diagnosis of MDR and XDR TB, respectively. WHO will facilitate these activities by working closely with HAPCO/MoH. 3) The country urgently needs TB infection control guidelines and implementation plan. The World Health Organization will take the lead in assisting the MOH in development of the infection control guidelines and the implementation plan, in collaboration with relevant stakeholders and partners.
.
"

Targets

Target	Target Value	Not Applicable
Number of TB patients who are tested for HIV among the registered TB patients		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	200	☐

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 15750
Planned Funds: $ 150,000.00
Activity Narrative: None provided.

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Federal Ministry of Health, Ethiopia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 15751
Planned Funds: $ 0.00
Activity Narrative: None provided.

Table 3.3.07: Activities by Funding Mechanism

Mechanism: WHO-CDC*
Prime Partner: World Health Organization
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 15752
Planned Funds: $ 0.00
Activity Narrative: None provided.

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: World Health Organization
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 19259
Planned Funds: $ 2,000,000.00
Activity Narrative: None provided.

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Federal Ministry of Health, Ethiopia
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 19260
Planned Funds: $ 1,325,000.00
Activity Narrative: None provided.

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: $ 21,428,010.00

Program Area Context:

OVC Program Goal: Efficiently meet priority needs of children made vulnerable by HIV/AIDS, partnering with the Government of Ethiopia, civil society and other partners.

Fifty % of infant deaths in Ethiopia occur in the first month of life and one in eight children do not survive to age five (EDHS, 2005). Ethiopia has over 5 million orphans, fifteen % (744,088) of whom are due to HIV/AIDS. The remaining are orphaned due to food insecurity, conflict, natural disasters, malaria, and infectious diseases. Most orphans due to HIV/AIDS are in Amhara, Oromia, Addis Ababa, SNNPR and Tigray. The 2003 Rapid Assessment Analysis and Action Process (RAAAP) data showed that 56 % of orphans were under ten and 44 % were between ten and eighteen. As children require age-appropriate services, PEPFAR Ethiopia OVC partners will provide age-specific programming across the spectrum, from infancy to adolescence. With 1.5 million PLWHA, over 35,000 people on ART and an average household of five children, millions of children are currently or potentially vulnerable due to HIV/AIDS.

PEPFAR Ethiopia participates in bi-monthly National OVC Task Force meetings, which are chaired by the Government of Ethiopia and include representation from several ministries, other donors, UNICEF and civil society. The task force oversees implementation of the national plan of action. PEPFAR Ethiopia will strengthen Government of Ethiopia leadership, especially at district and village levels, to improve coordination and consistency of efforts across OVC implementing partners. OGAC' OVC guidance will reinforce these efforts.

Since 2004, through the National OVC Task Force, PEPFAR Ethiopia has partnered with UNICEF to support an advocacy campaign to increase awareness of OVC rights. Other partnerships, including private sector, Coca-Cola specifically, have enhanced livelihood options and increased household resources. In 2007, intensified efforts will leverage more private sector partnerships to reach greater numbers of older OVC with livelihood training and jobs.

As the largest OVC donor in Ethiopia, USG seeks to leverage resources and coordinate with other donor-supported activities, across multiple sectors such as food security and child protection. GTZ, WFP, and World Bank are food for OVC partners. USG's leadership in the Ethiopian Donor Working Group facilitates on-going linkages.

Achievement of FY 2006 targets is on track, through nine primary OVC programs and over 600 community partnerships (e.g., CBO, FBO, PTA, development and AIDS committees, Girls' Advisory Committees, and local government administrations). The number of OVC served has increased by 46,897 since the beginning of FY 2006 and totaled 92,293 at the end of March, 2006. Over 2,500 OVC caregivers were trained.

OVC partners have prioritized food/nutrition, safe water, education, protection, and health care. Economic strengthening supports household and community capacity to provide these services to OVC. PEPFAR Ethiopia has established implementation links with Title II Food for Peace and the World Food Program to expand service coverage and depth to at least 100,000 children and families. Food and nutrition security remain the most pressing problems for OVC in Ethiopia.

In FY 2007, a main focus will be continued system and network strengthening within government and civil society. Efforts with multiple USG agencies will provide OVC partners with a synthesis of existing GIS maps, and expansion of these maps, covering cross-sector services for vulnerable children and youth in high HIV prevalence areas. Information will be used to increase collaboration, especially referrals, prioritize geographic service areas, and eliminate duplication of effort.

Low PMTCT and pediatric ART uptake will be boosted through increased referrals from OVC programs to PEPFAR supported health facilities. Improved links with home-based palliative care will also increase service

coverage and a continuum of care dependent upon mutual referral systems. In addition to OVC partners, other PEPFAR Ethiopia partners contributing to this system will include Peace Corps, US-based Universities, the Care and Support Contract (previously referred to as BERHAN), Intra-health, ANECCA, and Ethiopian PLWHA associations.

The "Mothers to Mothers" program will be an expanded part of the referral system and will include outreach to pregnant OVC (teen pregnancies often result from rape or early marriage). Linkages with HACI and Population Council will intensify the focus on young girls. Expecting and new mother support groups will encourage HIV testing, follow up, child care training and child nutrition (e.g., food by prescription). Additional child health services will be achieved through collaboration with USAID health partner Essential Health Services in Ethiopia (ESHE II Project). ESHE II and PEPFAR OVC partners will work through health extension workers and community health promoters to improve health status of the most vulnerable children under age five, especially in nutrition and malaria.

In FY 2007, partnerships with parent-teacher associations (PTA) and Girls' Advisory Committees will be expanded to reach an additional 400-500 schools. At least 200 school communities will receive gender awareness and advocacy training and over 15,000 OVC will benefit from WFP-supported school feeding. Urban gardening will improve nutrition and increase income generation for HIV-affected households.

PEPFAR Ethiopia's OVC portfolio will address Ethiopia's high prevalence of gender-based violence, including abduction, trafficking, sexual abuse, forced early marriage, female genital cutting (FGC) and other harmful traditional practices. Working through policy and program level community and government structures, the program will train government gender-based violence unit staff, establish gender-based violence protection unit models, at the district and village levels, and strengthen law-enforcement bodies, legal organizations, and communities to enforce and implement government policies that support child protection, inheritance and land rights (e.g., the Developmental Social Welfare Policy, the Family Law of 2000). HACI, with links to Population Council, will engage USG OVC partners in reducing gender-based violence.

USG Ethiopia will issue an Annual Program Statement (APS) to address gaps in OVC program services and geographic coverage in the most HIV-affected areas. The APS will strengthen coordination with other USG agencies working on OVC, (e.g., DOL, DOD, CDC) and establish an OVC forum to coordinate USG OVC implementing partners and strengthen referrals between community and facility-based prevention, care and treatment services. The APS recipient(s) will facilitate harmonization of M&E efforts, including an increased focus on achieving standards of practice, costing and reporting outcomes. Increased partner efficiency and coordination will expand the scale and scope of services to the most vulnerable children due to HIV/AIDS.

Program Area Target:

Number of OVC served by OVC programs	472,504
Number of providers/caregivers trained in caring for OVC	27,644

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Track 1
Prime Partner:	Project Concern International
USG Agency:	U.S. Agency for International Development
Funding Source:	Central (GHAI)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8096
Planned Funds:	$ 663,810.00

Activity Narrative: BELONG (OVC Track 1)

This is a continuing activity from FY05 and FY06. This is a Track I partner.

Under COP0606, the BELONG Project focused on increasing the numbers of OVC in Ethiopia accessing quality services through sustainable, community-based programs that effectively reduce their vulnerability. PCI implements its programs through local NGOs selected based on specific criteria developed by a team from the Christian Relief and Development Association (CRDA), the umbrella organization for all local non-government organizations that are operating within Ethiopia, PCI and other relevant partner organizations. The NGOs selected include Addis Development Vision (ADV), Alem Children's Support organization (ACSO), the Ethiopian Muslim Relief and Development Association (EMRDA), Hope for Rural Children and Orphans (HORCO), Nutrition Plus Holistic Home Care (NPHHC) and Hiwote HIV/AIDS Prevention, Care and Support Organization (HAPCSO). Presently, these partner organizations are engaged in actual program implementation in six regions of the country: (the Southern Nations and Nationalities Peoples Region (SNNPR), Amhara, Afar, Oromia, Tigray and Addis Ababa.

In FY07, depending on results of the needs assessment, PCI will address basic or core services such as shelter and care, protection, health care, psychosocial support and education. PCI and its partners will build upon and adapt successful experiences in 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. PCI implements a portion of the BELONG project activities through local non-governmental organizations (NGOs) and the World Food Program (WFP), with PCI serving as the prime agency. These partners focus on providing comprehensive OVC services and include health services, psychosocial support, education and nutritional food security support, as well as assistance with, community-based assessment, planning and local development. The activity works in selected areas of Addis Ababa Afar, Amhara, Oromia, SNNRP and Tigray regions. Focusing on poor women and older OVC, the economic empowerment component of the project will increase the capacity of 4,400 caretakers, older OVC and households providing care for OVC to support themselves, their children and siblings through economic empowerment initiatives.

This model involves bringing women together in savings-oriented, peer lending groups. In these groups, numeracy skills are strengthened, as the foundation of successful lending and small business development, to address the multi-faceted development needs of vulnerable communities in targeted areas. This component will be implemented by additional local partners that PCI is currently selecting.

Another component of the project focuses on building the technical and organizational capacity of partner organizations, to help them provide quality OVC services through innovative and replicable strategies that. This component will be facilitated by a capacity building taskforce utilizing participatory processes to assess the existing capacities of partner organizations, in order to identify organizational needs and necessary interventions to address these and build their capacity. The project will coordinate closely with all relevant implementing and coordinating agencies to maximize impact and minimize duplication. It will also support these partner organizations in mentoring other local organizations and in disseminating innovative OVC support strategies and quality services. It will also promote peer-to-peer learning and regular networking among partner and non-partner organizations, so that the latter could be mentored and learn about promising practices from existing partners.

PCI, per the OVC Guidance from OGAC, will make distinctions during its semi-annual and annual reporting between direct primary and indirect supplemental services, and will indicate how they address gender in their program implementation. They will also develop pertinent program indicators.

As an exit strategy, PCI will focus on local development capacity, promoting the sustainability of the OVC Community-Based Program by increasing the capacities of Parent-Teacher Associations (PTAs), Woreda Education Boards and focal persons. Target groups will be trained in the Children in Local Development (CHILD) methodology, a community self-help approach through which they can acquire the skills and knowledge to

carry out needs assessment, priority setting, local level action planning, resource mobilization and implementation of child-focused activities. This process primarily emphasizes community resilience and self reliance.

Continued Associated Activity Information

Activity ID:	5580
USG Agency:	U.S. Agency for International Development
Prime Partner:	Project Concern International
Mechanism:	N/A
Funding Source:	N/A
Planned Funds:	$ 0.00

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	☐
Number of providers/caregivers trained in caring for OVC	40	☐

Key Legislative Issues

Gender

Wrap Arounds

Coverage Areas

Adis Abeba (Addis Ababa)

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:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	10396
Planned Funds:	$ 3,630,000.00

Activity Narrative: Positive Change: Children, Communities and Care (PC3)

This is an ongoing activity from FY05.
This activity is linked to Food Support for PLWHA (#5774), OVC Food Support (#5744), Scale Up Hope (#5578), IOCC HIV/AIDS Response Mechanisms Project (#5593), Care and Support for PLWHA (#5734),
To date, SCUSA has received 100% of FY06 funding and the activity is on schedule per the workplan.
FY06 Accomplishments: The umbrella Cooperative Agreement, called Positive Change: Children, Communities and Care (PC3), was awarded in September 2004 to Save the Children USG (SCUSA) as prime recipient, with CARE, Family Health International (FHI), Hope for African Children Initiative (HACI), World Learning and World Vision as key partners.
During the first half of FY 2006, PC3 partners have reached 40% of the annual target (39,940 OVC), and expect accelerated implementation in the second half of the year to reach the FY06 targets. PC3 has nearly national coverage, working in eight of the nine regions. Fully 75% of PC3 funds are utilized for CBO and FBO capacity building and sub-grants. This has facilitated increased capacity of Ethiopian CBO and FBO to provide care and support services to OVC and their families. A partnership with Coca Cola has initiated engagement with the private sector to enhance youth livelihood options for older OVC. Several operations manuals have been developed to achieve increased consistency of effort among PC3 partners. These materials will be broadly shared with other PEPFAR Ethiopia OVC programs to reduce duplication of effort.

FY07 Plan: As the largest PEPFAR Ethiopia supported OVC activity in Ethiopia, this activity sets the tone and the pace for all USG OVC programming. During FY07, this activity will increase collaboration and coordination with the full range of PEPFAR HIV/AIDS services to demonstrate effective referrals and follow-up to ensure continuum care in HIV/AIDS prevention, care, and treatment. PC3 and its five prime partners will collaborate with the following 30 seasoned Ethiopian NGOs that will in turn mentor an estimated 600 CBO and FBO (500 current and 100 additional). SCUSA: Pro Pride, Mekdem Ethiopia - works in four different operational areas, Yeteem Children and Destitute Mothers Fund, Nazareth Children Integrated Development Ethiopia, Evangelical Church Mekane Yesus, and PTA.
CARE Ethiopia: Ethiopian Women Lawyers Association (EWLA), Organization for Social Support for AIDS (OSSA) - works in two different operational areas, Hope for Children (HFC), Ethiopian Evangelical church Mekaneyesus Central Synod, Mekdem Ethiopia National Association - works in four different operational areas, Tesfa social and Development Association, Love for Children, Dawn of Hope Association,
Family Health International: Hiwot HIV/AIDS Prevention Care and Support Organization (HAPCSO), Beza Lehiwot Ethiopia, Ethiopian Kalehiwot Church, Wogen Aden Ethiopia, Organization for Social Services – Amhara - works in two different operational areas
World Vision International: Abebech Gobena, Ethiopian Evangelical Church Mekaneyesus Central Synod, Ethiopian Muluwongel Church, Mary Joy
HACI: Action for Self-Reliance, Children Aid Ethiopia, Education for Development Maedot, Meserete Kirstos Church RDA, Progynist, Society for Women and AIDS.
The goal is to reach a minimum of 150,000 OVC in 300 communities. The partner agency, HACI, through a small grants fund, will continue funding to CBO and FBO to enhance OVC service provision at the community level. Whenever possible, OVC programs will be located within ART health networks and link to other PEPFAR Ethiopia programs.

This activity has a commitment to strengthen the community capacity to undertake long-term, child-friendly interventions. OVC-focused interventions will support:
(1) Provision of "school kits," including uniforms, book packs, and school supplies to enable OVC to attend school;
(2) Provision of livelihood-enhancing skills training to out-of-school OVC;
(3) Formation of community-managed savings and credit groups and linkages to micro-credit;
(4) Provision of group and individual psychosocial counseling;
(5) Provision of legal aid to protect property rights and protect individuals from abuse;
(6) Provision of life skills to youth for making healthy life choices;
(7) Development of oversight mechanisms to ensure that OVC are served by health facilities and assisted in referrals to VCT and PMTCT services;
(8) Promotion 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 experiences of USAID's Basic Education Strategic Objective (BESO) project, activity partner World Learning will continue to support 200 Parent-Teacher Associations (PTA) in 200 schools. The PTA are supported primarily through grants awarded to develop school-based OVC activities including provision of school supplies, tutoring, and development of sustainable income generation activities.

Save the Children, USA and its international partners will provide organizational and technical assistance to local NGOs, CBO and FBO to ensure provision of high quality, standardized care services, to enhance organizational capacity, to expand program coverage, to diversify local organizations' resource base, and to carry out participatory capacity assessments and develop organizational development plans of action.

This activity will continue to partner with Coca Cola to reach additional OVC and their families through the livelihood initiative. Since the number of OVC in Addis Ababa is very high, this program will expand in Addis Ababa, including 60-80 children who are vending soft drinks, and promoting some high-performing young adults to a kiosk level business. Activity partners will use experiences gained through the Coca Cola partnership to extend activities with the private sector that engage the core capacities of this sector to increase the reach, efficiency and effectiveness of OVC programs. The PEPFAR Technical Working Group on public private partners will be consulted on these activities.

The PC3 consortium representatives will actively participate in the National OVC Task Force as in past years and will promote the adoption and dissemination of the national OVC care and support guidelines and standardized training manuals for different OVC services.

This activity will strengthen collaboration with other PEPFAR Ethiopia partners by networking to link OVC with other services through referrals including educational services, clinical support, and IGA services.

In partnership with other PEPFAR Ethiopia OVC partners, this activity will work with the new PEPFAR APS recipient to coordinate activities to achieve most efficient use of resources for OVC in the highest HIV/AIDS prevalence areas. This includes harmonization on indicators, reporting, and OVC standards of care in line with Government of Ethiopia national guidelines and policies and OGAC OVC Program Guidance, as well as achieving quality assurance in OVC programming. Data from the EDHS 2005 and the results of USG Ethiopia mapping will be used to further inform geographic priority areas to increase reach in areas ranked highest for children affected by HIV/AIDS and with service availability to meet OVC comprehensive needs. This is especially relevant to PC3 which has the broadest geographic coverage among all the PEPFAR OVC programs.

This activity incorporates an exit strategy promoting sustainability by strengthening the capacities of local NGO, FBO and traditional community organizations that are already stratified in a tiered system (Tier I is the prime partner, Tier II is the local NGO and the Tier
III is the Community Organizations). Through this approach, the community takes the responsibility to continue support of the OVC services once the program ends.

Continued Associated Activity Information

Activity ID:	5578
USG Agency:	U.S. Agency for International Development
Prime Partner:	Save the Children US
Mechanism:	*Positive Change: Communities and Care (PC3)
Funding Source:	GHAI
Planned Funds:	$ 5,523,000.00

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	150,000	☐
Number of providers/caregivers trained in caring for OVC	10,000	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Street youth
HIV/AIDS-affected families
Orphans and vulnerable children

Key Legislative Issues

Gender

Stigma and discrimination

Wrap Arounds

Food

Education

Coverage Areas

Adis Abeba (Addis Ababa)

Afar

Amhara

Binshangul Gumuz

Dire Dawa

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:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	10397
Planned Funds:	$ 600,000.00

Activity Narrative: OVC Food Support

This is a continuing activity from FY05.

This activity is linked to: Positive Change: Children, Communities and Care (PC3) (5578), Food Procurement for Food-By Prescription (New) and Scale Up Hope (Track 1 - #936-3090.28)
To date, Save the Children US has received 100% of its FY06 funding. The activity is on schedule per workplan.
Funding has been increased based on the achievements of partial FY06 performance. In FY07, the aim is to scale up the program to a national level.

Household food insecurity is one of the major problems encountered by OVC in Ethiopia. Lack of food and other resources are among the "push" factors that cause children to leave home and seek income opportunities on the street. Those in food insecure rural areas encounter food shortages more so than those in the city. However, when the adult breadwinner is ill or has died, the situation is the same in both food secure and insecure areas and children become increasingly vulnerable.
Save the Children's OVC Food Support program will provide critically needed nutritional resources to the most vulnerable OVC households in eight regions: Addis Ababa, Amhara, SNNPR, Dire Dawa, Afar, Oromia, Tigray and Benshangul. The program will also support the Government of Ethiopia "Strategic Plan for the Multi-sectoral Response for HIV/AIDS" by strengthening care and support for HIV/AIDS-affected households through the provision of nutritional assistance.

In COP07, 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 World Food Program (WFP)-supported grant, SCUSA 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 throughout the country.

The program will leverage and scale up food support to an additional 15 sites to ensure coverage of programs implemented by partners and continue efforts in areas supported by Scale Up Hope as it phases out. The 15 expansion sites are in Scale Up Hope and PC3 intervention areas in order to achieve rapid impact. Site selection is based on high prevalence areas with critical food needs for OVC and affected households. Selection of OVC for food distribution will be based on household needs since general school feeding is not possible with PEPFAR funds. The program will ensure that OVC are included in the food distribution system. Existing PTA, as well as community committees will be involved in managing and ensuring that all designated food is directed and used by the OVC.

Although the OVC food support program will initially scale up food programming for OVC, PEPFAR Ethiopia expects food resources to be provided to OVC at additional sites throughout the life of the PC3 program.

In FY07 Save the Children will follow OGAC's OVC Guidance and the USG Policy on the Use of Emergency Plan Funds to address nutrition and food needs of PLWHA. This program will not buy food through PEPFAR funds but will leverage and link to WFP food support. Additionally, the program will complement Food-By-Prescription (FBP) for PLWHA.

SCUSA will ensure that: (1) Nutrition and food support directly contributes to meeting prevention, treatment and care goals stated in the US Five Year Global HIV/AIDS Strategy (2) Nutritional interventions are based on the scientifically established World Health Organization (WHO) assessment criteria and guidelines for nutritional care (3) Emergency Plan programs first attempt to access food resources for therapeutic and supplementary feeding from other sources (4) Emergency Plan food support to clinically malnourished patients is provided within the context of clear eligibility and exit anthropometric criteria and plans to transition to more sustainable food security for recipients. (5) Resources are leveraged to provide support to PLWHA and their families to address their broader health, food security and livelihood needs.

In partnership with other PEPFAR Ethiopia OVC partners, Save the Children will work with the new PEPFAR APS recipient to coordinate activities to achieve most efficient use of resources for OVC in the highest HIV/AIDS prevalence areas. This includes harmonization on indicators, reporting, and OVC standards of care in line with Government of Ethiopia national guidelines and policies and OGAC OVC Program Guidance, as well as achieving quality assurance in OVC programming. Data from the EDHS 2005 and the results of USG Ethiopia mapping will used to further inform geographic priority areas to increase reach in areas ranked highest for children affected by HIV/AIDS and with service availability to meet OVC comprehensive needs.

The exit strategy will also be determined and adhered to per the policies. The program ensures that OVC are provided with food on as needed basis and exit from dependency on food provision. This will be designed carefully by SCUSA, will be properly implemented and adhered to effectively.

Continued Associated Activity Information

Activity ID:	5744
USG Agency:	U.S. Agency for International Development
Prime Partner:	Save the Children US
Mechanism:	*Positive Change: Communities and Care (PC3)
Funding Source:	GHAI
Planned Funds:	$ 350,000.00

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

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	50,000	☐
Number of providers/caregivers trained in caring for OVC		☑

Target Populations:

Community-based organizations
Faith-based organizations
Most at risk populations
HIV/AIDS-affected families
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Wrap Arounds

Food

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: *
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 10483
Planned Funds: $ 585,000.00
Activity Narrative: Faith Based Care (Catholic)
This is a continuing activity from FY05 and FY06.
To date, CRS has received 100 % of FY06 funding.
Linkages: This activity is linked to ABY-Track 1 (5596), P.L. 480 Title II for food, USAID's Assets and Livelihoods Transition (ALT) food program
This activity is on schedule per workplan.
Strong performance resulted in almost double the COP06 annual target being achieved in the first six months of the year, with 13,644 OVC provided with services.
Catholic Relief Services combines P.L.480 Title II and Emergency Plan resources to support OVC. In FY06 CRS utilized these resources to work with the Medical Missionaries of Mary Organization for Social Services for AIDS and the Missionaries of Charity to provide support to 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 the Organization for Social Services for AIDS to provide support to 200 OVC in Dire Dawa and Harari. In FY07 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 financial support for living costs: shelter, school fees and supplies, and medical care on an as needed basis. Local partners will undertake stigma reduction interventions (information, education and communications) within host communities and provide counseling and psychosocial support to OVC.

The program is aligned with PEPFAR Ethiopia's Five Year Strategy, focused on the community as the key actor in the health network for care and holistic interventions. In 2007 CRS will continue to strengthen links between its Track 1 AB youth activity, in Dire Dawa, Oromiya and Tigray Regions, and its OVC work. CRS will also strengthen the capacity of Voluntary Counseling and Testing (VCT) centers, OVC counselors and Catholic Church pastoral leaders to respond to the diverse needs of OVC.

Based on the recent AIDS in Ethiopia Sixth Report by the MOH National HIV/AIDS Prevention and Control Office (HAPCO), CRS is increasing the number of OVC served in its program areas to 12,100 children, providing them with care based on individual needs. This includes basic/core services such as shelter and care, protection, health care, psychosocial support and education. The program also leverages USAID Assets and Livelihoods Transition (ALT) program food for OVC.

In partnership with other PEPFAR Ethiopia OVC partners, CRS will work with the new PEPFAR APS recipient to coordinate activities to achieve most efficient use of resources for OVC in the highest HIV/AIDS prevalence areas. This includes harmonization on indicators, reporting, and OVC standards of care in line with Government of Ethiopia national guidelines and policies and OGAC OVC Program Guidance, as well as achieving quality assurance in OVC programming. Data from the EDHS 2005 and the results of USG Ethiopia mapping will used to identify geographic priority areas to increase services in areas of highest prevalence to OVC.

CRS' exit strategy states that "all the organizations through which CRS/Ethiopia implements its PEPFAR funded projects have alternative sources of funding. Similarly, CRS' partner organizations are well established and network with other funding agencies and cooperating sponsors of the USG. This broad base of donors and networking with other agencies allows the organizations to source alternative funding if required. Additionally, CRS supports organizations to better understand and work within the USG regulations and to access US government funding directly.

Continued Associated Activity Information

Activity ID: 5733
USG Agency: U.S. Agency for International Development
Prime Partner: Catholic Relief Services
Mechanism: *
Funding Source: GHAI
Planned Funds: $ 363,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	12,100	☐
Number of providers/caregivers trained in caring for OVC		☑

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Gender

Increasing gender equity in HIV/AIDS programs

Wrap Arounds

Food

Microfinance/Microcredit

Education

Coverage Areas

Adis Abeba (Addis Ababa)

Dire Dawa

Oromiya

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: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 10486
Planned Funds: $ 700,000.00

Activity Narrative: Urban Agriculture Program for HIV/AIDS Affected Women and Children

This is a continuing activity from COP05 and COP06. This activity is linked to community level response to palliative care (new 1114), Positive Change Children communities and Care (5578) and Integrated Community Systems to Mitigate HIV/AIDS Impact on children (APS). To date, the activity has received 100% of FY06 funding. The partner is on track according to original targets as per the annual workplan. Funding had been increased for FY07 based on achievements from COP05 and partial results from COP06.

Summary of FY06 Accomplishments: This activity reached 7,686 of the targeted 6,600, i.e. 116.5% achievement. Food production in DAI sites has proved to provide not only food but also income for urban gardeners. Approximately 70% of the food produced is consumed; the remainder is sold and on average provides 40 Birr ($5) per month to participating households. DAI has established a working relationship with a network of NGOs that are operating in the same target areas with the same populations to achieve comprehensive services. Partners include: Integrated Services for AIDS Prevention and Support Organization (ISAPSO), Hiwot HIV/AIDS Prevention, Care and Support Organization (HAPCSO), Emmanuel Development Association (EDA), and the Welfare for the Street Mothers and Children Organization (WeSMCO). The activity has established a respected presence in high HIV/AIDS prevalence areas and serves as an entry point for referrals within the PEPFAR network of HIV/AIDS prevention, care, and treatment. Beneficiaries, especially OVC guardians living with HIV/AIDS, have conveyed an improved sense of self reliance and connectedness with the community resulting from their urban gardening.

FY07 Plan:

The Urban Agriculture Program for HIV Affected Women (UAPHAW) is an urban gardening program in high HIV/AIDS prevalence areas that supports low-income women and children. The program introduces simple micro-irrigation techniques at household level that can reduce labor and water needs, increasing production for households with limited resources. The objectives of the project are to improve the nutritional status of food insecure HIV+ individuals and affected families, increase the income levels of these families through sales of surplus garden crops; and provide skills and alternative livelihoods, thus increasing sustainability.

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 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 for sales of their surplus produce.

Moreover, the activity contributes to assertiveness and confidence building of women and their families. Women work together, share their views and come to understand and accept each other as individuals. This contributes towards minimizing stigma and discrimination and leads to cohesive social acceptance of both the children and the female heads of households.
In COP07, the activity will increase outreach to 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. Expanded partnerships with other PEPFAR and non-USG support OVC programs will help improve outreach to OVC. FY07 Activities will include:
(1) Developing and implementing detailed targeting criteria to identify OVC beneficiaries, in keeping with the PEPFAR Ethiopia guidance;
(2) Assuring linkages with ongoing PEPFAR Ethiopia OVC programs;
(3) Maintaining and extending technical and community outreach partner networks;
(4) 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;
(5) 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);
(6) Continuing advocacy work with Kebele and other local government officials and private landlords in terms of access to and use of urban land to address long-term sustainability;
(7) Identifying and developing linkages with markets to support the income-generating components of the program.

This activity 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. The activity 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 activities in the target communities. The extension of this program will enable these partnerships to mature and to build on lessons learned in the initial phase. It is expected that the activity will identify sub-grantees with multiple local partners in each new urban area. The program will expand to Bahar Dar, Gonder, Addis Ababa, Dessie, Nazareth and Awassa.

In partnership with other PEPFAR Ethiopia OVC partners, the activity will work with the new PEPFAR APS recipient to coordinate activities to achieve most efficient use of OVC resources in highest HIV/AIDS prevalence areas. This includes harmonization on indicators, reporting, and OVC standards of care in line with Government of Ethiopia national guidelines and policies and OGAC OVC Program Guidance, as well as achieving quality assurance in OVC programming. Data from the EDHS 2005 and the results of USG Ethiopia mapping will used to further identify geographic priority areas to reach areas ranked highest for children affected by HIV/AIDS and with service availability to meet OVC comprehensive needs.

Exit strategy: The sub-grant to the NGOs in the gardening program is designed for one year. NGOs are well oriented so that they can continue providing technical support to the beneficiaries after the project terminates. Beneficiaries will be trained in such a way that they will graduate after twelve months and the technical support is only provided once. After the grant period beneficiaries will continue to produce vegetables by themselves, with some technical support from the agriculture department and the NGO extension staff.

Continued Associated Activity Information

Activity ID:	5736
USG Agency:	U.S. Agency for International Development
Prime Partner:	Development Associates Inc.
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 376,000.00

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	12,000	☐
Number of providers/caregivers trained in caring for OVC	1,000	☐

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Gender

Stigma and discrimination

Wrap Arounds

Microfinance/Microcredit

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:	Relief Society of Tigray, Ethiopia
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	10488
Planned Funds:	$ 100,000.00

Activity Narrative: HIV/AIDS prevention and impact reduction in Tigray.

This activity is linked to Positive Change Children communities and Care (5578) and Better Education and Life Opportunities Through Networking and Organizational Growth (5580).

This is a continuing activity from FY05 and FY06. Funding has been increased based on the achievements from FY05 and partial results from FY06. To date, the activity has received100% of FY06 funding. The activity is on schedule per workplan.

In FY06 the activity has been implementing the following programs: provision of psychosocial support; education support for young OVC vocational skills training, and information, education and counseling services for 375 OVC, 94% of their COP06 target. Children who received financial support have been able to support themselves in a sustainable manner through various income generating activities, such as raising small ruminants and dairy cows, bee keeping, and petty trading. REST has facilitated a "social contract" between government and civil society to work together to identify most vulnerable children and delivering the priority services needed.

Strategies for COP07 include the following:
(1) Communities will participate fully in identifying the AIDS orphans and other vulnerable children;
(2) Children will be placed in skills training programs – e.g. tailoring and masonry skills - or engaged in raising small ruminants, dairy cows, bees etc.;
(3) The program will be monitored more intensively in order to identify the components that have maximum outputs; and
(4) Psychosocial aspects of OVC orphaned by HIV/AIDS will be addressed, by decreasing stigmatization and discrimination through an intensive information, education and communication (IEC) program and by counseling targeted OVC, thus increasing their self-awareness of their rights.

Skills Training for OVC: In order to make older OVC economically self-sufficient, this activity includes skills training and IGA programs. Therefore, the OVC aged 15 years and above will continue to receive three months of skills training in tailoring, hair dressing or masonry. This will be implemented jointly with local vocational and skills training institutions. The training will enable the OVC to acquire skills essential to establish and run private businesses. Immediately after completion of the training, OVC graduates will be provided with needed start-up resources such as sewing machines, and chairs, dressing tables and consumables such as shampoos, conditioners, etc. for hairdressing. These start-up materials are an integral part of the training package. This activity will solicit consultation regarding a market analysis to ensure skills training for OVC is market driven. Additional activities like supporting job placement for OVC will receive increased attention.

Program Management Training for Woreda (District) Sectors: Three days of training will be organized for Woreda sector representatives: Woreda councils, women's affairs offices, Woreda health offices and HIV/AIDS prevention desks. The participants will be responsible to coordinate, monitor and evaluate the care and support activities for OVC in their respective Woredas. Each of these entities will contribute its share of support to achieve the program objectives. This activity will also serve to confirm stakeholder responsibilities to support the OVC programs in their respective areas.

In partnership with other PEPFAR Ethiopia OVC partners, this activity will work with the new PEPFAR APS recipient to coordinate activities to achieve most efficient use of OVC resources in the highest HIV/AIDS prevalence areas. This includes harmonization on indicators, reporting, and OVC standards of care in line with Government of Ethiopia national guidelines and policies and OGAC OVC Program Guidance, as well as achieving quality assurance in OVC programming. Data from the EDHS 2005 and the results of USG Ethiopia mapping will be used to identify geographic priority areas ranked highest for OVC prevalence. As an exit strategy, this activity will place OVC in appropriate vocational schools to enable them to acquire skills which will allow them to either be employed by other organizations or become self-employed.

Continued Associated Activity Information

Activity ID: 5579
USG Agency: U.S. Agency for International Development
Prime Partner: Relief Society of Tigray, Ethiopia
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 75,000.00

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	504	☐
Number of providers/caregivers trained in caring for OVC	504	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Street youth
HIV/AIDS-affected families
Orphans and vulnerable children

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Tigray

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: IntraHealth International, Inc
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 10503
Planned Funds: $ 300,000.00

Activity Narrative: Comprehensive OVC care through Mother to Mother programs

This is a new activity for FY07. This activity is linked to Food Support of PLWHA (5774), Prioritizing Pregnant Women for ART (6637), and PMTCT/Health Centers and Communities (5586).

FY07 PLAN:
PEPFAR Ethiopia proposes that OVC program will link with an expanded PEPFAR supported "Mothers to Mothers" program to reach clinically malnourished OVC, especially those under 5, and their families with nutritional inputs (food-by-prescription (FBP)) as part of comprehensive support to OVC. The PEPFAR food and nutrition guidance recognizes the greater vulnerability of children born to HIV+ mothers, especially children under two years. With Ethiopia's low HIV prevalence and low PMTCT and ART uptake, identifying these children is challenging, especially doing so without generating stigma and discrimination. Many infants born to HIV+ mothers are part of households with other OVC. As the average household in Ethiopia has five children, World Food Program, with Title II inputs, will be leveraged to address the nutritional needs of other OVC in the family, whose mothers are in the support groups and receive FBP.

This activity provides an opportunity to link OVC with comprehensive care and support services through health facilities and community-based programming. The recipient will partner with IntraHealth, PEPFAR's lead PMTCT provider, and work closely with existing OVC PEPFAR partners to provide integrated services to OVC and their caregivers.

OVC programs, nearest to the 70 health centers hosting the Mothers-to-Mothers support groups, will partner with IntraHealth. This support group program is designed to assist women living with HIV and their families. Groups meet in health centers facilitating improved linkages to a continuum of HIV prevention, care and treatment services. OVC program partners will make referrals, especially of most vulnerable girls, to the program, follow up on the support received, and provide additional services to the children (e.g., education, psycho-social support, protection) of participating mothers. The connection with the health facility will increase access to child health services (immunizations, vitamin A supplementation, treated bed nets, treatment of childhood illnesses). OVC caregivers participating in the groups will receive training and support in nutrition and education, child feeding, child development, adherence counseling, health care, and the HIV/AIDS continuum of care. Linkages with OVC programs will provide access to economic strengthening activities for OVC caregivers in the support groups.

The Mothers-to-Mothers program fills a large gap in bridging health facilities with OVC programs. The intended result is strengthened referral networks in HIV/AIDS high prevalence areas that provide comprehensive care for the most vulnerable children due to HIV/AIDS. Young girls affected by HIV/AIDS, especially orphans, are more likely to be raped or forced into early marriage. Referrals to counseling and testing, ART, and PMTCT programs and related follow up are core features of the Mothers to Mothers program. OVC programs will reinforce these activities.

In partnership with other PEPFAR Ethiopia OVC partners, IntraHealth will work with the new PEPFAR APS recipient to coordinate activities to achieve most efficient use of resources for OVC in the highest HIV/AIDS prevalence areas. This includes harmonization on indicators, reporting, and OVC standards of care in line with Government of Ethiopia national guidelines and policies and OGAC OVC Program Guidance, as well as achieving quality assurance in OVC programming. Data from the EDHS 2005 and the results of USG Ethiopia mapping will inform priority areas for FY07 and may involve immediate phasing out of geographic areas not among those ranked highest for children affected by HIV/AIDS and service availability to meet their comprehensive needs.

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	5,000	☐
Number of providers/caregivers trained in caring for OVC	300	☐

Target Populations:

Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

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:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	10511
Planned Funds:	$ 820,200.00

Activity Narrative: IOCC HIV/AIDS Response Mechanisms Project
This is a continuing activity from FY05 and FY06. Funding will be increased based on the achievements from COP05 and partial results from COP06. This activity is linked to Ethiopian Orthodox Church Comprehensive HIV/AIDS Activity (#5592 AB) and IOCC HIV/AIDS Response Mechanisms Project (#5593 palliative care). To date, IOCC has received 100% of FY06 funding.
This activity is on schedule per workplan.
Summary of FYO6 Accomplishments: In FY06, PEPFAR Ethiopia supported International Orthodox Christian Charities (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 to expand community-based care and support of orphans and vulnerable children. The Orthodox Church has some 40 million followers, over 500,000 clergy and a network of parishes that are found throughout all regions of Ethiopia. In FY06, 2,000 new OVC households were enrolled in the income-generating activities program that will improve the lives of approximately 8,000 OVC household members. These household members benefit from the project's care and support components, including spiritual and practical counseling, start-up capital, and education on nutrition and sanitation in the home. The quality and availability of counseling services to both beneficiaries and the public at large was improved during FY06 with 60 new counselors being identified and trained. All OVC beneficiaries attended school. The IOCC/DICAC PEPFAR Ethiopia program reached approximately 20% of the country and operates in 100 woredas in 5 regions. IOCC's increased networking and partnerships accounted for achieving greater effectiveness and sustainability. Organizations such as HAPCO, Red Cross, regional administration offices, Dawn of Hope and the Organization for Social Services for AIDS (OSSA) provided assistance to the IOCC/DICAC program.

During COP07, gender will continue to be given maximum attention as a cross cutting theme of the IOCC/DICAC program. Efforts will be made to ensure increased female participation in youth clubs, advocacy groups, community-based discussion groups, counseling and training activities, and the use of program indicators on the percentage of women's participation reinforce this approach. During COP06, the criteria for hiring of counselors, trainers, HBC providers and Peer Educators strongly encouraged female and PLWHA applicants. This will continue in COP07. IOCC Ethiopia will continue to integrate different faiths into its work, through participation in the National HAPCO Partnership Forum and the Inter-Faith Forum. The activities planned by each project district will be undertaken in close collaboration with the local HIV/AIDS Prevention and Control Office (HAPCO) branches and other stakeholders in the area.

Additional resources in FY07 will be utilized for:
(1) An increase in start-up capital from $92 to $115 provided to the 2,000 additional OVC for income generating activities. This is important in view of significant inflation in Ethiopia which was not anticipated in the last budget.
(2) Provide training to 240 new para counselors. Para counselors are required to follow-up and provide guidance to 5,500 OVC and their household members regularly. The program currently has 240 Para counselors, a ratio of 23 OVC: 1 counselor. In FY07 this ratio will be reduce to 11:1 to enable more frequent and better quality follow-up sessions; necessitating recruitment of an additional 240 para counselors.
(3) Provide funds to enable 40 OVC aged 15+ to attend vocational training schools. There is no element in the COP06 program that addresses the need for OVC to receive training that will better secure their future and make them productive and employable citizens. The program will provide funds to send two OVC from each of the 20 branch areas to vocational training schools. This would include training in tailoring, metal work, woodworking and hairdressing. In addition, IOCC would provide start-up equipment such as sewing machines and tools upon graduation.

In partnership with other PEPFAR Ethiopia OVC partners, this activity will work with the new PEPFAR APS recipient to coordinate activities to achieve most efficient use of resources for OVC in the highest HIV/AIDS prevalence areas. This includes harmonization on indicators, reporting, and OVC standards of care in line with Government of Ethiopia national guidelines and policies and OGAC OVC Program Guidance, as well as achieving quality assurance in OVC programming. Data from the EDHS 2005 and the results of USG Ethiopia mapping will used to further identify geographic priority areas ranked highest for

children affected by HIV/AIDS. As an exit strategy IOCC focuses on strengthening the community and the diocesan partners to sustain the program.

Continued Associated Activity Information

Activity ID:	5591
USG Agency:	U.S. Agency for International Development
Prime Partner:	International Orthodox Christian Charities
Mechanism:	*
Funding Source:	GHAI
Planned Funds:	$ 573,000.00

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

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	2,500	☐
Number of providers/caregivers trained in caring for OVC	2,800	☐

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

Table 3.3.08: Activities by Funding Mechanism

Mechanism: World Learning-OVC
Prime Partner: World Learning
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 10524
Planned Funds: $ 3,800,000.00

Activity Narrative: Improving Access to Education for children orphaned due to HIV/AIDS
This is an on-going activity from FY06.
Linkages: This activity is linked to Save the Children USA's Positive Change: Children, Communities and Care (PC3) (5578)
To date, World Learning has received 80% of FY06 funds and will receive the remaining 20% this month when schools reopen.
The activity is on schedule per work plan.
Similar to Save the Children's PC3 program (Positive Change: Children, Communities and Care), World Learning's education/HIV/AIDS program is strongly linked to the on-going USAID-funded Basic Education Strategic Objective (BESO) Community-Government Partnership Program (CGPP).
The program builds on FY06 successes involving the work of PTA, Girls' Advisory Committees, community elders and kebele administrations to minimize stigma and discrimination and sensitize respective communities to accept HIV-affected orphaned and vulnerable children.

During FY07 5,000 children will be supported to continue their education in 100 schools. Community and other appropriate schools, serving orphans and vulnerable children due to HIV/AIDS, will be selected and strengthened through financial and material support. Support will be based on the specific needs of HIV/AIDS-affected orphans and vulnerable children in respective schools. The PTA, community members, local government administration and regional bureaus of education will work together to ensure that quality education is provided. The program will also complement the on-going PEPFAR-Ethiopia funded PC3 and the Beacon schools program initiative. In 2007, the education curriculum will specifically address the needs of vulnerable children.

OVC-focused school interventions will include provision of school kits, uniforms, book packs and school supplies, to provide a conducive learning environment. Orphans and vulnerable children due to HIV/AIDS will be linked to HIV prevention education, an existing part of the education curriculum, as well as to nearby health services. In addition to attending formal schools, the PTA will support OVC, particularly orphans due to HIV/AIDS, to receive tutorial support after work. The PTA will also arrange psychosocial support through the counseling and guidance program, with a special emphasis for HIV/AIDS-affected orphans. Efforts will be made to place out-of-school-children in skills training programs so that they might access future employment in petty trade activities.

The Girls' Advisory Committees (GAC) will advocate to the community, employers and the general public to improve the situation of children, particularly girls, orphaned due to AIDS. Advocacy efforts will raise awareness of the increased vulnerability of girls in many aspects of life. GAC will work to ensure that AIDS-affected and orphaned girls attend classes regularly and receive sufficient study and tutorial time after class, since they often lack sufficient study time at home due to work pressure. Additionally, the GAC will ensure that PTA and school communities host community dialogues around the importance of girls' education and keeping girls in school.

Building on strong existing school structures, the program will mobilize school communities to care for OVC at the community level. Core services including shelter and care, protection, health care, psychosocial support and education will be provided, and, as much as possible, the program will keep children within their home/community environment. School-supported wrap-around services, through PTA income generation activities, school gardening or links to the World Food Program (WFP) will provide food/nutrition support to schools as appropriate.
In partnership with other PEPFAR Ethiopia OVC partners, World Learning will work with the new PEPFAR APS recipient to coordinate activities to achieve most efficient use of resources for OVC in the highest HIV/AIDS prevalence areas. This includes harmonization on indicators, reporting, and OVC standards of care in line with Government of Ethiopia national guidelines and policies and OGAC OVC Program Guidance, as well as achieving quality assurance in OVC programming. Data from the EDHS 2005 and the results of USG Ethiopia mapping will used to further inform geographic priority areas to increase reach in areas ranked highest for children affected by HIV/AIDS and with service availability to meet OVC comprehensive needs.
WL's exit strategy will focus on building the capacities of the PTA, GAC, and the general school community as well as educating the public to enable them to effectively support the

OVC in their communities and schools.

PLUS UP FUNDING: the program focuses on scale-up of FY 2006 OVC care and support to increase coverage of the enormous needs of OVCs affected by HIV/AIDS. The FY 2006 World Learning technical support to OVCs through schools benefits only 10% OVCs identified. The overall objective is to provide psychosocial and nutritional support for 10,000 OVCs in 200 primary schools. This program provides a menu of essential quality services including nutrition, psychosocial support, health care, legal protection, life skills trainings and a system of referrals to ensure that OVC needs are not neglected. It involves a broad range of community partners in government, civil society and NGOs in an integrated set of services.

Continued Associated Activity Information

Activity ID:	6444
USG Agency:	U.S. Agency for International Development
Prime Partner:	World Learning
Mechanism:	World Learning-OVC
Funding Source:	GHAI
Planned Funds:	$ 1,630,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	20,000	☐
Number of providers/caregivers trained in caring for OVC	2,400	☐

Target Populations:

Community leaders
Community-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Teachers
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Wrap Arounds

Education

Coverage Areas

Amhara

Oromiya

Southern Nations, Nationalities and Peoples

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: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 10526
Planned Funds: $ 0.00
Activity Narrative: Gender-based Violence Prevention for OVC and Families

This is a continuing activity from FY06, with increased funding based on the magnitude of need in Ethiopia in this area. To date, the partner has received 100% of FY06 funds and is on track according to original targets and workplan.
The activity is linked to Positive Change: Children, Communities and Care (PC3) (5578)

This program will focus on community sensitization, counseling and life skills training and adds legal aid to OVC, emphasizing protection from sexual abuse, inheritance rights, and strengthening the capacity of law-enforcing entities, legal organizations, police, and community elders, to enforce and implement existing government policies.

Recent data (EDHS 2005) reveals that gender-based violence and other harmful practices (abduction, forced early marriage, trafficking, coercive labor as house maids and service providers in bars and drink houses, female genital cutting, etc…) persist in Ethiopia, placing orphaned and vulnerable girls at increased risk for abuse and exposure to HIV. Economic, social and cultural gender inequality has left women and girls less protected legally and has restricted their access to health and social support services.

To address Ethiopia's high prevalence of gender-based violence and other harmful traditional practices, the partner will educate and train local communities and government representatives at the policy and program levels. Through existing community structures and partners (international and local partners, including PC3 partners, FBO, CBO, women's rights groups burial associations, professional associations, etc…) the partner will address the relationship between gender-based violence and HIV/AIDS and strengthen referrals between women's rights groups and government and law-enforcement officials to handle abuse cases. The program will (1) create awareness of gender relations (2) address male norms and work with men as part of the solution (3) train government gender-based violence unit staff (4) establish model gender-based violence protection units at the woreda and kebele levels (5) educate communities on human and legal rights, including the family law, penal and civil code and child rights convention (6) empower women and girls through community gender sensitization, reproductive health education, and assertiveness training (7) create alternative job opportunities and IGA for women and girls (8) conduct behavior change education and (9) help community and law enforcement bodies design strategies to reduce gender-based violence. Direct involvement of local government officials and law enforcement bodies will contribute to the protection of the girls and the general community.

In partnership with other PEPFAR Ethiopia OVC partners, the partner will work with the new PEPFAR APS recipient to coordinate activities to achieve most efficient use of resources for OVC in the highest HIV/AIDS prevalence areas. This includes harmonization on indicators, reporting, and OVC standards of care in line with Government of Ethiopia national guidelines and policies and OGAC OVC Program Guidance, as well as achieving quality assurance in OVC programming. Data from the EDHS 2005 and the results of USG Ethiopia mapping will used to further inform geographic priority areas to increase reach in areas ranked highest for children affected by HIV/AIDS and with service availability to meet OVC comprehensive needs.

The partner will raise matching funds to support the program, and its exit strategy will focus on increasing government effectiveness and mobilizing stakeholders to observe the law and protect vulnerable girls.

Continued Associated Activity Information

Activity ID: 5741
USG Agency: U.S. Agency for International Development
Prime Partner: Hope for African Children Initiative
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 400,000.00

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	60,000	☐
Number of providers/caregivers trained in caring for OVC	1,000	☐

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
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Adis Abeba (Addis Ababa)

Oromiya

Southern Nations, Nationalities and Peoples

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	United Nations High Commissioner for Refugees
USG Agency:	Department of State / Population, Refugees, and Migration
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	10530
Planned Funds:	$ 100,000.00

Activity Narrative: The United Nations High Command for Refugees (UNHCR), in conjunction with its implementing partner, the International Rescue Committee (IRC), determined it would be most effective to develop a pilot OVC program in two refugee camps, Sherkole and Shimelba, before expanding the program to encompass other refugee camps and host communities in Ethiopia. Most of UNHCR's implementing partners do not have direct experience working with this sensitive population or with designing an OVC program. UNHCR/IRC determined that a pilot OVC project linked to a well-developed HIV/AIDS program would enable development of an effective program design and prevent discrimination against OVC in refugee camps. Based on successes and lessons learned, this project is expected to expand to other refugee sites. UNHCR, following OVC guidance from the Office of the Global AIDS Coordinator (OGAC), will develop pertinent program indicators and distinguish between direct-primary and indirect-supplemental services in semiannual and annual reports. UNHCR will be required to come up with an exit strategy to create smooth transition of the program from PEPFAR funding to community/UNHCR and government support. The number of OVC served by this program is reduced by half because only two camps will be targeted by the OVC pilot, rather than the seven initially proposed. In addition, it is not practical to conduct the pilot in the Gambella camps due to the imminent closings of Bonga and Dimma camps.

This new intervention will provide OVC care and support in and around Shimelba and Sherkole refugee camps. Children who are vulnerable to HIV, and those orphaned due to AIDS, suffer social, emotional, and economic consequences. Their problems are not well addressed, especially in displacement settings—for example, there have been no programs addressing OVC needs in Ethiopian refugee settings, although reports and observations indicate a great problem. In FY07/08, through UNHCR, IRC will pilot a PEPFAR-supported OVC program in Shimelba and Sherkole refugee camps. Together, the IRC, the Government of Ethiopia's Administration for Refugees and Returnee Affairs (ARRA), and UNHCR Child Welfare Officers will work to identify children to be included in this group (PEPFAR criteria will be used). They will also strengthen activities supporting OVC and their families, with an emphasis on improving access to protection and social services, such as education and health. Under this pilot project, 175 Sudanese and Eritrean OVC refugees and the camp host populations will be supported by strengthening family and community capacity and providing skills training to older children. This proposal, which was developed with ARRA, is programmatically linked to HIV Prevention Services for Refugees and Host Populations in Ethiopia (5739), Condoms and Other HIV Prevention Services for Refugees and Host Populations in Ethiopia (5786), Voluntary Counseling and Testing Services for Refugees and Host Populations in Ethiopia (5657), Palliative Care in Four Refugee Camps in Ethiopia (1066), and Universal Precautions and Post-Exposure Prophylaxis in Six Refugee Camps (1022). IRC will engage members of the community (caregivers) to provide household support to OVC. This support may include preparing food (from the OVC' food rations) or fetching water or firewood. As they will no longer be responsible for these basic household duties, OVC will have more time to attend school or pursue other activities. Together with UNHCR and ARRA, IRC will identify OVC and their foster families. IRC Child Protection Officers and social workers will provide support and counseling to the caregivers and foster families to improve their ability to care and support for these children. It will be the responsibility of the Child Welfare Officers, together with the social workers, to monitor children in foster families and children who access child-friendly spaces for signs of neglect and abuse—making sure that children are referred to ARRA for medical care. Children will be monitored according to the USAID OVC criteria. IRC will identify youth who were formerly in a similar situation, or who are sympathetic to the situation of the current OVC, to work with community groups to identify and explore their beliefs and perceptions of OVC. The refugee community and religious leaders will be trained on how to work together as a community to support and nurture these children and protect them from HIV, and will be responsible for leading some behavior-change communication (BCC) campaigns. BCC strategies will be used to address the problems of stigma and discrimination and promote responsible behavior by youths and adults towards OVC. IRC will continue to integrate HIV education and anti-stigma discussions in IRC's informal education classes, primary school classes, gender-based violence (GBV) community discussions, at the ARRA health center and during outreach activities conducted by the IRC social workers.

IRC Child Welfare Managers will be responsible for establishing and managing the OVC program. Their role will include strengthening relationships and links between UNHCR and ARRA to support the children and their families, monitoring foster families and the wellbeing of the children, and building refugee and IRC capacity. IRC Child Welfare Staff

will ensure that all staff working with OVC, including IRC's health, GBV, child welfare, and youth staff, ARRA's health staff, and UNHCR's staff, receive ongoing in-service trainings in child protection and OVC support. The IRC Child Welfare, ARRA, and UNHCR staff will hold monthly coordination meetings in between trainings to review cases for follow up and intervention. IRC will continue to strengthen referral links established between the ARRA health centers, UNHCR Welfare Officers, the regional hospitals, and the regional HAPCO offices.

Activities that will be implemented in Sherkole and Shimelba camps include: 1. Hire two Child Welfare Managers and one Child Welfare Officer; 2. Hire five refugee social workers for each camp; 3. Conduct one orientation training in child protection for IRC Child Welfare Managers, Officers, and refugee social workers; 4. Conduct quarterly in-service training for five refugee social workers for each camp; 5. Rehabilitate one child-friendly space in each camp; 6. Rehabilitate those homes of OVC that have security concerns—stigmatization and poor construction/lack of privacy can put OVCs at risk in the camps; 7. Identify and train foster care families; 8. Train OVC caregivers on how to care for children (i.e., nutrition, personal care); 9. Train religious and community leaders on child protection; 10. Purchase and make HIV educational materials (books, drama, videos) available for OVC; 11. Conduct one art competition in each camp, resulting in t-shirt creation with winning OVC/HIV message; 12. Provide nutritious snack for children accessing child-friendly spaces; and 13. Distribute condoms to older OVC. Through these activities, the project aims to reduce the suffering and improve the lives of 175 OVC. Based on successes and lessons learned, this pilot project could expand to other refugee sites. UNHCR, following OGAC OVC guidance, will develop pertinent program indicators and distinguish between direct primary and indirect supplemental services in semiannual and annual reports, indicating how they address gender equity in their programs. UNHCR will be required to come up with exit strategy to create smooth transition of the program from PEPFAR funding to community/UNHCR and government support.
IRC Child Welfare Managers will be responsible for establishing and managing the OVC

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	175	☐
Number of providers/caregivers trained in caring for OVC		☑

Target Populations:

Adults
Community leaders
Most at risk populations
Refugees/internally displaced persons
Orphans and vulnerable children
People living with HIV/AIDS
Program managers
Volunteers
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Out-of-school youth
Religious leaders

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Education

Coverage Areas

Binshangul Gumuz

Tigray

Table 3.3.08: Activities by Funding Mechanism

Mechanism: pc
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 10533
Planned Funds: $ 925,000.00

Activity Narrative: At the invitation of the government, Peace Corps will establish a program in Ethiopia and will recruit and field forty volunteers to begin service in HIV/AIDS work in FY07. These volunteers (30 funded by PEPFAR and 10 by Peace Corps) will collaborate with other USG partners to support the Government of Ethiopia strategy to create and strengthen a community and family-centered HIV/AIDS prevention, care and treatment network model in the Amhara and Oromia regions. Given their high population densities and relatively high HIV prevalence, these regions are considered priorities by the Government of Ethiopia and the USG. Peace Corps' OVC activities described below are related to its activities in the treatment area as all volunteers will be working and reporting in both areas.

In Ethiopia PEPFAR is supporting, among many programs, capacity building for hospitals, health centers and community organizations to provide adults and children with high quality prevention, care and treatment services. Several challenges mitigate the effectiveness of these organizations in serving new clients and providing continuing services to existing clients. These challenges include weak organizational systems; lack of trained health care personnel; and inadequate referral networks along the prevention, care and treatment continuum.

To help address these challenges and fill critical gaps related to the provision of core services to Ethiopia's growing orphan population, volunteers will be assigned to various levels of the continuum depending on community needs and the volunteers' qualifications. Potential volunteer assignments include PEPFAR supported Regional Health Bureaus, Woreda Health Offices, health facilities, kebeles and community-based organizations (such as AIDS Resource Centers) serving orphans and vulnerable children, particularly in rural areas. Volunteers reporting to different levels of this system may be clustered in groups of three to increase opportunities for strengthening linkages within the network of health facilities, other local service providers, and community members. All volunteers will be assigned counterparts, who may be Health Extension Workers, community volunteers, or case managers, among others, and will collaborate closely with PEPFAR-funded partners as well as other organizations in their catchment area that are not receiving PEPFAR funds.

Volunteers will assist with building and supporting the network of OVC service providers by helping to identify relevant information and communication channels to move case information effectively and confidentially so that clients are tracked through the service continuum. Development of this network will help facilitate referrals and follow up to ensure that children receive necessary services.

To promote the flow of information, volunteers will work with counterparts to train and coach health facility personnel in the development of information systems and in utilizing data for planning and decision-making about operations, programs and individual cases. At the community level vvolunteers and their counterparts will help strengthen or create committees that would be responsible for coordinating all OVC activities in a catchment area (e.g., kebele). They will also build capacity among family members and organizations serving OVC to advocate for orphans and vulnerable children, particularly the most vulnerable in their communities. .Emphasis will be placed on promoting linkages with other types of services needed by OVC such as child survival and family planning services. To ensure that information on available services is current; volunteers will assist partners in mapping exercises.

Each community has a unique constellation of HIV/AIDS services and providers which may benefit from volunteer collaboration. Additional community activities that volunteers are likely to support include:

Introduction and promotion of permaculture (low energy gardens) as a way to address food insecurity;
Training of peer educators in peer support for a variety of issues (AB, ABC, PMTCT, alcohol /chat use and HIV, mobile workers etc.) and target groups (girls, boys, young mothers, caregivers, discordant couples, OVC, etc.);
Promotion of positive living through a variety of entry points (PLWHA groups, OVC groups, schools, post test clubs, etc.);
Prevention for positives and prevention among discordant couple programs;
Life skills camps and workshops with students, out-of-school youth, peer educators,

mothers, and other groups;
Health literacy and HIV/AIDS teacher training in primary and secondary schools;
Girls' clubs and places where girls can be together safely; and
Promoting OVC attendance and success in school.

In all activities in which volunteers are engaged, they will strive to address issues related to gender sensitivy, stigma and discrimination and the active involvement of youth in the development and implementation of OVC programs.

All volunteers recruited in FY07 will receive PEPFAR-funded pre-service and in-service technical and language training. When possible, Peace Corps will tap the expertise of local PEPFAR-funded partners for training and will procure PEPFAR-funded materials. After pre-service training and upon arrival at their sites, volunteers and their counterparts will conduct needs assessments of their communties and work places. These assessments will benefit from existing data and will help define the types of specific activities on which volunteers will focus.

Peace Corps/Ethiopia will create and make available to all volunteers PEPFAR funds through the "VAST" (Volunteer Assistance Support and Training) Program for small community-initiated projects such as training. Volunteers will be ecouraged to apply for these funds with their counterparts and communities only when local resources are inadequate.

COP07 funds will be used to cover the costs of thirty volunteers for the entire two years of their service and local staff required to support and train all forty volunteers in country. Peace Corps will use its own funds to recruit and fund Country Director, Administrative Officer and Program Manager positions.

Volunteer recruitment will begin on approval of the FY07 COP. Peace Corps staff are expected to begin operations in-country in January 2007, including office set-up, consultation with Government of Ethiopia and the PEPFAR Team to finalize sites and develop site specific volunteer work assignments, and preparations for volunteer training and placement. The volunteers are expected to arrive in-country in July 2007 for 8-10 weeks of training, taking up their assignments in September 2007.

It is expected that development of community-based networks and training of service providers on systems and information management and use will increase the numbers of orphans and vulnerable children served by OVC programs. Peace Corps' targets for activities approved in the FY07 COP are low as volunteers will work less than six months at their sites during the FY07 COP period. Depending on their level of involvement, volunteers' contribution to the following indicators may be indirect.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
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		☑
Number of providers/caregivers trained in caring for OVC		☑

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
People living with HIV/AIDS
Program managers
Volunteers
Children and youth (non-OVC)
Religious leaders
Public health care workers

Key Legislative Issues

Gender

Volunteers

Stigma and discrimination

Wrap Arounds

Coverage Areas

Amhara

Oromiya

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: World Food Program
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 16051
Planned Funds: $ 3,000,000.00
Activity Narrative: This activity that combines Title II and PEPFAR Ethiopia resources for nutritional support of OVC. Funding has been increased based on the following items:
PEPFAR Ethiopia needs to reach larger numbers of clinically malnourished and food insecure OVC graduating from the short term facility based food-by-prescription program with community-based food and nutrition and livelihood support.
Projected Food For Peace commodity levels into WFP remain uncertain.
The food and related operational costs will be contributed by non-PEPFAR Ethiopia sources. During FY07 WFP will scale up food and nutrition support for PLWHA/OVC in 14 urban areas including Dire Dawa; Adama, Shashemene, Mojo and Debre Zeit in Oromiya; Debre Birhan, Bahir Dar, Gondar and Dessie in Amhara; Awassa, Dilla and Soddo in SNNPR; and Mekele in Tigray. These are some of the most populous towns in Ethiopia with high rates of HIV/AIDS infection and urban poverty. The beneficiaries of the project are PLWHA/OVC on HIV care and treatment with clinical signs of severe malnutrition, and HIV+ women and their infants in PMTCT programs. The project also provides nutritional support to OVC.

According to the findings of two surveys conducted at the end of 2004 and 2005, WFP nutrition support for PLWHA/OVC has resulted in significant improvements in the nutritional status and quality of life of its beneficiaries. This activity will be implemented through the government and NGO partners in the implementation areas. Each town has a Coordination Committee composed of representatives of the town, HAPCO, health bureau, health service providers, NGO partners and PLWHA associations. Nutritional support is designed to build upon and complement existing care, support and treatment activities including home based care, ART, PMTCT and educational support for orphans.

This activity will be aligned with national OVC programming and linked to health services, including ART at hospitals and health centers in 14 major urban areas. Furthermore, WFP will collaborate with implementing partners to integrate nutrition assessment of OVC in case detection of children pre-ART, ART, PMTCT and postnatal care services.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	75,000	☐
Number of providers/caregivers trained in caring for OVC	3,000	☐

Target Populations:
HIV positive children (5 - 14 years)

Table 3.3.08: Activities by Funding Mechanism

Mechanism: World Learning-OVC
Prime Partner: World Learning
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 16053
Planned Funds: $ 600,000.00
Activity Narrative: The GSM prime partner, World Learning for International Development, through their Leader award will assist USAID/Ethiopia in the solicitation, review, award, management and close-out of grants to local Ethiopian partners. The GSM Recipient will help implement the Emergency Plan by conducting a wide range of technical and administrative tasks to support the involvement of local non-governmental organizations (NGOs) in HIV/AIDS prevention and care activities.

USAID anticipates GSM preparing soliciations that focus on providing OVC with educational and nutritional assistance, referral to health care services, and age-appropriate HIV prevention information by training caregivers and volunteers. Services will also address the psychosocial needs of HIV+ children through group association activities and individual counseling. All activities will have a focus on higher risk populations and vulnerable children. GSM will provide technical assistance and oversight for the new partners to ensure quality programming, gender consideration, monitoring and timely reporting.

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	8,000	☐
Number of providers/caregivers trained in caring for OVC	800	☐

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 16056
Planned Funds: $ 200,000.00
Activity Narrative: Population Council was funded in FY06 and FY07 for HIV prevention activities. After analysis of the Population Council program for HIV prevention and early marriage, FY07 OVC funds were reprogrammed to the Population Council mechanism to support comprehensive HIV prevention programming for older adolescent girls who migrate to urban areas where HIV prevalence rates are high. This funding request represents utilizing HIV prevention and OVC funding streams to address this target population. OVC funds will be utilized within the existing program to identify highly vulnerable adolescent girls (OVC) in Bahir Dar and Addis Ababa and provide information, address factors placing them at high risk for HIV infection including unwanted pregnancy, social isolation, family living arrangements, support systems and safety nets.
This is an urban-based activity that will strengthen access to information and OVC services including referral to medical services for girls migrated to urban areas and are highly vulnerable to engaging in transactional sexual relationships for survival.

Migrants are socially isolated and highly vulnerable girls who are typically without coping structures (family and adult supervision, housing, income) to mitigate the risk of HIV infection through transactional sex. This can be done through a local organization working with migrant girls in areas where they congregate.

Emphasis Areas

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	500	☐
Number of providers/caregivers trained in caring for OVC	25	☐

Key Legislative Issues

Gender

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Young Mens Christian Association
Prime Partner: Young Men Christian Association
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 16057
Planned Funds: $ 200,000.00
Activity Narrative: The YMCA AIDS Volunteerism and Community Engagement (ADVANCE) Program will develop, strengthen and scale-up successful YMCA youth program practices in order to improve HIV/AIDS knowledge and practices among youth and young adults, as well as care for children and families affected by HIV.AIDS.The ADVANCE Program has two OVC objectives: 1. Provide vital recreational, educational, and counseling services to at least 5,000 orphans and vulnerable children affected by HIV/AIDS in the five target communities by 2010, and 2. Strengthen youth, young adult and community support for orphans and vulnerable children in the five target communities through volunteer service projects by 2010. The YMCA and YWCA will work with local schools, community leaders, and social service agencies to identify orphans and vulnerable children in need of educational, recreational and psycho-social support. The vulnerable children will include street children and juvenile delinquents in Addis Ababa and Adama.

The OVC will receive free YMCA and YWCA memberships in the target communities and be immediately integrated into other YMCA and YWCA youth education and recreation programs to break down stigma and discrimination. The YMCAs and YWCA will also target the OVC in the HIV prevention and peer education activities listed above. Some of the peer educators in the younger group will be OVC. The YMCA and YWCA will also work with other community-based organizations including schools, hospitals and clinics, faithbased organizations, NGOs and local businesses to mobilize financial and material support for the educational, medical and psycho-social needs of OVC. The YMCA and YWCA will organize community level anti-sigma campaigns to raise awareness and support for OVC. These campaigns and YMCA/YWCA networking efforts will develop new communitylevel collaborations to provide the OVC with additional psychosocial counseling, family reunification, foster care and educational opportunities to develop their self-esteem, social skills, and confidence. In larger YMCA branches like Addis Ketema in Addis Ababa, the YMCA will also provide primary education and meals to OVC in its primary school. In other branches the YMCA and YWCA will work with the local schools, health facilities and faith-based organization to mobilize educational and psycho-social support and charitable assistance (school supplies and clothes) for the OVC. Through the ADVANCE program, the YMCA will be able to strengthen the capacity of the local
branches to offer care and programs to OVC in a more sustainable way.

The YMCA and YWCA will organize service learning activities to educate and empower young people to play a positive role in mobilizing compassion and support for OVC. This will be achieved through volunteer service learning activities implemented by the youth and young adult peer educators in collaboration with local government, business, NGO and religious leaders.

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,500	☐
Number of providers/caregivers trained in caring for OVC		☑

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: $ 14,944,250.00

Program Area Context:

HIV/AIDS counseling is a crucial component in the response to HIV/AIDS. HIV Counseling and Testing (HCT) is considered a primary entry point to the health network. PEPFAR Ethiopia has been the lead donor in establishment and expansion of HCT services in the country and has assisted the Federal MOH and Regional Health Bureaus since 2001. PEPFAR Ethiopia has supported the strengthening of HIV counseling and testing efforts by:
(1) Continued provision of HCT in existing testing services in 131 hospitals, 500 health centers, and 120 workplace and private clinics;
(2) Initiating and expanding innovative approaches to scale up HCT services such as mobile, home based VCT, weekend outreach services, campaigns;
(3) Introducing a strategic mix of different counseling testing approaches in diverse settings, such as PICT, VCT, Couple counseling, Child and Youth focused C&T;
(4) Providing technical and financial support to develop counseling and testing training materials such as VCT, PICT, training curricula and training packages for lay counselors;
(5) Supporting the MOH in updating the existing National VCT guidelines to include major policy issues that impede the smooth delivery of the service: age of consent, confidentiality and partner notification;
(6) Training of service providers at national, regional level and site level for health workers and lay counselors;
(7) Assessing new sites and provision of technical and material support to initiate services;
(8) Developing a quality assurance system at the facility level; and
(9) Strengthening the linkage between HCT and care and treatment.

The number of HIV testing sites and persons receiving HIV counseling and testing services dramatically increased in the last three years. MOH report showed that during the one year period between July 2005 to June 2006, 564,351 individuals and couples received counseling and testing from 650 sites. The preliminary findings from the national Behavioral Surveillance Survey (BBS) 2005 revealed that the proportion of individuals who reported to ever had HIV test has increased compared to the 2000 BSS result. PEPFAR Ethiopia significantly contributed in supporting more than 85% of the sites and meeting the target. Yet there is a need to test more Ethiopians for HIV. The recent findings of the Ethiopian Demographic and Health Survey (EDHS) 2005 show that, among the adult population age 15-49, only 4 percent of women and 6 percent of men have been tested for HIV at some time. The highest testing rates are observed among urban residents. The proportion of who reported ever had HIV test has increased in BSS round two (2005) compared to the BSS round one (2002).

In support of the he recently launched EMOH plan, Accelerating Access to HIV/AIDS Treatment Road Map 2004 – 2006, PEPFAR Ethiopia expects to reach 100,000 individuals on ART by the end of COP07. PEPFAR Ethiopia will reach 138,300 PLWHA with free ART by the end of Sept. 2008, out of which 40,000 will be new patients. To identify 40,000 new eligible patients for ART therapy, more than 1,038,437 persons should be tested. To accomplish this task PEPFAR Ethiopia will expand support to 131 hospitals (including private institutions) and 500 health centers in the country. Support will also be given to strengthen HCT services in NGO settings, workplace clinics, youth centers, high risk corridors and private clinics. To increase the uptake, PEPFAR Ethiopia will support national campaigns on HIV testing and disclosure. To increase uptake of HCT, PEPFAR Ethiopia will support implementation of different approaches, including mobile, outreach and home and community-based VCT services.

VCT promotion is crucial in creating demand for HCT and reducing stigma against HIV+. In this regard region-focused messages will be developed and intensive efforts will be made in the social marketing of HCT services.

During the first six months of 2006, a total of 136,567 individuals were counseled, tested and received their test result in PEPFAR Ethiopia supported sites. Given the fact that majority of VCT sites nationwide are

supported by PEPFAR Ethiopia, this result indicates that there is a need to rapidly scale up VCT services using various methodologies in addition to existing static services in public health system. The main challenge during FY06 was inconsistent supply of test kits, which led to service interruption and low up take in a number of public facilities. During COP07, through the Supply Chain Management System (SCMS) mechanism, PEPFAR Ethiopia will work closely with the MOH and the GFATM to ensure consistent supply test kits.

During COP07, PEPFAR Ethiopia will give due emphasis to the following areas: child counseling and testing, provider initiated HIV counseling and testing, family center counseling and testing and the utilization of mixed methods, including community based counseling and testing through intensified outreach and mobile VCT. In addition, PEPFAR Ethiopia will provide support through involvement of non-medical or community counselors and introduction of simple techniques including use of capillary samples and Dried Blood Spot (DBS) for HIV testing and quality control.

PEPFAR Ethiopia will continue to use funds to provide technical assistance, minor renovations and procurement of commodities to help reach the target. PEPFAR Ethiopia will work with the Global Fund to leverage test kits and other lab supplies.

Program Area Target:

Number of service outlets providing counseling and testing according to national and international standards	974
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	1,079,937
Number of individuals trained in counseling and testing according to national and international standards	4,379

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 10382
Planned Funds: $ 2,228,000.00

Activity Narrative: I. National HIV counseling and testing support (COP ID 5627)
This is a continuing activity from FY05, FY06. This COP 07 addresses three merged activities and is linked to new activity 1073 and 1074 in policy and system strengthening As of April 06 date, JHPIEGO received 100 % of FY06 funds and is on track according to the original targets and workplan. We have increased funding based on the achievements from FY05 and partially FY06.
During FY06, JHPIEGO worked with the MOH/HAPCO, RHB and CDC to build human capacity for providing high quality HIV counseling and testing services at 89 hospitals. Interventions included training of service providers, training of trainers, developing and updating training materials. VCT training is well established in Ethiopia under PEPFAR support. Training materials exist; trainers are competent and active in conducting VCT courses. In FY07 for innovations in HCT, JHPIEGO will:
(1) Support the national effort to improve HCT training program through adaptation/development of training materials (Couple counseling, Ongoing supportive counseling, burnout management) and guidelines and work with National VCT Working Group to update the VCT implementation manual and advocate for partner notification protocol.
(2) Support US universities to implement VCT and PIHCT trainings within their regions by training additional HCT trainers including training 20 non health professional counselors' trainers to build capacity for training non health professional counselors.
(3) Train 30 counselors from sites with couple counseling needs and 40 supervisors to strengthen supervisory skills.
(4) Work in collaboration with the US Universities in selected first ART cohort hospitals to implement and support establishment of post-test clubs and development of draft guidelines for these clubs.
(5) In collaboration with US Universities, JHPIEGO will establish and support 3-4 regional Counselors Associations. This will include support for establishing offices, identifying other support and organizing launching meetings and the yearly meeting of members.
(6) Use of SBM-R to improve the quality of counseling and testing services is proposed in the funding request for SBM-R (under system strengthening). JHPIEGO will introduce VCT performance standards.

During FY06, from selected regions, 40 lay counselors where trained and deployed in the hospitals. During FY07, in collaboration with the US Universities and other partners JHPIEGO will document the effectiveness of lay counselors in providing VCT services. The areas of documentation will include:
(1) Lay counselors knowledge and skills in using protocols.
(2) Client satisfaction with lay counselors
(3) Lay counselors skills in performing HIV rapid tests under the supervision of trained lab technician.
(4) Quality of recordkeeping carried out by lay counselors.
Data will be collected on routine follow up visits in collaboration with US universities and tools to gather information on client satisfaction will be developed in collaboration with other partners involved in lay counselors training, deployment and technical assistance.

II. This is on going activity COP ID # 5647 (8.3.2). In FY06, through the support of PEPFAR Ethiopia two regional demonstration sites were established in Oromyia and Amhara Regions, aimed at acting a demonstration site for HCT trainings to improve the delivery of quality HIV counseling and testing services in the regions. The sites serve as venue for regional practical attachment as part of VCT training. These model sites are envisioned to strengthen the network between local VCT sites.
JHPIEGO proposes to continue to support and further strengthen the existing sites established in Oromyia and Amhara regions and establish similar facilities in SNNPR and Tigray Regions.
Proposed Activities for FY07 include:
(1) Establishment of 2 regional demonstration sites for counseling and testing in SNNPR and Tigray regional states. To the extent that CDC/PEPFAR guidance allows, this includes renovation of service buildings and conference rooms as well as procurement of necessary furniture for the buildings.
(2) Support continued implementation of VCT services at the first two and the two new demonstration sites.
(3) Support the 4 demonstration sites to regularly document best practices that can be transferred to other VCT centers in the regions

III. This is a new activity for FY 07 to support local NGO to strengthen VCT service delivery.
Knowing HIV status has been shown to have a greater impact on the use of preventive measures than counseling alone. The Family Guidance Association of Ethiopia (FGAE) is a national organization with significant experience in the delivery of VCT, PMTCT, HBC and FP services. FGAE's program activities and services cover a large part of the country creating a network of branches and offices that span from the region to the community level including workplace, youth centers and outreach and marketplace activities. During 2005, FGAE provided VCT services to 40,692 clients.
FGAE is requesting for funding and hence, JHPIEGO proposes to provide financial and technical support to FGAE to continue and expand past efforts of VCT and PMTCT program in 34 clinics and youth centers. During FY07, JHPIEGO will:
(1) Train FGAE trainers in VCT and PIHCT
(2) Provide support to deliver VCT services at the 34 sites
(3) Cover costs to train and support 340 volunteer providers to carry out outreach VCT services
(4) Support activity costs to integrate VCT services for FGAE6 youth centers and 8 standalone VCT clinics
(5) Support procurement of test kits and medical supplies, if these cannot be leveraged from GFTAM-funded sources.
(6) In addition, JHPIEGO will continue dialogue with FGAE to identify other specific areas where JHPIEGO can provide TA and work together with FGAE.

PLUS UP FUNDING: PEPFAR will support the GOE plan to expand the successful pilot of Community Counselors for HCT provision under the broad framework of task shifting in HIV/AIDS prevention, care and treatment activities.
The introduction of community counselors (lay counselors) into public health facilities in September 2006 boosted VCT uptake and decreased the burden on health care workers; the counselors also conducted large numbers of HIV rapid tests. The pilot was a great success and the Federal HIV/AIDS Prevention and Control Office (FHAPCO) plans to deploy an additional 700 community counselors in hospitals and health centers in the next few months. The government secured funds for recruitment of 743 lay counselors (including the existing 43). PEPFAR support through the plus up will used for 6-week training courses for 700 lay counselors, logistics, training follow–up and evaluation of the community counselors' performance. The project will be implemented jointly through JHPIEGO and FHI.

Continued Associated Activity Information

Activity ID:	5627
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	JHPIEGO
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 750,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	51 - 100
Logistics	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement 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 and international standards	34	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	42,500	☐
Number of individuals trained in counseling and testing according to national and international standards	820	☐

Target Populations:

Adults
Most at risk populations
People living with HIV/AIDS
Public health care workers

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

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: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 10395
Planned Funds: $ 79,491.00
Activity Narrative: The High Risk Corridor Initiative (HRCI)

This activity is linked to the Mobile and Private Sector Counseling and Testing Services (5718); Community-level counseling and testing service support in Ethiopia; Care and Support Contract Palliative Care (5616), Care and Support Contract counseling and testing (5654), and ART Service Expansion at Health Center Level.

This is a continuing activity from FY06. As of June 06, the partner received 100% of FY06 funds and is on track according to the original targets/work. Funding was increased based on the achievements from FY05 and partially from FY06.

Since 2005, this activity has been establishing and supporting VCT service in 17 government health facilities along the Addis-Djibouti corridor and one free-standing VCT service. To date, over 35,000 people were able to access the VCT service in HRCI supported VCT sites.

In FY07, this activity will strengthen and institutionalize supervision, data management, procurement and inventory, referral to other HIV/AIDS prevention, care and treatment services in facilities and communities. It will also support the introduction and practice of confidentiality and regular quality control and assurance for HCT through woreda-based supportive supervision and linkages with regional or private laboratories. This activity will support implementation of outreach VCT to market places, information centers, health posts and public gatherings along the Addis-Djibouti transport corridor. It will continue support provision of consistent quality HCT services in 16 public health facilities and one stand alone center along the corridor. At the facility level, VCT support will include introduction of provider initiated counseling and testing services within clinical care settings, such as TB clinic, STI and ANC.

In order to expand the VCT services, community- and outreach-based counseling and testing will be initialized in three major towns and three workplaces. This activity will train and deploy 12 counselors and six assistants to conduct community based and outreach counseling services. The six assistants will be selected from PLWHA associations. Assistants will help in community mobilization, registration, and facilitation of referral linkages to community and facility based prevention, care and treatment services.

This activity will also train home-based care volunteers on counseling skills in order to provide ongoing counseling services to capitalize on positive living for PLWHA. Information center counselors in 22 towns will also be trained and provided with necessary tools and guidance to be able to provide pre-test counseling and referrals for clients seeking prevention services at the information centers.

In FY07, this activity will build the capacity of "Community HIV/AIDS Committees" to institutionalize Partnership Defined Quality (PDQ) processes in at least nine communities along the Corridor. These committees will have the capacity to monitor and address any barriers to VCT services and issues related to beneficiary satisfaction and how stigma and discrimination is experienced by PLWHA in the community.

Continued Associated Activity Information

Activity ID: 5719
USG Agency: U.S. Agency for International Development
Prime Partner: Save the Children US

Mechanism: *High Risk Corridor Initiative
Funding Source: GHAI
Planned Funds: $ 75,000.00

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 and international standards	24	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	16,992	☐
Number of individuals trained in counseling and testing according to national and international standards	34	☐

Target Populations:

Commercial sex workers
Most at risk populations
Mobile populations
Out-of-school youth
Partners/clients of CSW

Key Legislative Issues

Gender

Stigma and discrimination

Wrap Arounds

Coverage Areas

Afar

Dire Dawa

Oromiya

Sumale (Somali)

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Management Sciences for Health
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	10399
Planned Funds:	$ 2,100,000.00

Activity Narrative: Care and Support Contract - Counseling and Testing (CSC-CT)

This activity is linked to community-level counseling and testing service support in Ethiopia; the High Risk Corridor Initiative (5719), Care and Support Contract in Palliative Care (5616), and ART Service Expansion at Health Center Level.

The Care and Support Contract 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. The Care and Support Contract (CSC) 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, the CSC will link with ART hospitals for referrals and work with clients and their families in the community.

PEPFAR Ethiopia supports the scaling up of CT services to enable Ethiopia to reach its targets for prevention, care and treatment. PEPFAR Ethiopia currently assists VCT centers based in hospitals, health centers, workplace and stand alone sites. The CSC provides rapid expansion of health services among three progressively more comprehensive tiers. The first tier, at 500 health centers, offers basic services including TB/HIV and VCT. The second, at 393 health centers, offers TB/HIV, VCT and palliative care services. The third tier, at 240 health centers, offers ART as well as the above services (see the Annex- for more details).

Rapid expansion of HIV/AIDS care and treatment services has prompted a significant increase in VCT nationwide through PEPFAR-funded activities, such as FHI's IMPACT project, Save the Children Federation/US (Save/US) along the Addis Ababa- Djibouti High Risk Corridor and US university partners supported hospitals. This support has encompassed assessment of existing services and implementation with respective RHB. The numbers of VCT centers continues to increase with the MOH plan to have at least one VCT center per health center and per hospital.

The National Counseling and Testing Guidelines are being revised to include provider initiated counseling and testing, engagement of non-medical counselors and other important issues, such as the maximum age requiring parental consent. PEPFAR Ethiopia will support health centers to implement the new Government of Ethiopia guidelines to maintain support to existing health center VCT services and scale-up CT services through provider initiated counseling and involvement of non-medical counselors. Moreover, all VCT services supported by this project will be linked to a specific, functioning referral system, through case managers, to ensure that HIV+ clients are linked to care and treatment services.

During FY07, PEPFAR Ethiopia will provide technical assistance to 500 health centers nationwide through the CSC mechanism. The technical assistance includes provision of support for HIV VCT by medical and non-medical counselors, and provider initiated counseling and testing (PICT) services; quality assurance of counselor performance including in-service performance improvement; screening for active TB among VCT/PICT clients; outreach services to target most-at-risk populations in surrounding areas; quality HIV tests including implementation of simpler techniques, such as finger pricking instead of using venous puncture to collect samples (once approved by national authorities); and routine quality assurance and quality control of laboratory services mechanisms.

This activity will also build local capacity in a sustainable manner through TOT programs for regional, zonal and Woreda level master trainers on HIV testing and counseling. Other technical support activities will include: training of five counselors per health center, followed by refresher training and site level cross training to facilitate knowledge transfer and sustainability; ensuring consistent availability of HCT services at the health centers by advocating availability of full time medical or non-medical counselors; ensuring availability of standard registration books and client intake forms ; supporting site level data analysis, utilization and timely reporting to public health authorities; strengthening regular supportive supervision by regions, zones and Woredas; regional and national review meetings to discuss best practices, strengths, weaknesses, challenges and the way forward to establish sustainable VCT services; partnering with RPM+ and SCMS to support facilities, Woredas, zones, and regions to ensure consistent supply of HIV test kits; and

supporting regular quality control of HIV tests in partnership with national, regional and sub regional laboratories.

This activity will also work to improve the quality of HIV/AIDS counseling services through integration of standard self-reflection and peer supervision tools in all health centers supported by this mechanism.

This activity will also support the linkage of VCT services with HIV/AIDS prevention, care and treatment services with strong emphasis on "prevention for positives| counseling and strong linkages with community-based HIV/AIDS services through case managers, health extension workers and outreach workers.

Continued Associated Activity Information

Activity ID:	5654
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	Family Health International
Funding Source:	GHAI
Planned Funds:	$ 1,732,000.00

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, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national and international standards	500	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	350,000	☐
Number of individuals trained in counseling and testing according to national and international standards	2,500	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Nurses
Pharmacists
Most at risk populations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders
Host country government workers
Public health care workers
Laboratory workers

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	10455
Planned Funds:	$ 375,000.00

Activity Narrative: Columbia University (CT)

This is a continuing activity from FY06. In FY06, CU supported HIV counseling and testing services in 32 ART hospitals; this included an initial site assessment, site level training in collaboration with JHPIEGO, minor renovation, improving data collection and reporting, and supervision of counseling and testing services. This activity was introduced to the hospitals in the four regions of Oromia, Somali, Dire Dawa, and Harari. The site level support aimed at improving performance to deliver quality HIV Counseling and testing services for the community and patients. The partner is on track according to the original targets and workplan. We have increased funding based on the achievements from partially FY06. This activity is linked to COP ID # 5772 and 5750 (palliative care basic and TB/HIV) and COP ID 5661 (treatment: ARV Service).

During COP 07, Columbia University's International Center for AIDS Care and Treatment Programs (CU) will support expanded access to counseling and testing (C&T), improve C&T quality, and enhance linkages between C&T and ART services. CU will coordinate the required increase in the number of C&T sites in four regions (Oromia, Somali, Harari and Dire Dawa), in collaboration with CDC - Ethiopia, other donors and PEPFAR Ethiopia partners, and will work with sites to support and manage the necessary increase in C&T staff.
CU will promote the use of innovative testing strategies, including Provider-Initiated Counseling and Testing (PIHCT) and routine opt-out C&T in inpatient wards (adult and pediatric) and outpatient settings with a particular focus on , TB, ANC, under 5, STI and other clinics, to facilitate enrollment into treatment programs. In collaboration with the sites CU- ICAP will establish QA system for counseling and HIV testing.
Innovative C&T strategies will include:
(1) In collaboration with RHB and JHPIEGO, CU will support the training and deployment of lay counselors in the four CU supported regions. CU will work closely with the MOH and other partners in the selection, training, and supportive supervision of this new cadre to expand C&T services.
(2) In collaboration with RHB and Organization for Social Service for AIDS (OSSA), CU will support the implementation of mobile C&T services which are critically needed to serve hard-to-reach nomadic populations, particularly in Oromyia and Somali Region.
(3) In collaboration with Jimma, Alemaya Universities and other higher learning institution, CU will support C&T campaigns for students and staff. CU will also support VCT services for students and staff, as well as access to care and treatment.

At the REGIONAL level, CU will support C&T service delivery at hospitals in Oromia, Somali, Harari and Dire Dawa Regions, as described below. C&T cadres will be expanded and point-of-service testing models will be implemented, permitting same-day results. Mechanisms to facilitate smooth referral from C&T to ART will be introduced, and external referral linkages between hospitals and NGOs, FBO and PLWHA Support Groups and Associations will be strengthened.

CU staff will work closely with partners and USG agencies in development and distribution of promotional materials on PIHCT and VCT services.
CU will play a major role in developing and implementing infant diagnostic strategies and services at the national, regional, and facility level. In collaboration with other partners will develop child counseling and testing training document.

CU will explore the feasibility of extending C&T services to the most vulnerable groups, such as prisoners, in selected regions, providing education, C&T, and linkages to prevention, care, and treatment services.

Other specific activities include ensuring establishment of QA system for counseling and HIV testing. Support development of tools, job-aids to strengthen this activity. CU will support refurbishment and minor renovation of physical space to ensure privacy. Ensure availability of HCT supplies including laboratory by coordinating with relevant partner

All activities will be closely monitored by CU regional office staff and central office Clinical Advisors. The university will support to strengthen administrative and technical coordination mechanism to improve the management system of the service. The activity will help to reach PEPFAR Ethiopia target for care and treatment.

Continued Associated Activity Information

Activity ID: 5722
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Columbia University
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 200,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Logistics	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement 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 and international standards	42	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	62,500	☐
Number of individuals trained in counseling and testing according to national and international standards	210	☐

Target Populations:

Adults
Most at risk populations
People living with HIV/AIDS

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Dire Dawa

Hareri Hizb

Oromiya

Sumale (Somali)

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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	10462
Planned Funds:	$ 1,655,250.00

Activity Narrative: CT Support at Uniformed Services Hospitals and Clinics

This is a continuing activity from FY06. In FY06, I-TECH supported HIV counseling and testing services in 13 ART Military and Police hospitals; this included an initial site assessment, site level training in collaboration with JHPIEGO, minor renovation, improving data collection and reporting, and supervision of counseling and testing services. Six additional sites are on preparation to initiate VCT services. The site level support aimed at improving performance to deliver quality HIV Counseling and testing services for the uniform personnel and families. The partner is on track according to the original targets and workplan. We have increased funding based on the achievements from partially FY06. This activity is linked to COP ID # 5770 and 5752 (palliative care basic and TB/HIV) and COP ID 5666 (treatment: ARV Service).

During COP 06, Counseling and Testing (CT) programs in the Uniformed Services were continued through collaboration between UCSD and JHPIEGO, who provided training and technical support to CT programs. During this period, UCSD complemented these activities by supporting the implementation of CT programs at 13 hospitals in NDFE and Police forces. 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; (3) drama and advertising through military and media, in collaboration with the CDC March programs in the defense and police forces

Major interventions by UCSD related to counseling and testing have been in:
(1) Adoption of provider initiated CT (PICT) and opt-out strategies for CTR hospital and outpatient clinic settings;
(2) Assessment of current capacity for care, laboratory testing, and nursing support of VCT;
(3) Support for the sites to provide a one hour HIV testing at VCT sites;
(4) Strengthening of the referral link between counseling and testing with post test services.
(5) Supported site level refresher training and mentoring for HCT personnel through UCSD experts;
(6) Support for minor renovation of physical space to ensure privacy, test kits and lab supply; improvement of data management system of CT and reporting;
(7) Establishment of a quality assurance system for counseling and testing service for both client and provider initiated HCT.

In 2007, UCSD will take over all activities related to HCT including technical support and training for health care professionals working in the Uniformed Services. Additionally, UCSD's reach will increase from 13 to 43 sites, all of which will have HCT capacity thereby facilitating the provision of counseling and testing services to remote peripheral regions. To expand and enhance this program in 2007, UCSD will establish regular trainings, assessments and mentoring of HIV counseling and testing military providers and supporting lab workers through both local staff and visiting UCSD experts. UCSD started this program at the larger referral military and police hospitals and has systematically expanded it to the regional military hospitals and police clinics. UCSD will continue its support in 2007, gradually increasing the reach of counseling and testing at the regimental level and by supporting the military's mobile VCT services, at the regional clinical level in the police and also by providing CT at all prison sites (prison guards and prisoners) around the country.

UCSD plans to further expand the CT program through:
(1) Consolidating the existing VCT and Provider Initiated Counseling & Testing services to increase the uptake of individuals receiving counseling and testing in health care settings. UCSD will initiate counseling and testing service in new additional 33 sites. Also ensure families members including children access counseling and testing.
(2) Collaborating with the CDC March Program for outreach education, drama and advertising. The sites will be supported to provide outreach counseling and testing services to uniform personnel and families. In collaboration with PEPFAR –E will organize a mobile service for hard to reach camps in periphery of the country.
(3) Involving PLWHA as peer advocates for HCT and ART promotion and peer support for positives. Peer support groups and experience sharing through uniformed services media

(4) Conducting site level basic and refresher training on VCT and PICT for service providers and will pilot non health professional uniform personnel to conduct counseling and testing services.
(6) Facilitating the establishment of peer counseling supervision system to assure quality of HCT service.
(7) Improving monitoring and evaluation system and timely reporting of data in all sites through training and mentoring of the staffs.
(8) Working with prison administration at Federal and Regional level UCSD will support to strengthen HCT services in prison clinics.

All activities will be closely monitored by I-TECH regional office staff and central office Clinical Advisors. The university will support to strengthen administrative and technical coordination mechanism to improve the management system of the service. The activity will help to reach PEPFAR Ethiopia target for care and treatment.
PLUS UP FUNDING: "PEPFAR E will expand HIV Counseling and Testing (HCT) services among uniformed service personnel and in prisons using facility-based stand-alone and mobile HCT services. The University of California at San Diego (UCSD) will work closely with the Department of Defense (DOD) to expand VCT in existing military health facilities to regiments and battalions. Civil-military collaboration is an essential aspect of HIV prevention and care. In addition to sharing the common goal of reducing the spread and impact of HIV, the military sector in Ethiopia has great experience of the problem which it can share.

"
"It can provide facilities, such as counseling and care, which are not always readily available in the civilian community in remote areas and emerging regions; sharing scarce resources and expertise reduces the burden on both sectors. The civilian communities around uniformed services establishments are potentially targeted, particularly high risk groups such as FSW, migrant mini traders and other mobile populations.
There is limited data on HIV prevalence in Ethiopian prisons; however there are efforts at the Federal prison to create awareness among prisoners and officers and to provide VCT within prison health services.

"
"Through the plus up fund, UCSD will upgrade military health facilities, five federal and eleven regional prisons to provide VCT, establish mobile units, train service providers, conduct needs assessment, provide supportive supervision, improve data management system, logistics including test kits. Mechanisms to link HIV+ clients automatically to care and treatment services will be created. There is limited data on the prevalence of HIV in the Ethiopian prison.
"
Through the plus up fund UCSD will upgrade military health facilities, five federal and 11 regional prisons to provide VCT, establish mobile units, training of service providers, conduct needs assessment, give supportive supervision, improve data management systems and logistics including test kits. Mechanisms to automatically link HIV+ clients to care and treatment services will be created.

Continued Associated Activity Information

Activity ID:	5737
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	University of California at San Diego
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 90,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Local Organization Capacity Development	51 - 100
Logistics	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement 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 and international standards	58	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	145,875	☐
Number of individuals trained in counseling and testing according to national and international standards	226	☐

Target Populations:

Most at risk populations
Military personnel
Prisoners

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	aa
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	10468
Planned Funds:	$ 468,000.00

Activity Narrative: This is a continuing activity from FY06. In FY06, I-TECH supported HIV counseling and testing services in 31 ART hospitals; this included an initial site assessment, site level training in collaboration with JHPIEGO, minor renovation, improving data collection and reporting, and supervision of counseling and testing services. This activity was introduced to the hospitals in the four regions of Amhara, Tigrai and Afar. The site level support aimed at improving performance to deliver quality HIV Counseling and testing services for the community and patients. The partner is on track according to the original targets and workplan. We have increased funding based on the achievements from partially FY06. This activity is linked to COP ID # new 1052 and 5751 (palliative care basic and TB/HIV) and COP ID 5658 (treatment: ARV Service).

During COP 07 I-TECH would intensify complementary interventions to ensure quality HIV Counseling and Testing (HCT) services in the 32 hospitals within Afar, Amhara and Tigray regions. In line with the Family Centered Care approach, couples would be encouraged to be counseled, tested and receive test results together. Efforts will be made to ensure privacy and autonomy of both individuals and couples. Appropriate child counseling and testing would be ensured as part of diagnostic testing, family and couple counseling. Considering the high prevalence of HIV among the youth and women, efforts also would be made to promote premarital and preconception routine HCT offered for Family Planning Clients

ITECH will consolidate ongoing effort to ensure that both client and providers initiated HIV Counseling and testing service are readily available at all 31 hospitals in the three I-TECH operation regions. Counseling and testing cadres will be expanded and same-hour result models through HIV testing points will be expanded. Routine offer of HIV testing for all TB, FP, STI clients and patients in the in-patient and outpatient department will be a norm in all hospitals. Appropriate intra-facility referral tools will be developed to ensure functional linkage among the different units within a hospital: VCT, ART, STI, in-patients and out-patients.

I-TECH will collaborate with relevant partners to pursue on -site training of health care providers as fulltime counselors and in the use of rapid HIV testing in the three operational regions. At least three such trainings will be scheduled during 2007. Gondar and Mekele universities will be supported to be training sites for counselors. A pool of TOT for health care provider training in HCT techniques would be ensured to sustain local needs and assure regional ownership of the programme.

Furthermore, I-TECH will fully support and complement the national effort in piloting and scaling up the lay counselors initiative throughout the three operation regions (based on the piloting of lay counselors by JHPIEGO in 2006).

Through bi-monthly coaching and mentoring visits to hospitals, I-TECH field-based clinical teams would make sure of the quality of HCT services, both client and provider initiated. Functional hospitals HIV committees would be encouraged to foster adherence to quality HCT standards and enhance the formation of a multi-disciplinary care teams for all testing sites within the facility. Hospitals will be supported to establish functional referral mechanisms and linkages with private sector facilities.

Recognizing the fact that Afar region is part of the high risk corridor belt along the Addis Ababa – Djibouti route, where a large segment of the pastoral community, mobile work force and commercial sex workers are found, efforts will be made to launch outreach VCT services using a mobile van in collaboration with USG partners. The initiative also will made extra effort to access the Afdera area, where more than 50,000 labor forces are estimated to work in the local salt production sector.

Since limited space for counseling and testing, and high turnover of hospital staff, in particular trained counselors are important challenges to increase timely access to HIV care and treatment services, I-TECH will expand testing services by initiating weekend VCT services in all of the major hospitals within the regions.

I-TECH will also continue to work closely with national and regional partners and USG agencies to promote HCT services, training of health care providers and sharing best practices.

All activities will be closely monitored by I-TECH regional office staff and central office Clinical Advisors. The university will support to strengthen administrative and technical coordination mechanism to improve the management system of the service. The activity will help to reach PEPFAR Ethiopia target for care and treatment.

Continued Associated Activity Information

Activity ID: 5725
USG Agency: HHS/Health Resources Services Administration
Prime Partner: University of Washington
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 200,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Logistics	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement 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 and international standards	32	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	78,000	☐
Number of individuals trained in counseling and testing according to national and international standards	300	☐

Target Populations:

Adults
Most at risk populations
People living with HIV/AIDS

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Afar

Amhara

Tigray

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Rescue Committee
USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 10527
Planned Funds: $ 0.00

Activity Narrative: This program is an expansion of a COP06 activity (originally awarded to a different partner) that targets refugees in three camps, namely Dimma, Bonga, and Fugnido in Gambella region. No FY06 funds have been disbursed to this project because the change in partner has not yet been approved by Washington. The objective of this project is to provide VCT services to 35,494 Sudanese refugees and an estimated equal number of host populations around Dimma and Fugnido camps and to establish strong referral linkage for PMTCT services for mothers who turned out to be HIV+ during antenatal HIV testing.

This proposal is programmatically linked to "HIV Prevention Services for Refugees and Host Populations in Ethiopia" (COP ID 5739), "Condoms and Other HIV Prevention Services for Refugees and Host Populations in Ethiopia" (COP ID 5786), "Assistance to Orphans and Vulnerable Children in Six Refugee Camps in Ethiopia" (COP ID 1049), "Palliative Care in Four Refugee Camps in Ethiopia" (COP ID 1066), and "Universal Precautions and Post Exposure Prophylaxis in Six Refugee Camps" (COP ID 1022).

This proposal has been developed in consultation with the government's Agency for Refugee and Returnee Affairs (ARRA). Representatives from UNHCR and ARRA, along with staff from implementing agencies such as IRC spent the first half of 2006 conducting a gap analysis of HIV/AIDS programming in Ethiopia's seven refugee camps. Stakeholders identified the expanded activities that are the most critical, while emphasizing the need for establishing a minimum package of basic services that will be provided at each camp. Based on the current level of activities in the seven different camps, it was agreed that UNHCR would initiate activities in camps that did not yet have a strong prevention and/or counseling and testing foundation, while various implementing partners, namely IRC, would continue and expand work in camps where they had already established a foothold. All activities are coordinated closely with ARRA, who is responsible for providing basic health care services in each of the camps, as well as all other implementing partners. UNHCR has also developed a working relationship with the local HAPCO and will work with other PEPFAR partners in order to provide appropriate training to ARRA health clinic staff, as well as staff from other implementing partners.

The need for continued support of VCT services in the Gambella region is strong. Evidence from ANC surveillance in Dimma and Fugnido suggests that the incidence of HIV infection in the region is 12.9% and 2.8%, respectively, while the national average for the rural population from the same study was 2.2%. Infection rates for syphilis in the two camps were also significantly higher than the national average. VCT services will be used as an entry point for the comprehensive AB and C prevention programs that will be implemented in 07.

Implementing programs in this region will require significant logistical and material inputs due to the often tenuous security situation in the camps. Intra- and inter-ethnic conflicts frequently erupt in the Gambella region, most notably with the ambush and murder of three ARRA officials in December 2003, just 10 miles outside of the town of Gambella. Therefore, all trips to Dimma and Fugnido camps must be made with an armed military escort, which brings considerable costs and requires additional logistical maneuverings just to carry out routine visits. Therefore, construction costs for the VCT center will be higher than normal due to this situation.

IEC/BCC activities that raise awareness and create demand for VCT service will be conducted. Community awareness raising activities, which will be implemented under AB and OP programs, will be linked to this VCT service in Dimma and Fugnido camps. Counseling and testing will serve as a gateway to both prevention activities, as well as care and treatment services for clients who test positive. Pregnant mothers will be routinely screened for HIV during their antenatal follow up and positive cases will be provided basic health care including prevention of opportunistic infections and will be referred for Nevirapine treatment in the closest facility where this service is available. Positive newborns and family members will also receive appropriate care including referral service for ART, if required. In addition, UNHCR will create linkages among existing PEPFAR partners who are operating in the region, including JHU which is operating in the health centers, in order to improve the level of service provided in the health center and to take advantage of additional government and regional resources.

The following are specific activities to be undertaken under this project:

1) Continue the VCT service in Dimma camp by covering staff salaries and other running costs.
2) A new VCT center will be established in Fugnido camp.
3) Counselors and other staff for the new VCT center will be recruited and trained.
4) Refresher training will be provided for existing counselors and VCT staff in Dimma.
5) VCT kits and consumable laboratory materials will be procured and supplied regularly.
6) A referral linkage to existing public health institutions will be established and made operational for PMTCT services.

Added July 2007 Reprogramming:
See UNHCR M & E increase and UNHCR VCT increase for narrative changes.

Continued Associated Activity Information

Activity ID:	5657
USG Agency:	Department of State / Population, Refugees, and Migration
Prime Partner:	United Nations High Commissioner for Refugees
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 50,000.00

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
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 and international standards	2	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	1,800	☐
Number of individuals trained in counseling and testing according to national and international standards	10	☐

Target Populations:

Refugees/internally displaced persons

Key Legislative Issues

Gender

Coverage Areas

Binshangul Gumuz

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Private Sector Program
Prime Partner:	ABT Associates
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	10538
Planned Funds:	$ 1,496,000.00

Activity Narrative: Mobile and Private Sector Counseling and Testing Services

This activity is linked to community-level counseling and testing service support in Ethiopia; the High Risk Corridor Initiative (5719), Care and Support Contract Palliative Care (5616), Care and Support Contract counseling and testing (5654), and ART Service Expansion at Health Center Level.

This is a continuing activity from FY06. As of June 2006, the partner received all FY06 funds except supplemental funding which was recently obligated. The partner is on track according to the original targets and workplan. Funding has been increased based on the achievements from FY05 and to date in FY06

This activity description is a combination of FY06 and FY06 supplemental activities "PC4-private sector program (5718)" and the activity "Mobile private sector counseling and testing services (6452).This activity is linked with four other COP activities (5647, 5667, 5718 and 5727) referred to as the National and Regional Support to Scale up Counseling and Testing services. It also has linkages to Strengthening National Model VCT sites in Addis Ababa city and rural Hot Spots.

PEPFAR Ethiopia will operate a high quality, youth-friendly mobile HIV Counseling and Testing (HCT) service in high prevalence urban and peri-urban areas. This will leverage the activities of the High Risk Corridor and Private Sector program to reach MARPS. Accessibility and quality of VCT remain problematic along the high risk corridors, as large numbers of MARPS and general population have limited access to VCT services in public facilities. There are many private facilities providing CT services with non-standardized practices, low quality counseling and lab services and inadequate follow up service. Abt Associates will expand mobile CT services in addition to support for workplace and private CT activities. At a minimum, 35 private clinics will be strengthened to have high-volume CT services. Additionally, innovative models that refer at risk clients appearing at pharmacies will be referred to CT. This mechanism will coordinate with activities ?10395 and ?10547 to expand mobile outreach VCT services along the four major high prevalence transportation corridors.

During COP07, the following activities will be undertaken:

Management of eight low-cost mobile HIV counseling and testing units along the high risk corridor, high prevalence and high demand areas. These units will:
(1) Target girls 15-24 and men 29 years of age or older for CT service uptake in urban areas;
(2) Design highly visible promotion teams utilizing multi-day HIV counseling and testing events in high prevalence areas along major transportation corridors and within the health network model;
(3) Contract with indigenous commercial partners to operate VCT and TB counseling and testing services in the private sector;
(4) Provide TA to indigenous organizations to standardize mobile unit services toward compliance with national guidelines, referral for care and treatment and extended hours for improved accessibility, utilization of simple techniques for sample collection (finger prick) and deployment of lay counselors;
(5) Proficiency testing of technical skills counselors, laboratory technicians and management skills of facility administrators;
(6) Standardization of data reporting to appropriate regulatory authorities;
(7) Technical assistance to private facilities for improvements of quality, productivity and infrastructure to facilitate higher productivity of counselors and laboratory technicians;
(8) Promotion of extended hours for VCT to facilitate improvements in access; and
(9) Standardization of referral linkages to community and facility-based HIV/AIDS prevention, care and treatment services.

This activity will support community mobilization and service provision of CT services along transportation corridors, in markets, workplaces, public gathering and high demand areas within the health network model. Mass promotion will be coupled with service provision to improve uptake. This activity will implement a model of mobile, yet repetitive CT services driven by mass promotion, make CT services more attractive to MARPS and increase the efficiency and productivity of testing and support improved access. Utilization of the local

private sector to provide services will offload already burdened public health providers and build competency in local organizations to compete with international non-governmental organizations to provide high quality services.

The mobile services will contribute to the national strategy to rapidly scale up HCT services and reach underserved and marginalized populations. Current services are predominantly based in static centers situated in urban and peri-urban areas within government health centers and hospitals. The January 2006, draft Ministry of Health National HCT guidelines clearly indicated the need for outreach and mobile HCT service delivery model.
The Private Sector Program (PSP) will continue implementation in very large (1000+ employees) and large companies (500+ employees) in seven regions of Ethiopia to ensure improved access to counseling and testing services.

By September 2008, this activity will be present in up to 75 workplaces and private health facilities throughout Ethiopia and will ensure the presence or improved access to quality HIV services, including counseling and testing. Two major foci of the private sector program will be to 1) ensure intensive workplace peer-based support for behavioral norms that support a greater uptake of TB and HIV services and 2) promote a "Know Your Status" interpersonal communication program that reinforces and models positive behavioral norms. The peer education program will increase the number of employees and dependants who come forward for VCT and for the subsequent clinical care and treatment service and support. Through both clinical and non-clinical interventions, CT that includes PICT will be supported by using blended approach such as the use of vouchers, mobile CT and onsite clinics through training of counselors, building quality assurance mechanisms, and establishing functional referral linkages for TB/HIV services with MOH and the PEPFAR health network.

This activity will educate the workforce and families about basic facts and the importance of CT in all 75 workplaces and reach families and the surrounding community with similar messages during mass educational events. This will be accomplished through the peer education component which will utilize eight modules on TB and HIV/AIDS delivered through small group discussions (45 min) on company time.

This activity will also work with employers on establishing HIV policies to protect HIV+ employees from stigma and discrimination.

In addition this activity will introduce CT franchising in workplaces and selected private health facilities for the provision of sustainable, high quality private sector services. It will work closely with MAPPP and other appropriate professional associations for the initiation and sustainability of these services.

Continued Associated Activity Information

Activity ID:	6452
USG Agency:	U.S. Agency for International Development
Prime Partner:	ABT Associates
Mechanism:	Population Services International
Funding Source:	GHAI
Planned Funds:	$ 1,300,000.00

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, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	120	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	100,000	☐
Number of individuals trained in counseling and testing according to national and international standards	300	☐

Target Populations:

Business community/private sector
Commercial sex workers
Community-based organizations
Factory workers
Most at risk populations
Street youth
Mobile populations
Truck drivers
Migrants/migrant workers
Out-of-school youth
Partners/clients of CSW
Host country government workers
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Afar

Amhara

Oromiya

Southern Nations, Nationalities and Peoples

Tigray

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	FMOH
Prime Partner:	Johns Hopkins University Bloomberg School of Public Health
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	10545
Planned Funds:	$ 414,000.00

Activity Narrative: This is a continuing activity from FY06. In FY06, I-TECH supported HIV counseling and testing services in 31 ART hospitals; this included an initial site assessment, site level training in collaboration with JHPIEGO, minor renovation, improving data collection and reporting, and supervision of counseling and testing services. This activity was introduced to the hospitals in the four regions of Addis Ababa, SNNPR, Benesahngul & Gumuz, and Gambella. The site level support aimed at improving performance to deliver quality HIV Counseling and testing services for the community and patients. The partner is on track according to the original targets and workplan. We have increased funding based on the achievements from partially FY06. This activity is linked to COP ID # 5618 and 5754 (palliative care basic and TB/HIV) and COP ID 5664 (treatment: ARV Service).

JHU will support training of health professionals and lay counselors and implementation of integrated counseling and testing activities as part of ART/VCT/PMTCT/TB/STI and the comprehensive care package at all hospitals (public, private, company owned) in the four regions of Addis Ababa, SNNPR, Gambella and Benishangul Gumuz.
JHU will provide technical assistance in ensuring all relevant counseling and testing protocols are followed appropriately and consistently.

To increase uptake of CT services beyond site level, outreach program will be supported to target various populations such as the disabled, those within refugee camps and other sectors such as private, schools, universities, factories, faith and cultural based environments. CT outreach services will focus on ensuring that family members will have the opportunity to be tested, in particular, focus will be provided to reach partners and strengthen couples counseling with focused attention to discordant couples. In addition, pediatric focused CT services will be developed in collaboration with pediatric lead partners. JHU will collaborate with USG partners working with refugees.
.
After working hours, weekend and holiday Counseling & Testing services will be supported.
Awareness campaigns in the community will be conducted and promoted in collaboration with PLWHA and related associations and CBO and at site level including distribution of educational materials and commodities support to include procurement and distribution of condoms and modest site renovation.
CT cadres will be expanded and same hour result models through HIV testing at point of service instituted. CT services representatives will be integrated into the multi-disciplinary care teams. The use of lay counselors, provider initiated HIV testing and opt out HIV testing models in ANC and TB clinics will be instituted. Referral and linkages between testing sites and follow up care will be strengthened and expanded to ensure a comprehensive continuum of care.

Support will also cover management of informatics and compliance with MOH reporting requirements including counseling data management and utilization of data at site and regional level. JHU will support the sites on preparation of reports and timely submission of quarterly report to Woreda/Zonal/RHB/MOH. JHU will also support sites to establish administrative and technical coordination mechanisms to build a strong management system at the hospital.

JHU will implement a quality assurance program and ensure the implementation of quality improvement projects and trainings and closely work with community and other sectoral stakeholders to promote CT services. JHU will organize stress and burnout management sessions for counselors and other staff of HCT program. By improving the performance of HCT service in 42 hospitals will increase access HIV counseling & testing service for the community it serves.

All activities will be closely monitored by JHU regional office staff and central office Clinical Advisors. The university will support to strengthen administrative and technical coordination mechanism to improve the management system of the service. The activity will help to reach PEPFAR Ethiopia target for care and treatment.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Logistics	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement 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 and international standards	42	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	69,000	☐
Number of individuals trained in counseling and testing according to national and international standards	120	☐

Target Populations:

Adults

Most at risk populations

People living with HIV/AIDS

Key Legislative Issues

Gender

Stigma and discrimination

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:	Ethiopian Public Health Association
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	10546
Planned Funds:	$ 75,000.00

Activity Narrative: Assessment of Utilization and Quality of HVCT Services in Ethiopia

This activity initially planned in COP 05 but not funded. It is submitted again for COP 07 because of its importance for the scale up of HCT service and recommendation from TA visit.
Expansion and strengthening of VCT services and new sites in FY 2004, 2005, and 2006 through PEPFAR assistance has increased access for HIV Counseling and testing .
VCT services under the PEPFAR Ethiopia COP 06 assistance expanded to 600 sites including hospitals and health centers and planned to increase to more than 800 HCT sites by COP 07.
The very rapid expansion of HCT services has through numerous funding sources has led to concerns regarding uneven quality across sites.

Site assessment, supervision and review meeting findings showed that there are major issues that identified problems and constraints that influenced utilization and quality of services:
(1) Sites are not equally initiated the service for various reasons.
(2) Number of clients served by the sites varies from place to place. Low utilization VCT services noted in some regions.
(3) Little is known about the performance of counselors against gained knowledge and skills in the training and the standard.
(4) In regard to categories of VCT service providers, almost 100% of service providers in the sites are health care providers mainly nurses. Most of them work in rotation and they are busy with their primary clinical responsibility. Thus, affect the provision of VCT service in the sites.
(5) Record keeping, timely reporting and utilization of data is weak in almost all sites.
(6) No clear strategies for VCT promotion at the National and regional level.
(7) Supply chain management is the major issue that affects the delivery of continuous VCT service
(8) Quality assurance (QA) of HIV counseling and testing: practically no external quality control of HIV rapid test. QA of counseling also is not available.
(9) Other factors that affect the quality of the service are lack of infrastructure (room, equipment…), high turnover of trained counselors, irregularity test kits supply, logistics, administration and others.
Problems and constraints mentioned above also needs to be validated and identified the root cause of the problem to provide appropriate remedy for the existing sites and utilize lesson learned for future programming.

This comprehensive will address quality of service and its utilization and acceptability by the community and clients. The assessment targets health integrated, freestanding and other form HCT sites supported by PEPFAR Ethiopia.

Added value of the intended activities includes:
(1) Helps in identifying focus area in improving HCT service
(2) Identifies issues for the development of VCT promotional strategies
(3) Uptake of counseling and testing services will be increased.
(4) Through this program a standard service delivery procedure will be established for HCT service points

Activities will include the following:
(1) Identify competent contractor to do the evaluation
(2) Conduct close follow up of the targeted evaluation as per the scope of work
(3) Assist in preparation of the evaluation report

Emphasis Areas	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Addis Ababa Regional HIV/AIDS Prevention and Control Office
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	10547
Planned Funds:	$ 1,452,000.00

Activity Narrative: This is a continuing activity from FY05, FY06. As of April 06 date, the partner received 48 % of FY06 funds and is on track according to the original targets and workplan. We have increased funding based on the achievements from FY05 and partially FY06.
This COP activity merged two activities; 1.Strengthening National mode sites (COP ID # 5667) and support of expansion of mobile unit at rural hotspot (COP ID # 6638). The activity linked to palliative care # new 1052 (Palliative care-basic).

I. Through the support of PEPFAR-E, the two National Model sites (Zewditu Memorial Hospital and 4 satellite sites and Organization for Social Services for AIDS (OSSA) Mobile unit) provided VCT to 29,316 clients in FY 05. Out of 2389 HIV+ 85% were referred to care and treatment services. The mobile VCT has been successfully implemented on the streets of Addis Ababa and about 8000 people received the service in 11 months. VCT promoters played a major role in creating demand for testing. AA Education Bureau satellite VCT site reached 5 high schools and tested more than 800 students in the last two quarters of COP 05. The model sites replicated standard procedure VCT service by training 214 counselors from all regions and orienting 50 individuals to VCT implementation. In the first quarter of FY06 9307 individuals and couples received VCT services in the model sites.
In COP 07:
(1) The model sites will continue to provide VCT services in all outlets. Satellite sites will increase by four (a 50% increase) to total 12. The mobile VCT will provide services to high risk populations in the red light districts during night hours. Based on lessons learned in COP 06, the HBC VCT services will be expanded, and all identified HIV+ individuals will be linked to ART and other care and support services. A priority in COP 07 is initiating family counseling and testing services to encourage testing of children with their parents. In collaboration with the City Administration, RHB and other relevant organizations, PEPFAR-E will support HIV testing campaigns during World AIDS Day and the Annual National VCT day.
(2) The OSSA site will continue to provide counseling and HIV/AIDS information through telephone hotline services.
(3) AAHAPCO will work closely with ART clinics and PLWHA associations to encourage partner referral to HIV testing.
(4) AAHAPCO will expand OSSA's services to provide continuing preventive and supportive counseling services for HIV+ clients with special emphasis on discordant couples. The program will capture 70-80% of all HIV+ tested in the model, mobile and satellite sites, and 50% positive clients referred from other public hospitals in AA.
(5) AAHAPCO will continue to use volunteer promoters to create demand for VCT and to deliver community education to reduce stigma towards HIV+. Additionally AAHAPCO will work closely with JHU CCP and other organizations to create demand for couple counseling with the goal of increasing the demand for couple counseling services to 50% (from 16% in FY 05).
(6) The OSSA VCT model site has provided technical support to establish a computerized VCT client data management system to 8 OSSA VCT sites operating in the regions. During COP 07 the OSSA and Zewditu model sites will expand this support to additional public and NGO facilities.
(7) The model sites will continue to provide internships for newly trained VCT counselors to acquire skills and learn the process of service delivery. Community counselors (lay counselors) will be trained to work as counselors and volunteer promoters. To address the increased demand for C and T services since the launching of the free ART program, the model sites will review the VCT protocol to reduce the duration of counseling time by 50%.
(8) In collaboration with Counselors Support Association, the sites will continue to hold regular case conferences for counselors in AA to share best practices. AAHAPCO will organize refresher training and burnout management sessions for counselors and other staff, and will offer counselors continuing education on HIV/AIDS related topics.
(9) AAHAPCO will conduct a five year project evaluation of the two model sites to assess program effectiveness.

AAHAPCO will continue to provide administrative support to the sites to strengthen project administration and supply management.

II. Expansion of Mobile VCT services to hot spots of rural Ethiopia to break urban-rural transmission.
This is an ongoing activity and relates to activities of COP 06 plus up fund ID no 6638.

AAHAPCO sub contracted OSSA, a local NGO, to implement mobile VCT service in five regions. During COP 07
(1) AAHAPCO/OSSA will expand the mobile VCT service based on experiences gained from COP 05 & 06 program implementation in Addis Ababa and the regions. AAHPACO plans to expand mobile VCT coverage with an additional 5mobiles, such that 10 mobiles will operate in 8 regions. The mobiles will provide services in rural hotspot areas—including daily or weekly market places--to reduce urban–rural transmission. The mobile units will target high risk populations (mobile workers, truckers, CSW, traders and uniformed personnel) and high risk areas including large farms and military camps and barracks. Special services will be provided during the wedding season for premarital couples. Services will be provided through well trained lay counselors.
(2) The mobile units will deliver community education to promote safer sexual behavior, stigma reduction, positive living and promote community care service to HIV infected and affected individuals and families.
(3) To overcome the challenge of referring HIV+ to care and treatment services from mobile units, OSSA will establish support groups of PLWHA, teachers, HEW, Traditional Healers, and other community agents. After appropriate training the support group will provide post services to HIV+ individuals and couples, and referrals to the health network model in the catchment area.
(4) The mobile unit will initiate screening of syphilis using RPR. Clients with RPR positive results will receive referral for treatment and education, and will be encouraged to notify their partner(s).
(5) Client data will be compiled and analyzed at branch offices and reported to RHB and CDC Ethiopia bodies.
(6) OSSA will conduct a rapid needs assessment before introducing the additional 5 mobile services to determine the demand for service, demographic data of given catchment areas, and availability of community services. OSSA, in collaboration with the RHB, CDC-E and US These activities will help to meet Care and Treatment PEPFAR-E and MOH targets.

Continued Associated Activity Information

Activity ID:	5667
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Addis Ababa Regional HIV/AIDS Prevention and Control Office
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,325,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	51 - 100
Logistics	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	20	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	100,000	☐
Number of individuals trained in counseling and testing according to national and international standards	134	☐

Target Populations:

Adults

Most at risk populations

People living with HIV/AIDS

Secondary school students

University students

Key Legislative Issues

Stigma and discrimination

Gender

Coverage Areas

Adis Abeba (Addis Ababa)

Afar

Amhara

Oromiya

Southern Nations, Nationalities and Peoples

Sumale (Somali)

Tigray

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	International Rescue Committee
USG Agency:	Department of State / Population, Refugees, and Migration
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	10561
Planned Funds:	$ 150,000.00

Activity Narrative: Voluntary Counseling Testing for Sudanese and Eritrean Refugees

This is a continuing activity from FY06. This proposal comprises the follow-on phase of a project intended to provide VCT services to refugees living in refugee camp settings and the local host community living in and around these camps. A CT project was initiated in October 2004 as a pilot VCT center targeting Sudanese refugees living in Sherkole camp and the local host community, in the Benishangul-Gumuz region in western Ethiopia. This follow-on proposal will continue with established CT activities, while expanding current activities to include CT services for Eritrean refugees in Shimelba camp in the Tigray region. These services will be integrated with the AB and OP activities that have been proposed in COP07.

This activity is programmatically linked to "AB Programs in Sherkole and Shimelba Refugee Camps" (COP ID 1005) and "Condoms and other Prevention Activities for Sudanese and Eritrean Refugees" (COP ID 1034).

This proposal has been developed in consultation with the Ethiopian regional liaison office of the UN High Commissioner of Refugees (UNHCR) and the Ethiopian Government's Agency for Refugee and Returnee Affairs (ARRA). Representatives from UNHCR and ARRA, along with staff from implementing agencies such as IRC spent the first half of 2006 conducting a gap analysis of HIV/AIDS programming in Ethiopia's seven refugee camps. Stakeholders identified the expanded activities that are the most critical, while emphasizing the need for establishing a minimum package of basic services that will be provided at each camp. This entire refugee population is considered inherently at risk, due to the transient nature of the refugees, their vulnerability to sexual exploitation, and their lack of access to information.

IRC's track record of implementing successful multi-sectoral programs in these two camps, combined with their local and expatriate staff's expertise in reproductive health and HIV/AIDS interventions, makes this organization well suited to deliver quality counseling and testing services to the residents of both Sherkole and Shimelba refugee camps. IRC coordinates its activities closely with UNHCR, as well as with ARRA, who is responsible for providing basic health care services in each of the camps. In addition, they also collaborate with the local HAPCO and will work with other PEPFAR partners in order to provide appropriate training to all organizations who are working in the camps.

Sherkole
In Sherkole camp, the provision of CT services has been well received by both the refugee and the local host populations. IRC is offering CT services via two methods - a static site that is integrated within Sherkole refugee camp's health clinic and weekly sessions in four outreach sites within the local host community. HIV testing began on 12 April 2005 and by 26 May 2006, 1307 clients had been tested and counseled, with an average of 93 people being tested per month. A very strong and effective referral system has been set up between the VCT center, the ARRA health clinic and the regional hospital in Assosa, to enable all HIV+ clients to access the necessary medical and follow-up services they require, such as cotrimoxazole prophylaxis and other opportunistic infection treatment, CD4 count monitoring, anti-retroviral therapy and psychosocial support. Close observation is also done for tuberculosis co-infection detection amongst the HIV+ refugees.

As part of expanding CT services, the capacity building of the Maternal and Child Health (MCH) and other relevant staff of the ARRA health clinic in the prevention of mother to child transmission (PMTCT) of HIV is scheduled to commence in September 2006, with a focus on the proper administration of Nevirapine for the pregnant woman and the newborn. Nevirapine will be made available in the ARRA MCH clinic when possible and it will be procured from the Assosa regional hospital.

A challenge faced by IRC is the difficulty for referred HIV+ clients in more remote outreach CT sites to access the medical services in Assosa. A solution being discussed with the regional HAPCO office in Assosa is to make available a vehicle which would be able to transport referred HIV+ clients to and from Assosa as needed. IRC is currently trying to fill this gap, but a lack of sufficient vehicles is a great obstacle to maintaining consistent access to medical services for HIV+ clients.

In Sherkole, FY07 activities will:
(1) Continue to offer quality CT services through the static site to both refugees and members of the local host community
(2) Continue to offer quality CT services to the local host community through mobile CT efforts
(3) Conduct community awareness-raising activities to promote CT and PMTCT
(4) Continue to build the capacity of VCT center staff through on-going in-service trainings on counseling and management
(5) Maintain good relations and strong referral network that has been established between the VCT center, the ARRA health clinic, the Assosa regional hospital, the New Life After Test post-test club, the Tesfa Bilichat PLWHA association and the regional HAPCO office
(6) Continue with the capacity building of health facility staff in the counseling for PMTCT and the proper administration of Nevirapine
(7) Ensure that Nevirapine stock outs do not occur in the ARRA MCH clinic – by providing commodities management training and support for relevant health staff
(8) Provide support for the New Life After Test Club and Tesfa Bilichat PLWHA Association as needed
(9) Provide transport for HIV+ clients who do not have access to medical and/or other support or wrap around services
(10) Conduct monthly coordination meetings with VCT staff and the ARRA health clinic
(11) Encourage and try to facilitate the establishment of more community support structures, such as post-test clubs for CT clients, with a focus on PLWHA
(12) Advocate for the establishment of more PLWHA support associations in the region with established local or international organizations, at the Addis Ababa level.

Shimelba
A VCT center is planned for the Eritrean refugees living in Shimelba refugee camp, located in northern Ethiopia in the Tigray region. From the results of two formative knowledge, attitudes and practices surveys conducted in 2003-04 in Shimelba camp, the IRC learned that 92.8% of the refugees surveyed were interested in knowing their HIV status. As in the case with Sherkole camp, the IRC proposes to establish a VCT center in Shimelba camp which will be integrated within the existing ARRA health clinic compound and will be complemented by continuous CT and HIV/AIDS sensitization and awareness-raising activities. Outreach CT services will be established for the local host community if needed. BCC campaigns will provide targeted and tailored messages to the refugees in Shimelba camp and the local host community to promote the benefits of knowing one's HIV status through CT. A post-test support club will be established and referral networks and linkages will be made with local health authorities and facilities for follow-up medical and wrap around services.

In Shimelba, FY07 activities will:
(1) Construct a CT center integrated with the ARRA health clinic
(2) Recruit and train 1 VCT Manager, 3 VCT counselors and 1 VCT lab technician and procure all necessary laboratory materials and supplies and data analysis.

Continued Associated Activity Information

Activity ID:	5606
USG Agency:	Department of State / Population, Refugees, and Migration
Prime Partner:	International Rescue Committee
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 75,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	2	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	1,700	☐
Number of individuals trained in counseling and testing according to national and international standards	5	☐

Target Populations:

Adults
Business community/private sector
Community leaders
Family planning clients
Doctors
Nurses
Pharmacists
Most at risk populations
Refugees/internally displaced persons
Truck drivers
Pregnant women
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Partners/clients of CSW
Religious leaders
Laboratory workers

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Binshangul Gumuz

Tigray

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 10565
Planned Funds: $ 47,000.00
Activity Narrative: DHAPP

In 2002, the Defense HIV/AIDS Prevention Program (DHAPP) assisted the Ethiopian National Defense Health Services in establishing the first VCT services at Armed Forces Teaching General Hospital and Bella Defense Referral Hospital in Addis Ababa, and Air Force Hospital in Debrezeit.

The need to expand the services was realized due to the huge demand of these services within the military, and the disparity of Military Units through wide deployment areas in and around all of the regional states throughout the country. In 2003 and 2004, 6 additional Sites were also established reinforcing existing capacities and providing accessibility of these services to larger numbers of defense civilian employees, active duty and retired servicemen, and their dependants. The general standard set-up of a site is made up of 1 site coordinator nurse, 2 counselors, and 1 laboratory technician. In the year after 2003 the provision of counseling and testing services and availability of ARV for individual service members who could cover the ARV costs made it possible for reorganizing the VCT sites to integrate ARV therapy. The site at the Armed Forces Teaching Hospital is established as one of the models to other VCT services in the country with integrated STI and TB clinics, and ART. The classroom and conferencing facility within this VCT site as also made it the focal place for training of military physicians, nurses, and HCW on counseling, testing and ART management. The issue of provision of HIV Test Kits, standard VCT laboratory equipment and furniture, for the military VCT had, since 2001 through 2004 been resolved through DOD programming. The same has been true in FY05 program implementation, i.e. planning, procuring, and delivery of HIV test kits for all 11 military VCT sites was done through the DOD mechanism, the only to date existing source, for the military program. FY'07, planning considers for provision of HIV Test Kits for 14 sites (9 stationary and 2 already existing mobile and, additional 3 new mobiles under FY06 COP). NB: military VCT is not a Global Fund supported activity.

In FY07, we will within the overhaul MOND VCT make services available for the following number of clients.

Continued Associated Activity Information

Activity ID: 5576
USG Agency: Department of Defense
Prime Partner: US Department of Defense
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 275,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	14	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	32,832	☐
Number of individuals trained in counseling and testing according to national and international standards	0	☐

Target Populations:

Military personnel

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	American International Health Alliance Twinning Center
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	10583
Planned Funds:	$ 176,000.00

Activity Narrative: Twinning Partnership to improve quality of VCT Services

This is a new activity for COP 07 and linked to COP ID # 5678 (treatment: ARV services).

AIHA Twinning Center partnerships focus on institution to institution peer relationships. Unlike traditional consultancy approaches, the AIHA partnerships are voluntary, peer-based technical assistance programs, with an emphasis on professional exchanges, voluntary contributions, and leveraging private sector funds.

In order to strengthen service provision of voluntary counseling and testing, AIHA proposes a South-South twinning partnership between the Liverpool VCT Program (an indigenous Kenyan organization) and institutions responsible for VCT at the national level. The partnership will provide assistance in the area of quality assurance, policy development, material development to increase the capacity of the Federal Ministry of Health and Regional Health Offices to develop and support VCT sites. This south to south partnership will work at the national and regional levels to ensure coordination and quality assurance of VCT activities throughout Ethiopia.
Ethiopian VCT Partner –National and Regional Institutions responsible for VCT training and support..
Since it was first established as a Kenyan NGO in 1998, Liverpool VCT, Care & Treatment (LVCT) has partnered with the Government of Kenya, through the Ministry of Health's National AIDS and Sexually Transmitted Infections Control Program (NASCOP) in scaling up quality assured counseling and testing services in resource-poor settings throughout Kenya, including Nyanza. LVCT also serves as the secretariat for NASCOP's National Quality Assurance Team for counseling and testing and has been central to the development of standards and guidelines for VCT as well as the legal bases for registration, licensure and accreditation of VCT sites. Of the nearly 800 VCT sites in Kenya, LVCT has helped to establish over 400; of these, 150 of these have been "graduated" to be managed by the Kenyan government, CBO and/or FBO. For the remaining 250 on their way to being graduated, LVCT provides staff, basic training, refresher training, supervision and quality assurance guidance. LVCT has also trained over 70% of all the VCT counselors in Kenya. Through its strong targeted evaluation program, LVCT contributes to evidence-based policy formulation and programming in Kenya by sitting on many of the task forces of NASCOP as well as the Interagency Coordinating Committee of the National AIDS Coordinating Council (NACC).
LVCT has also spearheaded gender equitable provision of HIV/AIDS prevention, care and treatment services with particular emphasis on improving access to services for groups with special needs, including victims of sexual violence, the deaf, and men who have sex with men.
LVCT supports to MOH and RHB includes:
(1) Assessments of selected sites and define status quality assurance
(2) Review lesson learned from the implementation of national and regional demonstration sites
(3) Develop strategies to improve quality of VCT service
(3) Develop national QA tools and provide TOT

A Twinning Center Program Officer will be assigned to work with a partnership coordinator designated by the partnership to monitor the partnership's progress and to help identify areas where technical assistance might be required. A Twinning Center Program Associate will be responsible for day-to-day project administration, including budget monitoring and logistical support.

Twinning Center staff will work with the partners to develop and implement a monitoring and evaluation system. In collaboration with the US evaluation team, appropriate PEPFAR indicators will be selected and reported upon twice yearly. The Twinning Center M&E team will evaluate the partnership's effectiveness in meeting its goals and objectives, as stated in the partnership work plan.

Emphasis Areas	% Of Effort
Policy and Guidelines	51 - 100
Quality Assurance, Quality Improvement 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 and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards	30	☐

Target Populations:

National AIDS control program staff

Policy makers

Host country government workers

Key Legislative Issues

Volunteers

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: jhu-ccp
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 10585
Planned Funds: $ 132,000.00
Activity Narrative: Creating Demand for Counseling and Testing through Promotional Activity

This is a new activity for COP 07 and linked to activities COP ID new 1075, 1084 (Policy, Analysis, and system Strengthening) and 5617, 5773 (AB)

Voluntary HIV counseling and testing (VCT) is a relatively new concept in Ethiopia, and has been largely under-utilized by the population to date. According to HAPCO, there are a total of 658 locations providing the service in the country as of 2005. Services are continuing to expand with the implementation of the President's Emergency Plan for AIDS Relief (PEPFAR). In light of the fact that service availability has been expanded, it is important now that demand for and utilization of VCT by the general public continue to be increased.

Since inception, CCP/ARC has undertaken activities geared towards not only empowering people to access VCT services but also targeting service providers to strive towards the provision of quality VCT services. For example, CCP/ARC produced print and multimedia materials that encouraged the use of VCT services and provided service providers with VCT communication materials to use in health facilities. CCP/ARC has also conducted two national VCT Day campaigns for the promotion of VCT in collaboration with partners. CCP/ARC played a major role in the establishment of the National VCT Day which is observed annually in Ethiopia on the eve of the Ethiopian New Year. As more people and organizations participate in the observance of VCT Day, this will ensure an increase in the use of VCT services and also in efforts to increase the quality of VCT services.

In FY 2007, CCP/ARC plans to intensify its VCT promotion activities two approaches: 1) Via implementation of VCT Day 2007 with local and international partners, and 2) through the development of a long term VCT BCC campaign aimed at increasing the quality of VCT services.

For VCT Day 2007, CCP/ARC will continue to provide support to HAPCO and partners in organizing the national VCT Day. CCP/ARC will take the lead in producing all campaign materials (posters, flyers, radio/TV spots, newspaper ads), create web pages, organize and coordinate media coverage, and facilitate and provide information through its Wegen Talkline and future Warm-line for service providers. The longer term VCT campaign will serve as an important entry point in HIV prevention and for early access to treatment, care and support. In this regard, CCP/ARC will promote both Client Initiated VCT and Provider Initiated Counseling and Testing services to create demand and reduce stigma against people living with HIV/AIDS. The campaign will use both traditional and modern channels; develop region specific messages for promotion of services; support annual HIV testing campaigns; take a lead in the development of a VCT communication strategy; and support in development of national HIV Counseling and Testing themes and logo. JHU CCP plans to reach 7-9 million people throughout the country with HIV counseling and testing promotional message.

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 counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards	40	☐

Target Populations:

Adults
Community leaders
Religious leaders
Public health care workers

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Family Health Int
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	10588
Planned Funds:	$ 2,624,000.00

Activity Narrative: Community-level counseling and testing service support in Ethiopia

This activity is linked to the High Risk Corridor Initiative (5719); Mobile and Private Sector Counseling and Testing Services (5718); Care and Support Contract Palliative Care (5616), Care and Support Contract counseling and testing (5654), and ART Service Expansion at Health Center Level.

This is a continuing activity. To date, the partner has received 100% of FY06 funds and is on track according to the original targets and workplan. Through IMPACT, FHI has played a leading role in HIV C&T service scale up in Ethiopia, supporting C&T service establishment in 469 government health centers in the country, establishment of C&T quality assurance systems and tools, establishment of counselors' support associations in four major regions In FY05, FHI IMPACT supported 288,000 clients to receive CT services at the community level. In FY06, FHI IMPACT significantly contributed to country targets using FY05 funds.

Based on preliminary ANC and EDHS analysis, HIV prevalence is mainly concentrated in urban and peri-urban areas throughout Ethiopia, and overall prevalence appears to be much lower than previously projected. Although several rural hotspots have been identified for enhanced HIV service delivery, it will be necessary to reach substantially higher numbers of at risk populations through targeted outreach activities in these areas. At present, community-based VCT coverage is low beyond Addis Ababa. Furthermore, access to CT services in the regions is minimal. Maintenance of existing services is made more difficult because of frequent supply shortages. For these reasons, facility based CT services are unable to meet current demands for testing.

This activity will support the expansion of highly targeted VCT services to most at risk populations including: HCBC households and family members, areas of mass congregations of the general population in urban areas (through FBO collaborations) and MARP including migrant populations, female sex workers, girls 15-19 (especially out of school) and street children and adolescents. In addition, FHI will partner with community organizations that can access large at risk populations and maximize intake of high yield clients through fixed sites in urban and regional capitals and secondary towns along transportation corridors identified as hot spots. Furthermore, FHI, in collaboration with USG partners, will prime demand through a VCT promotion campaign that targets MARPS and is linked to HIV prevention efforts (See FHIAB and OP activities in the prevention program area). Client uptake from these MARPS is crucial if PEPFAR Ethiopia is to reach its care and treatment targets.

FHI, building on the IMPACT project will further expand VCT services at the community level in high prevalence areas using simple testing techniques, such as finger prick testing and DBS for QC. This activity will be linked to CDC/EHNRI's Laboratory Services, BERHAN, US Universities and existing HIV outreach activities. This activity will:
(1) Establish integrated outreach VCT services within existing HCBC programs targeting household members of PLWHA,
(2) Ongoing counseling services for PLWHA with strong emphasis on prevention for positive counseling and positive living
(3) Establish and strengthen youth-friendly VCT services and outreach in clinics in university campuses, public and private colleges in high prevalence areas,
(4) Integrate promotion and referral for VCT into inter-personal HIV prevention programs for MARPS
(5) Establish and/or strengthen VCT services, in collaboration with Woreda health offices and Health Extension Workers in identified rural and peri-urban "hotspots" and outreach VCT services to high risk migrant agricultural communities.

FHI will work with the MOH and RHB to operationalize and standardize the utilization of whole blood (finger prick) rapid testing to enable non-laboratory CT staff, including lay counselors, to perform the HIV test and give same-hour results.

This activity will provide technical assistance that includes:
(1) Training will be conducted to enable referral between community and health facility-level services and the involvement of youth-friendly approaches. Special attention will be given to the needs of girls and young women that includes reproductive health

referrals, PMTCT counseling, the promotion of HIV prevention to discordant couples and clients,
2) Target men and women more than 29 years of age at (higher HIV prevalence and lower VCT uptake among this group according to the preliminary ANC and EDHS data)
(3) Engage private health care services in rural areas, in collaboration with Abt Associates, to provide quality VCT services at low cost, respecting RHB quality control and providing all VCT service data to the RHB, in exchange for free test kit supply by the RHB,
(4) Ensure that condoms are available in all community VCT services and outreach activities and that condoms are provided to HIV+ clients,
(5) Ensure that community VCT service providers as well as lay counselors take clinical histories to elicit if the VCT clients have symptoms of TB or OI, and refer to the health network,
(6) Ensure practice of universal precautions in community VCT service provision and related waste management,
(7) Support RHB to assure quality assurance of VCT services.

Provide supportive supervision at mobile-outreach community sites (non health center) and provide coaching and mentoring to improve service quality and data management. Collaborate with SCMS and GFATM to ensure logistics and supply chain management of HIV test kits and essential supplies are available. In addition, FHI will procure emergency stocks of commodities and provide limited supplies and equipment (including bicycles or motorcycles) to community-level partners to catalyze service coverage.

PLUS UP FUNDING: PEPFAR will support the GOE plan to expand the successful pilot of Community Counselors for HCT provision under the broad framework of task shifting in HIV/AIDS prevention, care and treatment activities. The introduction of community counselors (lay counselors) into public health facilities in September 2006 boosted VCT uptake and decreased the burden on health care workers; the counselors also conducted large numbers of HIV rapid tests. The pilot was a great success and the Federal HIV/AIDS Prevention and Control Office (FHAPCO) plans to deploy an additional 700 community counselors in hospitals and health centers in the next few months. The government secured funds for recruitment of 743 lay counselors (including the existing 43). PEPFAR support through the plus up will used for 6-week training courses for 700 lay counselors, logistics, training follow–up and evaluation of the community counselors' performance. The project will be implemented jointly through JHPIEGO and FHI.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance, Quality Improvement 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 and international standards	100	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	200,000	☐
Number of individuals trained in counseling and testing according to national and international standards	950	☐

Target Populations:

Business community/private sector
Commercial sex workers
Community-based organizations
Factory workers
Most at risk populations
Truck drivers
National AIDS control program staff
Migrants/migrant workers
Partners/clients of CSW
Transgender individuals

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	PSCMS
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	12246
Planned Funds:	$ 1,000,000.00
Activity Narrative:	PLUS UP FUNDING: PEPFAR has supported Ethiopia's ART program with laboratory equipment, test kits (on emergency basis) and supplies for diagnosis, treatment and monitoring of HIV/AIDS patients. This support will continue and supplies will be purchased and distributed through SCMS. In addition to rapid test kits from GF, SCMS will provide kits for 110,000 tests in COP07. Because of the government's Millennium AIDS Campaign (MAC), the demand for HIV rapid test kits is increasing. In the first two- months phase of MAC, 622,000 people were tested. Review of MAC I revealed client uptake nearly doubled from MAC I targets. The campaign faced many constraints; major ones included test kit and human resource shortages. During MAC Phase 2, the government will target high risk populations, expand PHCT, and strengthen referral linkages from pre-ART care. The funds will be used to provide rapid HIV test kits for 600,000 tests and logistics management.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Logistics	10 - 50

Target Populations:

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: Federal Ministry of Health, Ethiopia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 12248
Planned Funds: $ 300,000.00
Activity Narrative: PLUS UP: PEPFAR will channel funds to the Federal HIV/AIDS Prevention and Control Office (FHAPCO) to support the government's Millennium AIDS Campaign (MAC) which aims to counsel and test nearly five million clients by October 2008. In the first phase of MAC, 622, 000 people were tested. Review of MAC I revealed that uptake nearly doubled the planned targets in all regions. The campaign faced many constraints and problems, such as test kit shortages and lack of human resources; it did not target high risk populations for routine and diagnostic testing, it neglected children, and it suffered from poor linkages to care and treatment services. During the next two MAC phases, from Feb. 2007– Sept. 2008, the government plans to scale up HCT services in more than 1500 facilities, targets high risk populations, plans to expand and consolidate Provider Initiated HIV testing and Counseling and strengthen referral links from HCT to pre ART care. The fund will be used to strengthen the FHAPCO capacity to improve coordination and logistics management of the campaign .

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

Target Populations:

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: United Nations High Commissioner for Refugees
USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 15753
Planned Funds: $ 120,000.00
Activity Narrative: The objective of this project is to provide voluntary counseling and testing services to approximately 30,000 Sudanese refugees and 20,000 members of the host community in Fugnido camp in the Gambella region, as well as over 20,000 Somali refugees in the Somali region.
Since this proposal was submitted, the demographic of the refugee population within the country has shifted considerably. Nearly 23,000 refugees from Gambella region have been repatriated to South Sudan. In addition, it is now clear that the 16,000 refugees residing in the Kebribeyah camp in Somali region will not be able to repatriate any time soon (as originally was hoped), and that the number of Somali refugees in this region is growing quickly. A new camp, Teferiber, will open in this region, in order to accommodate the 10,000 refugees who have recently fled fighting in southern Somalia. In Fugnido, IEC/BCC activities that raise awareness and create demand for VCT service will be conducted. Community awareness raising activities, which will be implemented under AB and OP programs, will be linked to this VCT.

In the Somali region, IEC/BCC as well as AB and OP activities will be implemented with funding from IGAD and World Bank supported program. Counseling and testing will serve as a gateway to both prevention activities, as well as care and treatment services for clients who test positive. In addition, UNHCR will create linkages among existing PEPFAR partners who are operating in the region, including JHU which is operating in the health centers, in order to improve the level of service provided in the health center and to take advantage of additional government and regional resources.

The following are specific activities to be undertaken under this project:
• Two new VCT centers will be established; one in Fugnido in Gambella region, and one VCT site for the Somali camps.
• Counselors and other staff for the new VCT center will be recruited and trained.
• VCT kits and consumable laboratory materials will be procured and supplied regularly.
• A referral linkage to existing public health institutions will be established and made operational for PMTCT services.
• Health workers will be trained on diagnostic counseling and testing
• Monitoring and evaluation system of the VCT services will be put in place and implemented accordingly.

Emphasis Areas	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
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 and international standards	2	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	1,800	☐
Number of individuals trained in counseling and testing according to national and international standards	10	☐

Coverage Areas

Sumale (Somali)

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: $ 37,512,102.00

Program Area Context:

Ethiopia's size and its difficult terrain require a substantial investment in logistics systems. Furthermore, Ethiopia's 2006 decision to decentralize ART services to the primary healthcare unit demands intensive support at federal, regional, zonal and woreda levels to reach the national ART targets. During COP07, under the direction of PHARMID, PEPFAR Ethiopia will support the provision of ARV drugs to 131 hospitals and 240 health centers, reaching 138,300 patients by September 30, 2008.

The distribution of free ARV drugs began in January 2005, with PEPFAR and Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) support. According to the Ministry of Health's HIV/AIDS Prevention and Control Office (MOH/HAPCO) August 2006 report, adult and pediatric ARV drugs are currently provided at 132 sites. The cumulative number of patients ever started on ART was 45,595, while 35,460 were currently on ART.

Since FY 2004, Management Sciences for Health's project, Rational Pharmaceutical Management Plus (RPM+), under PHARMID direction, has effectively supported procurement of ARVs for Ethiopia's HIV program through the International Dispensary Association (IDA), and has also supported coordination of warehousing, in-country distribution and stock status monitoring by PHARMID. The project's 23 Regional Pharmacy Associates, who are based in all regions supporting PHARMID's implementation efforts, have focused on the treatment site level. RPM+ has also assisted MOH/HAPCO in the distribution of first line adult ARV drugs supplied through GFATM, and provided emergency supplies when a stock-out occurred due to problems with GFATM's procurement; since PEPFAR Ethiopia support began there have been no ARV stock outs.

In the COP 06, PEPFAR Ethiopia supported procurement of second line adult ARV drugs, all pediatric formulations and a reserve stock of adult first line drugs with funds totaling $17.8 million, utilizing the Supply Chain Management System Project (PSCMS). The GFATM/HAPCO supplies adult first line drugs. These funds will be utilized for TA and program costs ($5.6 million), ARV drugs ($8.5 million) and other essential commodities such as opportunistic infection (OI) drugs and Prevention of Mother-to-Child Transmission (PMTCT) and Infection Prevention (IP) commodities ($3.7 million).

In early 2006, PSCMS began TA to complement PEPFAR Ethiopia's ongoing logistics effort, including an assessment of Ethiopia's ARV supply chain management system. The assessment concluded that the current logistics system would not be capable of supporting the planned scale-up of ART services without substantial support. The assessment also revealed persistent weaknesses in the public sector logistics system: an absence of formal written procedures; a poorly functioning logistics management information system (LMIS); inadequate transport infrastructure; and high staff turnover.

PEPFAR Ethiopia will continue its intensive efforts to strengthen the country's supply chain management system during COP07, under PHARMID, with primary TA responsibility shifting from RPM+ to PSCMS in a phased transition. The comparative advantage of PSCMS is that it provides economies of scale, lower unit costs, increased efficiency and improved coordination between suppliers and recipients. During COP07, PSCMS will focus on strengthening PHARMID at headquarters and regional levels. It will finalize the transition with RPM+, supporting the PHARMID's development of a fully functional, integrated supply system. PSCMS and RPM+ will jointly develop a transition plan under which RPM+ will transfer all responsibilities for supply chain management to PSCMS by September 30, 2008.

To avoid stock outs during the transition, particularly at hospital and health center levels, RPM+ will continue to support PHARMID at treatment site level during FY 2007, gradually transitioning this role to PSCMS. This site level logistics management TA is a key element of a successful ART scale-up, and will include TA in Drug Supply Management (DSM); stock level and expiry monitoring; data collection and reporting; and facility-level ART and laboratory supply management.

RPM+ will continue to work with the MOH Pharmaceutical Supplies and Logistics Department (PSLD) as it transitions to the Ethiopia National Drugs Program (ENDP) Unit, as well as DACA and Regional Health Bureaus (RHBs). RPM+ will support and promote Rational Drug Use (RDU), infection prevention in PMTCT programs, drug efficacy and toxicity monitoring, Adverse Drug Reaction (ADR) monitoring/reporting, Post-marketing Drug Surveillance (PMS), ARV adherence support, and antimicrobial resistance (AMR) activities.

Under PHARMID's direction, RPM+ TA will also support GOE agencies in pharmaceutical training, patient education; and promotion of collaboration between programs and stakeholders. RPM+ will work closely with DACA to strengthen its Quality Control Laboratory and establish regional quality control mini-labs. It will support establishment or strengthening of Drug Information Centers (DIC) and Drug Therapeutic Committees (DTC) and assist MOH/PSLD in drug management, including monitoring and evaluation.

Under PHARMID's direction, PSCMS will coordinate PEPFAR/GFATM joint procurements, and will work under PHARMID to support effective in-country distribution, providing TA to incorporate state of the art logistics practices and technologies, and will support MOH/HAPCO to develop a donor coordination mechanism for quantification, procurement and distribution of HIV/AIDS commodities, as well as the development of an effective LMIS. PSCMS will provide TA to the Ethiopian Health and Nutrition Research Institute (EHNRI) to develop a comprehensive logistics management system for laboratory commodities. PSCMS will assume all procurement and supply chain activities in a phased transition with RPM+, with the two activities co-located at RPM+'s existing office. Joint planning with RPM+ and other relevant partners will enhance the effectiveness and speed of this transition.

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In COP07, PEPFAR Ethiopia and GFATM will further strengthen their relationship by working more interdependently to support national scale-up efforts. PEPFAR Ethiopia support will be channeled to PHARMID through the Health Commodities Supply System (HCSS) Master Plan, under PHARMID's direction. Per the Memorandum of Understanding signed between GFATM/MOH and PEPFAR Ethiopia, GFATM will continue to supply adult first line drugs, while PEPFAR Ethiopia will purchase adult second line drugs, all pediatric ARVs and a reserve stock of adult first line ARV drugs. Due to persistent shortages of other essential commodities such as opportunistic infection (OI) drugs, lab reagents, and infection prevention (IP) materials, PEPFAR Ethiopia will provide emergency supplies to maintain fully functional HIV/AIDS services.

Other donors: The Clinton Foundation will provide limited supply chain management support and pediatric TA to the GOE. The Ethiopian North America Health Professionals Association (ENAHPA), in collaboration with Christian Children's Fund-Canada (CCF-C), will reportedly continue providing ARV drugs for 10,000 patients over the next five years. MSF-Holland will support an additional 500 ART patients. PEPFAR Ethiopia also anticipates increased coordination with the World Bank in commodity procurement, in conjunction with the GFATM.

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	PSCMS
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	10532
Planned Funds:	$ 34,562,102.00

Activity Narrative: Procurement and Distribution of ARV Drugs and Related Commodities

The size of Ethiopia and difficult terrain require a substantial investment in logistics systems. Furthermore, Ethiopia's 2006 decision to decentralize ART services to health centers demands intensive support at National, Regional, Zonal and Woreda levels to reach the national ART targets. Under COP07, PEPFAR Ethiopia will support the provision of ARV drugs to 131 hospitals and 240 health centers, reaching 111,500 eligible patients with commodities by September 30, 2008. Ethiopia has underestimated the magnitude of logistics requirements to effectively implement decentralized ART service provision. This has resulted in repeated requests for technical assistance and funding outside of the PEPFAR– GFATM Memorandum of Understanding (MOU).

1. ARV Drug Procurement: This is a continuing activity from FY06. As of September 2006, PSCMS had received 50.4% of the 2006 funding allocations; it has worked closely with Management Sciences for Health/Rational Pharmaceutical Management Plus (RPM+) staff at headquarters and in-country to establish a country office; including a TA visit, development of a strategic concept paper and identification of key personnel. This activity is linked to PMTCT, counseling and testing, palliative care, OVC, renovation, ART and laboratory services.

Under COP06, PEPFAR Ethiopia allocated $17,872,000 to PSCMS. These funds are being used for ARV drug procurement and to strengthen the capacity of PHARMID, the agency charged with procurement and nationwide distribution. The funds will be expended by the beginning of COP07 as the current nationwide decentralization of ART treatment accelerates.

PSCMS is currently placing in-country staff and will be co-located with RPM+, PEPFAR Ethiopia's current implementer of ARV procurement and supply chain management activities. The two activities will collaborate closely this year in a phased transition, with PSCMS working under PHARMID to support all Government of Ethiopia (GOE) HIV/AIDS procurement and distribution activities by the end of COP07. Joint work planning has begun, including USG inputs into the National Health Commodities Supply System Master Plan (HCSSMP), slated to cover all commodities including ARV.

Under this Plan, PSCMS will provide TA and support to PHARMID, developing an integrated logistics management system for ARV, test kits, PMTCT supplies, drugs for the prevention and management of OI and other commodities, in close collaboration with MOH/HAPCO and other partners.

In COP07, PEPFAR Ethiopia and GFATM will further integrate their activities by working more interdependently to support the national scale-up effort. GFATM/HAPCO will continue to supply first line adult ARV drugs and PEPFAR Ethiopia will purchase second line adult ARV, all pediatric formulations and a reserve stock of first line adult ARV drugs.

PEPFAR Ethiopia plans to support the GOE to reach 10,925 children with ARV, or 10% of patients on treatment by the end of COP07.

It is estimated that 2% of adult patients on first line ARV drugs (2,010 patients) will shift to second line drugs as the result of clinical, immunological or viral failure.

Finally, PEPFAR Ethiopia will allocate funds to purchase 10% of the national first line ART requirement, as emergency safety stock for 10,925 adult patients. This safety stock is crucial given the rapid decentralization of ART services, the weak existing supply system, and the uncertainties of such a rapid expansion.

Cost of commodities:
(1) Pediatric first line drugs: 10,925 patients for 18 months (Total: $8,462,454)
(2) Adult second line drugs: 2,010 patients for 18 months (Total: $1,508,712)
(3) Pediatric second line drugs: 225 patients for 18 months (Total: $567,000)
(4) Adult first line drugs: 10,925 patients for 18 months (Total: $3,232,592).

Per the MOH/HAPCO-PEPFAR Ethiopia MOU, drugs for OI are supplied through GFATM/HAPCO. Persistent shortages of OI drugs remain a major challenge to providing

optimal services for people living with HIV/AIDS (PLWHA). To ensure implementation of the preventive care package, PEPFAR Ethiopia will also provide cotrimoxazole (CTX) tablets for 200,000 PLWHA at a cost of $1,152,000; if ARV estimates result in additional funds being available, PEPFAR Ethiopia, working under PHARMID, will also utilize available funding to support provision of other commodities, including additional CTX, other OI drugs and PMTCT supplies, as well as TA to support supply chain management, on an as-needed basis to avoid shortfalls or supply interruptions, since PEPFAR Ethiopia estimates of needs for these commodities indicate that shortages may occur. The funding deficit for OI drugs alone may reach $33.5 million in CY 2008.

Finally, PEPFAR Ethiopia will move from single dose Nevirapine to support combination therapy for 2,000 HIV positive pregnant mothers at a cost of $8,000.

The total amount required for pharmaceuticals is $14,930,757. The total cost including 10% FOB prices of the drugs for shipping and insurance ($1,493,075.70) and a 1.9% PSCMS handling charge ($283,684), is $16,707,516.70. This excludes overhead and indirect costs. The balance, $12,454,585.30, would support procurement and distribution of drugs for OIs and PMTCT commodities.

2. Inventory Management and Distribution of ARV drugs, OI Drugs, Laboratory Reagents and Equipment, Test Kits and other PMTCT products: Using the system established by RPM+ with PHARMID, PSCMS will work under PHARMID to support the clearing, warehousing and distribution of ARV drugs and related commodities purchased by PEPFAR Ethiopia and other sources. PEPFAR Ethiopia will continue its intensive efforts to strengthen the supply chain management system during COP07, with primary TA shifting from RPM+ to PSCMS. The comparative advantage of PSCMS provides economies of scale, lower unit costs, increased efficiency and improved coordination between suppliers and recipients. The transition in support to the supply chain management system from RPM+ to PSCMS will be conducted in a phased manner. During COP07, PSCMS will focus attention on strengthening PHARMID at headquarters and regional level, finalizing the transition with RPM+ and supporting the GOE's development of a fully functional, integrated supply system at all levels. To that end, both organizations are developing a transition plan under which RPM+ will transfer all responsibilities for procurement and supply chain management support to PSCMS by September 30, 2008.

RPM+ will continue its efforts to support site level supply chain management through September 2008, utilizing 23 Regional Pharmacy Associates (RPA) deployed throughout the country. Most of the RPA will be gradually absorbed by PSCMS to support PHARMID's coordination of supply chain management with PSCMS country office and regional PHARMID staff. In another transitional activity, PSCMS will support the Ethiopian Health and Nutrition Research Institute (EHNRI) in operationalizing an integrated laboratory logistics management system, in close collaboration with RPM+, the Clinton Foundation, MOH/HAPCO, CDC Ethiopia and other relevant partners. RPM+ has currently assigned a Senior Laboratory Logistics Management expert to EHNRI. RPM+ will also deploy five Regional Laboratory Logistics Associates (RLLA) using COP06 funds. They will work closely with all relevant stakeholders to ensure that the laboratory logistics management system functions smoothly and will be absorbed by PSCMS in a phased manner during COP07.

During COP07, PSCMS will primarily focus on strengthening PHARMID's HQ and regional levels. PSCMS will support PHARMID in the implementation of standard logistics practices and technologies, and in improving commodity procurement and distribution. PSCMS will also assist in upgrading PHARMID's security, fire protection and storage capacity.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Logistics	51 - 100

Target Populations:

People living with HIV/AIDS

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	10534
Planned Funds:	$ 2,950,000.00

Activity Narrative: Strengthening Pharmacy Capacity: Improving Pharmacy Infrastructure and QA of ARV

This is a continuing activity from FY06. To date, the partner has received 100% of FY06 funds and is on track according to the original targets and work plan. It has provided technical support in ARV and related commodities supply management in 109 hospitals and 23 health centers. This support includes training 236 staff on ARV management and Drug and Logistics Management Information Systems; technical support in the developing the national health commodities logistics and pharmaceutical master plans; and technical support in the establishment of antimicrobial resistance(AMR) committees, and drug and therapeutic information centers (DIC and DTC). This activity is linked to Prevention, Care and Support, ART, renovation and laboratory services. All activities listed below will be carried out under the directionof the Pharmaceuticals and Medical Supplies Import and Wholesale Enterprise (PHARMID).

Ethiopia's 2006 decision to decentralize ART services to the primary health care unit demands intensive support at site level to reach the national ART targets. To address this situation, in FY 2007 PEPFAR Ethiopia will support the provision of HIV commodities at through RPM+, with a primary focus on site level activities supporting effective pharmaceutical management. During this transitional year, as the Supply Chain Management System Project (PSCMS) becomes fully operational, some resources will be utilized in a phased transition with the new project, transferring critical procurement and supply chain management functions currently supported by RPM+ to PSCMS. The two projects will be co-located; and joint work planning is underway, supporting a seamless transition characterized by close coordination, including co-sponsoring of some activities. The activity will focus on the following areas:

1. Dispensing and Site-level Inventory Management: RPM+ will collaborate with PSCMS and other stakeholders, under PHARMID's direction, in implementing rational drug dispensing and commodity use practices at service delivery level for antiretroviral (ARV), Opportunistic Infection (OI) and Sexually Transmitted Infection (STI) drugs, Prevention of Mother-to-Child Transmission (PMTCT) commodities, laboratory reagents and test kits. This support will be focused at site level, with PSCMS handling other levels.

RPM+ will assist the Ministry of Health's Pharmaceutical Supplies and Logistics Department (PSLD), as it transitions to the Ethiopia National Drugs Program (ENDP) Unit, in the development of a mechanism for product exchange between sites, optimizing stock levels and preventing stock outs and expiry of drugs. It will also support PHARMID in quantification exercises and site level implementation of a new ordering system. RPM+ will work closely with relevant institutions such as PSCMS, supporting PHARMID in transitioning to the new system, through training and retraining of pharmacy personnel. PSCMS will assume this role after this transitional year.

RPM+ will assist pharmacy and treatment adherence support personnel in conducting ARV use counseling and patient follow-up to ensure adherence, compliance and proper ARV drug handling.

2. Strengthening Human Resource Capacity at Pharmacy Level: With the Ethiopian Pharmaceutical Association and the Addis Ababa University School of Pharmacy, , staff from ART sites will be trained in supply management, pharmaceutical care, Rational Drug Use (RDU) and computer skills. Training will be followed by supportive supervision and mentoring, in collaboration with relevant stakeholders and partners. RPM+ will continue donating technical materials and organizing partner exchanges

3. Improving Quality Assurance of ARV and Related Commodities: RPM+ will continue to provide technical assistance to the Drug Administration and Control Authority (DACA), primarily through staff seconded to DACA's Quality Control (QC) Laboratory, ensuring the quality, safety and efficacy of ARV, anti-tuberculosis (TB) and anti-malaria drugs. The project will continue building the capacity of DACA's drug QC laboratory, improving lab conditions, promoting proper storage of reagents and proper record keeping, and providing reference books and standards, computers and accessories. RPM+ will continue to provide TA in the development of standard operating procedures (SOP) for the pharmaceutical and logistics systems, and in development of an electronic data base and reporting system for the laboratory. Finally, RPM+ will support establishment of six

regional QC mini-labs.

In collaboration with PSCMS, RPM+ will support the efforts of DACA and the PHARMID in post-marketing surveillance of HIV/AIDS, TB and malaria drugs.

4. Strengthening Site-Level Drug and Laboratory Logistics Information Management: RPM+, in a phased transition with PSCMS, will support distribution of ARV drugs and related products from regional stores and at individual sites. Under COP07, PSCMS will strengthen PHARMID at national and regional levels, taking over all USG procurement and supply chain management support by the end of COP 07.

RPM+ will build on experience acquired to date to support improvements in inventory and pharmacy data management, and to operationalize the ART SOP and pharmacy forms and registers at supported sites. Existing manual drug inventory and patient pharmacy data tools will be fully computerized at target facilities, per availability of electrical supply. Supportive supervision and monitoring and evaluation of ARV drug management and use will be supported, to ensure effective programs. As an interim measure where facilities have a critical shortage of personnel to handle information, RPM+ will provide data clerks.

RPM+, in collaboration with PSCMS, the Ethiopian Health and Nutrition Research Institute (EHNRI) and other stakeholders, will assist in the review of existing operating procedures for laboratory commodity management and will develop SOPs for this function. In transition with PSCMS and other partners, RPM+ will finalize ongoing work to implement an electronic laboratory commodity information management tool.

5. Provision of TA including Coordination: In a phased transition with PSCMS to avoid shortages during this transitional year, RPM+ will continue to provide TA in Drug Supply Management (DSM), focusing at the health facility. This joint TA will include stock level and expiry monitoring, data collection and reporting. Site-level TA and coordination efforts will focus on facility-level ART and laboratory supply management; promoting rational drug use (RDU) of ARV; pharmaceutical care; drug efficacy and toxicity monitoring; Adverse Drug Reaction (ADR) monitoring; ARV adherence support; and approaches to contain AMR. Other activities will promote collaboration between programs (HIV/AIDS, TB and Malaria) and conducting drug-related operational research. RPM+, in collaboration with PSCMS, DACA and PSLD, will provide TA to establish or strengthen DIC and DTC at health facilities.

6. Improve Pharmacy Infrastructure and Equipment: RPM+ has engaged in renovation of hospitals and health centers as part of the GOE's ART service expansion, focusing on storage areas, dispensing pharmacies and adherence counseling areas. As of June 2006, RPM+ has renovated 23 hospitals and nine health centers. An additional eleven hospitals and 73 health centers are to be renovated with COP06 funding in close coordination with the GOE, Crown Agents and RPSO. During FY 2007, the project will continue conducting small-scale renovation, in collaboration with these partners.

Continued Associated Activity Information

Activity ID:	5645
USG Agency:	U.S. Agency for International Development
Prime Partner:	Management Sciences for Health
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 3,678,000.00

Activity ID:	5646
USG Agency:	U.S. Agency for International Development
Prime Partner:	Management Sciences for Health
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,295,000.00

Activity ID: 5648
USG Agency: U.S. Agency for International Development
Prime Partner: Management Sciences for Health
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 84,000.00

Activity ID: 5649
USG Agency: U.S. Agency for International Development
Prime Partner: Management Sciences for Health
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 1,355,000.00

Activity ID: 5652
USG Agency: U.S. Agency for International Development
Prime Partner: Management Sciences for Health
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 750,000.00

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Logistics	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Target Populations:
People living with HIV/AIDS

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: $ 55,747,564.00

Program Area Context:

Over a period of 16 months the national ART program initiated ART services in 73 public and 14 private hospitals. By July 8, 2006, 68,185 HIV positive clients were enrolled, of which 42,195 were started on ART and 33,486 were regularly receiving treatment. On the average, some 3,300 patients were started on ART monthly during the months April through June 2006. Children constituted only 3% and pregnant women only 6.2% of patients on ART. Only 49 (0.14%) have been shifted to second line regimen. Fifty three percent of the patients were receiving ART in 11 of the 73 public hospitals. Patient enrolment actually started to increase since September 2005 when community (Kebele) level screening and certification for economic eligibility was abolished. The Federal Ministry of Health (FMOH) has been working towards achieving a treatment target of 100,000 (at least 78,000) patients by December 2006.

PEPFAR Ethiopia has been the major partner supporting the National ART Program starting with the launching of free ART services in January 2005. In COP05, PEPFAR Ethiopia assisted the country in developing a regionalized implementation strategy. The support which used to be given through one partner (I-TECH) was regionalized effectively starting October 2005 by adding three U.S university partners (JHU, ICAP/CU, and UCSD). The four university partners were assigned to four non-overlapping ART Operation Zones - ITECH, ICAP/CU and JHU each covering three to four regions in one Operation Zone and UCSD supporting the defense and police forces. Each partner in addition was given a responsibility to serve as lead in cross-cutting areas based on comparative advantages. These arrangements enabled the national program and Regions build capacity and initiate ART for 33,486 patients at 58 hospitals in all 11 Regions of the Country by July 8, 2006. In addition, much experience has been gained in COP05 in terms of regional realities and site level capacities. This has helped to refine program implementation plans and strengthen coordination mechanisms for COP06 ART implementing partners.

In COP06, the number of sites will be increasing to 89 hospitals and 100 public health centers, 10 private for profit health centers and 10 work place clinics, which will be delivering ART to 100,000 patients. University partners and FHI and/or other partner(s) (RFP in process) will provide coordinated technical assistance to the network. CDC/E and local and international implementing partners will support laboratory services at all levels. Tulane University will lead M&E activities and support national and regional efforts to further strengthen the ART reporting system and the processing and use of data to monitor program implementation. Partners will harmonize their support to establish a functional referral system that fosters effective transfer and movement of patients between ADR facilities. PEPFAR Ethiopia Treatment Technical Working Group will follow ART services are implemented using the health network model and, assisted by SI Technical Working Group, monitor the functionality and effectiveness of the network.

In COP06, PEPFAR partners, in collaboration with WHO and other stakeholders, will continue to support the national effort to standardize training materials (including IMAI and Integrated ART Training Package) and coordinate training activities provided by different partners. Human capacity needs will be addressed through task shifting and institution of new cadres (case managers, peer educators, lay counselors, and health extension workers) and volunteer services (Ethiopians in Diaspora, U.S. Infectious Disease Fellows, Peace Corps volunteers and local university students). AIDS Resource Center (ARC), in collaboration with AED, is leading the development and dissemination of ART client materials and job aids for providers. RPSO and Crown Agent provide support to renovation of ART sites. PEPFAR Ethiopia will continue to work closely with the Global Fund to implement the MOU and a joint plan of action and initiate collaboration with the World Bank and other major partners.

In COP07, PEPFAR Ethiopia will build on COP05 and COP06 activities and achievements. Support will provided to reach the ART target of 138,300 patients set for COP07 in PEPFAR Ethiopia's Five-Year Strategy. ART services will be delivered through health networks of 1f and 240 health centers (see Annex XX). Facility accreditation for Art services will be supported in all 11 Regions. PEPFAR Ethiopia and WHO will support the country to introduce and link first and second level IMAI packages and synchronize them

with Integrated ART Training package. The nurse-centered model will be strengthened by upgrading the training of nurses to include additional core competencies and certification. Mainstreaming of ART in health professionals pre-service training programs will be consolidated and expanded. ART will further be synchronized with other primary care services. PLWHA will be involved in delivery of ART services at various levels. Private-public partnership and civil-military alliance will be strengthened. Targeted evaluation will be undertaken to guide program scale up and support improvements in quality of ART services.

In COP07, PEPFAR Ethiopia will continue to work with national and regional program to ensure sustainability of ART services. In Collaboration with the Government of Ethiopia and other major donors like GF, DIFD, JAICA and others will create adequate space for in target hospitals and health centers. PEPFAR Ethiopia will continue the support for human capacity development though various strategies, including task shifting, pre-service training of health cadres, building indigenous capacity as part of the exit strategy for U.S. based partners, supporting the National AIDS Fund Initiative, and strengthening private-public partnership. U.S. university partners, as part of their exit strategy, will work closely with local universities, regional health bureaus and ART sites to build institutional capacities, including human, infrastructural and systems.

Government programs: FMOH has strengthened its HIV/AIDS Unit and moved it to HAPCO. This has created a better coordination among HIV/AIDS programs. Coordination of ART activities is supported by a National Care and Treatment Committee, which included major partners. The Ministry launched an accelerated ART scale-up campaign in April 2006 and is currently actively working with all 11 Regions to rapidly scale up its ART Program by (1) increasing uptake at hospitals currently delivering ART services; (2) rapidly expanding the services to new hospitals, including private for profit hospitals, and (3) decentralizing ART services to health centers. The government is also establishing 'National AIDS' Fund as one initiative fostering sustainability.

Other donors: The Ethiopian North American Health Professionals Association (ENAHPA), in collaboration with Christian Children's Fund-Canada (CCF-C), is supporting the ALERT Hospital network with close assistance from PEPFAR Ethiopia. MSF Holland provides ARV to some 500 patients in one district in Tigray region. Ratson is providing ARV for 500 patients in one hospital in Oromyia region. The Clinton Foundation in collaboration with Yale University is supporting FMOHJ in strengthening management at nine selected hospitals in the country. The World Bank is exploring ways to collaborate with existing partners.

Program Area Target:

Number of service outlets providing antiretroviral therapy	366
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	130,588
Number of individuals receiving antiretroviral therapy by the end of the reporting period	111,000
Number of individuals newly initiating antiretroviral therapy during the reporting period	35,500
Total number of health workers trained to deliver ART services, according to national and/or international standards	1,504

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Private Sector Program
Prime Partner:	ABT Associates
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10379
Planned Funds:	$ 1,000,000.00

Activity Narrative: Prioritizing Pregnant Women for Antiretroviral Therapy
This is a continuing activity. To date, the partner has received 100% of FY06 funds and is on track according to the original targets and workplan. This activity is related to ART treatment service activities by US Universities and the Care and Support Contract (previously referred to as BERHAN). The contractor will also collaborate with IntraHealth, JHPIEGO and FBO to support increased community awareness of HIV clinical and non-clinical services with the ART health network. At present, 54% of ART clients are located in 11 ART hospitals. The majority of ART hospital and health center-based HIV services that provide CT, PMTCT and TB are underutilized, resulting in excess client capacity. This supplemental activity addresses the needs of a large number of HIV+ women living in peri-urban communities with few formal organizational entry points for interventions. Despite greater access to HIV/AIDS services in urban and peri-urban areas, efforts to prevent pediatric HIV infection have been hampered by low uptake of PMTCT, low perceived quality of ANC services by clients, low ANC attendance and lack of awareness of PMTCT and ART services.

Based on recommendations from the USG private sector TA visit in August 2006, PEPFAR Ethiopia is 1) expanding its approach to target strategically activities and audiences that may identify HIV+ persons and link them to care and 2) utilizing a broad range of private sector partners, including pharmacies and lower level clinics to identify pregnant women and direct them to treatment. According to the EDHS 2005, approximately 11 percent of deliveries in Addis Ababa occur in the private sector. Furthermore, 17 percent of all women (urban and rural) receive family planning services from the private sector. We anticipate this number to be heavily skewed to urban and peri-urban areas. Regional capitals and large towns such as Awassa, Bahir Dar, Dessie, Dire Dawa, Mekele and Nazareth are key centers to expand the ART health network to capture those living with HIV/AIDS that will not initially attend services at public facilities. In addition, several NGO facilities are present in these towns address MCH. These NGO facilities represent congregations of populations that are underserved by HIV services such as PMTCT and ART thereby providing access to target groups for services.

As of June 2006, several regional health bureaus, with active support from the MOH, are decentralizing ART to health centers. Based on this finding, we anticipate an expansion of ART services, in addition to other HIV services, to low client flow locations where excess capacity will continue to impact progress to targets. In addition, poor linkages between the ART and PMTCT programs have prevented eligible pregnant women from accessing ART. Furthermore, the activity engages urban-based private MCH services and pharmacies which are more widely used by women due to perceptions of convenience, quality and technology.

In response to the current experience, this activity will address community awareness through branding and franchising services to improve uptake of services, improve productivity in high client flow services and support additional improvements in progress to targets of pregnant women being enrolled in HAART.

The main thrust of the initiative is strengthening post-partum care, including initiation of ART for mothers and their new-borns. COP06 contains existing activities at the hospital level addressing IMCI and pediatric treatment. This activity will support linkages between health centers and hospitals supported in the COP06 supplemental activities. As the screening of infants with HIV/AIDS and pediatric ART are complex interventions, the involvement of USG universities is pivotal. Health centers will send mothers with complicated medical conditions and infants who need diagnostic work and possible initiation of ART to designated hospitals within the ART Health Network.

The following are proposed activities.
1) The activity will improve awareness of HIV services among pregnant women and address client perceptions of quality of services in order to increase uptake. The contractor will work with both public and private sector providers to: strengthen community awareness and involvement of HIV/AIDS care for pregnant women; increase counseling and testing of pregnant women with a target of 12,000 pregnant women getting CT services; improve the quality of care and support for HIV+ women; strengthen referral linkages for HIV+ pregnant women; strengthen the public-private partnerships to bring HIV+ pregnant women into the ART network; and integrate PMTCT and ART for

pregnant women into regular ANC services in selected high client flow public and private (NGO and for-profit) facilities with a target of referring 5,000 eligible pregnant women for ART.
2) The activity will ensure that facilities in the network target pregnant women for service. The contractor will prioritize assistance to facilities that reach this audience, such as providers of antenatal care and family planning. Utilization of the pre-existing Biruh Tesfa franchise network (i.e. 150 private providers) will broadly expand access to pregnant women through private clinics and pharmacies in urban areas. Members of the network will receive trainings focused on targeting pregnant women and ensuring quality of care. In addition, network members will conduct outreach, in partnership and cost-share with the USG, to target pregnant women.
3) The activity will support outreach communications to raise community awareness of the value of HIV/AIDS counseling and testing, care during and after pregnancy, and assisted delivery. Several pre-existing materials were developed with past PEPFAR Ethiopia investments. In addition, low level mobilization, (i.e. road shows during market days) will be conducted in areas where mass media has low penetration. Fractional franchising and branding of HIV services at network sites, including the use of nationally-accepted logos, will be leveraged with Abt Associates Mobile CT and TB activities to improve client awareness.
4) The activity will prioritize identification and enrollment of pregnant women on HAART at selected facilities. OPD and private clinics will receive assistance in identification and referral. Utilizing experienced clinical mentors from the private sector, the contractor will deploy these individuals to high client flow public health centers resulting in a greater capacity to identify and refer clients. In addition, utilizing ART and PMTCT guidelines, L&D based PMTCT will be enhanced.
5) This activity will improve data management, quality assurance and stewardship of regional health bureaus.

Once the mothers who are put on ART at hospital level become clinically stable, they will be referred back to health centers and referred to Mothers to Mother groups. Uptake of maternal health services, specifically ANC, remains a major impediment to PMTCT services uptake. Too few women are visiting hospitals and health centers for antenatal care services to be counseled and tested for HIV and to receive ARV prophylaxis or be enrolled in the ART program.

Community linkages with PLWHA groups and previously-implemented PMTCT community core teams will be extended and strengthened. This is a critical point of integration for the MTCT program and will lead to direct increases in the number of pregnant women receiving Care and Support and ART. This activity will accelerate the roll-out of PMTCT/ART in public and private facilities, support TBA, identify and mobilize families, and generate community demand for PMTCT and ART services.

Targets: (Note: As this partner will not implement ART services on its own, targets on number of individuals newly initiating and receiving ART by the end of the reporting period are not applicable)

Continued Associated Activity Information

Activity ID:	6637
USG Agency:	U.S. Agency for International Development
Prime Partner:	ABT Associates
Mechanism:	Abt Private Sector Partnership
Funding Source:	GHAI
Planned Funds:	$ 1,000,000.00

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

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building:		☑
Total number of patients receiving advanced clinical monitoring		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS):		☑
Number of indigenous organizations provided with technical assistance for HIV related policy		☑
Number of individuals trained in HIV-related policy. (This is a subset of the total number trained).		☑
Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment		☑
Number of service outlets providing antiretroviral therapy	40	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	435	☐

Target Populations:

Doctors
Nurses
HIV/AIDS-affected families
Pregnant women
HIV positive pregnant women
Doctors
Nurses

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	NASTAD
Prime Partner:	National Association of State and Territorial AIDS Directors
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10391
Planned Funds:	$ 220,000.00

Activity Narrative: HIV Community Planning for Community ART Treatment Adherence

According to Ethiopian ART implementation guidelines, program management and coordination mechanisms should be in effect at all levels, including at the woreda and community levels. In addition, the Ethiopian National Social Mobilization Strategy emphasizes the need to promote community ownership of the HIV epidemic, and lays out necessary sequential activities to mobilize the community, including training of trainers for regional, zonal, and woreda representatives, and subsequent community planning activities.

In FY06, PEPFAR Ethiopia and NASTAD are working together in response to these national guidelines to promote community support of PLWHA and ART treatment adherence through refinement of existing HIV community planning materials and delivery of TOT for all regional HAPCO. Through these trainings, district and kebele AIDS committees are taught how to develop an action plan for community ART treatment adherence. NASTAD's TA providers are US State AIDS directors and their staff responsible for planning and delivering community planning training and support in the US, who travel to Ethiopia to provide "real-time" TA around these issues to their counterparts in regional HAPCO.

In FY07, ongoing delivery of TOT at the regional level is needed to provide reinforcement and address staff turn-over. In addition, regional HAPCO need ongoing technical support to continue with training activities at woreda and kebele levels. NASTAD will leverage resources with regional HAPCO and continue working with the leadership at woreda and kebele levels to address programmatic needs of ART services. Activities will include:
(1) Refinement of the community planning for community ART treatment adherence TOT to include an additional module addressing PMTCT services promotion and uptake.
(2) Provision of technical support and quality assurance in delivery of ongoing regional TOT in HIV community planning for community ART treatment adherence delivered in collaboration with JHU, Columbia, and I-TECH to 3 regions. NASTAD TA providers would travel to one region in each university zone in order to provide oversight, quality assurance and training individuals in three regions will be trained with each of these individuals then providing at least three kebele level trainings for 20 people.
(3) Collaboration with Addis Ababa University to design, and deliver training for students on community planning and ART treatment adherence. NASTAD TA providers will pilot a TOT in Addis Ababa to university trainers. In addition, NASTAD will deliver the university TOT to the three regional universities of Gondar, Jimma, and Alemaya for 600 in 250 woredas during their summer vacation reaching 45 people in each woreda for the total of 11,250 trained.
(4) Coordination with HAPCO to design and pilot an implementation guide for the National Social Mobilization Strategy. The guide would include a list of effective community ART treatment adherence activities; guidance on how to work with CBO, NGO, religious leaders, PLWHA to implement these activities; a description of the training and support they can expect from regional HAPCO; and a description of the information to report to regional HAPCO.
(5) Use the ART implementation guidelines and the National Social Mobilization Strategy to promote community support PLWHA and ART treatment adherence through refinement of existing HIV/AIDS community planning for community ART adherence materials and delivery of the TOT for regional HAPCO. Through these trainings, woreda and kebele AIDS committees are taught how to develop an action plan for community ART adherence. Technical support in this area and quality assurance in delivery of ongoing regional TOT will provided in three regions for 3,600.

(6) Provision of technical support and quality assurance in delivery of ongoing regional TOT will be provided in six regions for 7,200.
(7) Support of a full-time TA provider in Addis Ababa for six months to ensure delivery of TOT in nine regions for 10,800 people and provide one-on-one follow up assistance to staff in regions around implementation of the National Social Mobilization Strategy and ART community mobilization activities in the kebeles for level.

Continued Associated Activity Information

Activity ID: 5636
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National Association of State and Territorial AIDS Directors
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 150,000.00

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 pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building:		☑
Total number of patients receiving advanced clinical monitoring		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS):		☑
Number of indigenous organizations provided with technical assistance for HIV related policy		☑
Number of individuals trained in HIV-related policy. (This is a subset of the total number trained).		☑
Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	750	☐

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:	US Department of State
USG Agency:	Department of State / African Affairs
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10410
Planned Funds:	$ 6,775,064.00

Activity Narrative: Renovation of ART hospitals

RPSO has more than three years of experience working on renovations in Ethiopia. It has fostered linkages with local construction companies and A/E firm. RPSO, as parastatal of State Department understands US renovation and construction regulations.

As part of implementation of HIV/AIDS treatment, care and prevention, PEPFAR Ethiopia has supported infrastructure development of health facilities including major construction and minor renovation works for laboratory, clinic, VCT, and pharmacy services.

In COP05 and COP06, PEPFAR Ethiopia is working to strengthen the clinical and public health laboratories to increase the capability and capacity to support new efforts towards care and treatment and scale up of ART. CDC Ethiopia has supported the renovation of National HIV Laboratory at EHNRI, hospital laboratories, and VCT, PMTCT and ART clinics through RPSO.
For rapid scale up of ART program and achieving the targets, extensive renovation works are still required in most hospitals. The infrastructure for VCT, ANC/PMTCT and ART services are also limited and do not allow rapid expansion of ART.

In COP07, renovation and furnishing will be accomplished in 45 hospitals and 3 regional reference laboratories. The renovation work includes major and/or minor constructions that increase working spaces for clinical and laboratory services. Renovation at hospital levels will be comprehensive to accommodate VCT, ART, PMTCT and laboratory services.

In some ART sites, accelerated renovation using simple construction materials (prefab materials) will also be implemented for construction of ART clinics, VCT, PMTCT and laboratories to expedite ART scale up. Such constructions are expected to be completed in a short period of time, and will be available for services in less than year.

CDC Ethiopia will provide the technical assistance including follow up and regular supervision of renovation/construction activities. CDC Ethiopia will coordinate the renovations with the regional health bureaus and US universities in selecting and determining the need and the type of renovation to be made. The renovation plan will also be linked and coordinated with the Global Fund supported renovations.

PLUS UP: The ART program in Ethiopia has gathered momentum and the number of sites providing ART has dramatically increased. Many sites which started treatment services have inadequate space and infrastructure, which is an obstacle to rapid expansion of services with acceptable quality. As part of HIV/AIDS treatment, care and prevention implementation, PEPFAR Ethiopia has supported infrastructure and capacity development of health facilities, including major construction and minor renovations for laboratory, ART clinic, VCT, and pharmacy services. For rapid ART scale up and to reach targets, extensive renovations are still required in most hospitals. The infrastructure for VCT, ANC/PMTCT, ART and laboratory services is also limited and does promote rapid expansion of ART. PEPFAR Ethiopia has supported renovation of national and regional reference laboratories, hospital laboratories, and VCT, PMTCT and ART clinics.The effort to increase infrastructure capacity needs further augmentation due to the increased number of ART sites so that scale up will continue at full pace while maintaining the service quality to the ever-increasing HIV patients. Hospitals, which are currently managing the vast majority of patients on treatment and serving as referral hubs for health centers, have enormous patient load and demand. Optimal working space for service delivery is critical at this time since most treatment occurs at hospitals. Through the plus up funding, comprehensive renovation of 15 ART hospital sites and three regional reference laboratories to accommodate the increasing demand for quality HIV/AIDS services will be undertaken; this will create an improved environment for program expansion and help maintain the quality of HIV service delivery.

Continued Associated Activity Information

Activity ID: 6456
USG Agency: Department of State / African Affairs
Prime Partner: US Department of State
Mechanism: N/A

Funding Source: GHAI
Planned Funds: $ 1,200,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building:	48	☐
Total number of patients receiving advanced clinical monitoring		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS):		☑
Number of indigenous organizations provided with technical assistance for HIV related policy		☑
Number of individuals trained in HIV-related policy. (This is a subset of the total number trained).		☑
Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

People living with HIV/AIDS
Host country government workers

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10412
Planned Funds:	$ 1,125,000.00

Activity Narrative: Integrated Service Strengthening

This is a continuing activity from FY 2006. To date, the partner has received 100% of FY06 funds and is on track according to the original targets and workplan. WHO has been conducting Integrated Management of Adult and Adolescent Illness (IMAI) based training with Family Health International (FHI) training 402 health professionals from 11 regions. This activity is linked to Prevention, Care and Support, ARV Drugs, ART and Laboratory Services.

Current ART programs in Ethiopia are focused at the hospital level. These programs do not reach patients in rural areas, and existing services are facing problems due to large patient loads and staffing shortages. For this reason, at present Ethiopia is rapidly decentralizing ART services to health center level. This approach will help resolve some of the problems at hospital level, and is expected to enable the country to reach its ambitious treatment target.

To support this scale-up, PEPFAR Ethiopia, through its FY06 supplemental support to FHI and other partners, conducted an assessment of 120 health centers in 10 of the 11 regions. The assessment showed a critical shortage of physicians and health officers at health centers. Highly capable nurses are present in relatively larger numbers, though more personnel of all types are needed. In response to this situation, the MOH is supporting the initiation of nurse-centered HIV/AIDS services, featuring task-shifting, particularly in the area of ART services. PEPFAR Ethiopia has initiated a dialogue with relevant stakeholders, including the MOH HIV/AIDS Prevention and Control Office (MOH/HAPCO), the Regional HAPCO offices at Regional Health Bureaus (RHB/RHAPCO), and the World Health Organization (WHO), on how best to expand ART to the health center level without compromising the quality of services.

This activity will provide technical assistance for health center and community-based delivery of HIV prevention, care and treatment services, with special emphasis on IMAI training for clinical care teams; adaptation, standardization and dissemination of training materials; and facilitation of clinical care mentoring support for selected health centers on ART and chronic HIV/AIDS care.

Activities will include: adaptation of IMAI training materials to address the nurse-centered approach for HIV/AIDS care and treatment; incorporation of updated ART guidelines for adults, adolescents and children; pediatric ART initiation at health center level; ARV prophylaxis and ART for medically-eligible pregnant women; integration of the preventive care package within IMAI modules; adaptation and Amharic translation of IMAI materials for training of health extension workers, community volunteers and outreach workers. WHO will support the printing and dissemination of these materials in partnership with the Government of Ethiopia), the MOH and other relevant PEPFAR partners.

WHO will also take a lead role in the development of a standard national operational plan for clinical mentoring; and the placement of regional coordinators at regional referral hospitals to build regional capacity to facilitate clinical mentoring and train clinical mentors. WHO will closely work with the MOH, RHB and relevant PEPFAR partners to create a pool of mentors. Potential mentors will be selected from experienced practicing HIV/ART clinicians (doctors, health officers and nurse-practitioners). Priority will be given to proficient clinicians who are already treating HIV patients. To fill the gap in the availability of clinical mentors during the initial phase of accelerated ART decentralization, WHO will work with other partners to mobilize experienced external mentors who can be available in country for at least six months.

Each potential mentor will undergo a seven-day course that includes methods for effective mentorship, adult participatory education skills and participatory case review methods. In addition, mentors are expected to participate in the two-week basic IMAI clinical course in order to be familiar with the clinical and operational protocols used at health center level. Mentors will also be trained to use the standardized patient monitoring system (ART follow-up form, ART and pre-ART registers) to find and review instructive cases, and in utilization of simple indicators which can easily be calculated by the clinic staff or a clinical mentor during an on-site visit in order to identify, change and improve inefficient or ineffective clinical practices. A total of 240 heath centers providing ART services and 500

health centers implementing enhanced palliative care services will benefit from this support.

WHO will help ensure that Ethiopia continues to benefit from innovative technical approaches supporting the ART service scale-up. The integrated management approach to health system strengthening through the scale-up of HIV prevention, care and treatment using IMAI will also improve case management of malaria, co-management of HIV and tuberculosis, improved management of childhood illness, through Integrated Management of Childhood Illness (IMCI-HIV training, and improved maternal health services through the expansion of an integrated approach to Prevention of Mother-to-Child Transmission of HIV (PMTCT) with Intrahealth International.

WHO will work with other key USAID/Ethiopia partners, notably FHI and later the Care and Support Contract (previously referred to as BERHAN Care and Support Project), at the health center level to increase the supportive supervisory capacity of zonal and woreda management teams. During FY06, HIV coordinators in 290 districts will be trained for one week in HIV program management.

Furthermore, WHO will partner with other PEPFAR partners at health centers to provide the necessary technical and logistic support for woredas to conduct supervisory site visits immediately after IMAI training, continuing monthly for 3-6 months, and then shifting to quarterly. WHO will work with the MOH, regions, zones and woredas in the adaptation, integration and utilization of IMAI tools for district HIV coordination, including standardized case management observation and exit interviews.

Analysis and routine quality assurance for health center and community work: In order to ensure quality of services, the following activities will be instituted: analysis of the routine use of IMAI acute care guideline module; identification, follow-up and management of HIV exposed and infected children through use of IMCI-HIV approach; opportunistic infection (OI) prevention and management for persons with HIV (including routine screening for tuberculosis (TB); and integration of HIV prevention in care and treatment services. The IMAI tools for district HIV coordination include standardized case management observation and exit interviews that will be included as part of the routine reports submitted by district HIV coordinators to regional and national offices. Quantification of these data in a subset of districts will be done as part of the analysis of quality of care during scale-up of integrated HIV services.

Clinical, zonal and woreda management training and management support after training: District coordinators will be supported to fulfill their role to aggregate data from several facilities and to supervise health workers in the use of this system. This will be done through regular site visits, during which review of recording and reporting forms will take place. Clinical mentors will also support the patient monitoring system, although this is not their primary activity.

Continued Associated Activity Information

Activity ID:	5681
USG Agency:	U.S. Agency for International Development
Prime Partner:	World Health Organization
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 500,000.00

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

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building:		☑
Total number of patients receiving advanced clinical monitoring		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS):		☑
Number of indigenous organizations provided with technical assistance for HIV related policy		☑
Number of individuals trained in HIV-related policy. (This is a subset of the total number trained).		☑
Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	1,440	☐

Target Populations:

Public health care workers

Coverage Areas:

National

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10426
Planned Funds:	$ 3,137,500.00

Activity Narrative: Military ART Support

This is a continuing activity from FY05, FY06 and relates to activities in Counseling and Testing (5737), TB/HIV (5752), Palliative Care (5770), and PMTCT (5638), STI Services (1044), Laboratory Infrastructure (new) as well as activities implemented through the Twinning Initiative (5678).

UCSD has played a critical role as the lead for Military-Public Alliance and has supported implementation of ART in Operation Zone 4 (Defense and Police forces). Partner is currently well on track in meeting targets for COP06.

National Defense Forces of Ethiopia (NDFE), the Federal Police of Ethiopia (FPE), and the Ethiopian Ministries of National Defense and Health, and the Federal Prison Administrations
(FPA) have committed to building capacity to care for and to provide free ART to their members.

PEPFAR Ethiopia provides the support to build on an ongoing collaboration between NDFE and physicians at the University of California, San Diego. Since 2005, UCSD, in cooperation with I-TECH, has assisted the NDFE, FPE and FPA with (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 through regular conferences in each facility or via tele-conferencing with UCSD experts; (3) support for physical space and equipment and reagents; and (4) improvement in medical informatics for health data management and information systems.

In 2006, UCSD established a program of site assessments and of training and mentoring of military physicians, health officers, nurses, lab workers, and pharmacists to support rapid expansion of ART. UCSD has hired the necessary staff to enable sites to deliver ART services. UCSD's technical support to the sites has included on site mentoring and monitoring of ART activities during regular follow up visits. Additionally, UCSD has ensured intensive and efficient support of ART activities for the large military populations along the northern border with Eritrea by stationing a team of expert ART trainers in Mekele.

After UCSD local staff and visiting experts trained medical staff at the three Military and one
Police centers in Addis Ababa during 2005 and early 2006, the activity systematically expanded to the regional military hospitals and police and prison clinics, totaling 13 facilities in 2006. UCSD will increase its technical support from 13 sites in 2006 to 43 sites in 2007. These sites will be, for the most part, major hospitals, 24 of which will have ART (as well as HCT) capacity, and the remainder will be regional clinics and health centers that will only have HIV counseling and testing (HCT) capacity.

In order to ensure sufficient trained manpower for its rapid expansion of sites, UCSD has partnered with the Defense University Health Science College to build capacity through pre-graduate and postgraduate training. In 2006 UCSD began to provide technical assistance to the Defense Health Science College for revision of its curriculum for health officers and nurses and provided intensive courses in HIV medicine to health officers and nurses immediately post graduation.

To improve coordination and integration of the program with the military and police administrations, UCSD has provided workshops for high-ranking non-medical military, police and prison administration leaders to familiarize and involve them in our programs of prevention and treatment. UCSD has worked with PEPFAR partners to raise awareness of availability and utility of HIV/ART services through media controlled by the uniformed services.

UCSD's assistance in 2007 will expand in a number of directions:
(1) New ART and HCT sites will initiate services for staff and prisoners of the Federal Prison Administration (FPA), military and regional police clinics.
(2) Protection of medical personnel from occupational HIV exposure - the risk of HIV transmission from occupational exposures to blood borne pathogens (HIV and HCV) in HCW is low, but contributes to HCW reluctance to provide HIV care in Ethiopia.

(3) Training for undergraduate and newly trained medical personnel - UCSD will continue our program for improving undergraduate medical education for physicians, health officers, pharmacists, and nurses needed to expand ART deployment. This will include supporting HIV training in their curricula and intensive practical HIV training and experience.
(4) Involvement of reservists - the NDFE has a training program for army reservists whereby, tens of thousands of personnel are trained annually then returned to their home kebeles where they provide reserves for the regular forces. Because they are respected community members/leaders, UCSD and Ethiopian military leaders agree that training these reservists to become community-based peer leaders for HIV/AIDS issues would be feasible and have wide geographical impact. This will be implemented with other partners and stakeholders and will constitute a part UCSD's public-military partnership initiative.
(5) HIV education for non-medical uniformed trainees – UCSD will implement educational programs for students in the other, non-medical Defense University College Schools such as the School of Engineering and the Cadet School and Police training sites. These programs will prepare them to protect themselves and be effective future leaders in the integration of HIV prevention and care into their institutions.
(6) Support for the Military Women's Anti-AIDS Coalition - this organization, which is comprised of military and civilian women working toward educating and increasing awareness on HIV/AIDS, can increase outreach to the women in the uniformed communities. UCSD will assist in developing programs to address issues of gender- and age-related inequity in access to ART by empowering women as patients or wives and mothers of HIV+ patients.
(7) Provide technical assistant to establish a family-centered treatment and care model and support the implementation of a pediatric treatment and care package.
(8) Media campaigns to promote ART - UCSD will support media campaigns that target military and police personnel to advertise the utility of ART and reduce HIV-related stigma.
(9) Support of PLWHA and others as peer advocates for ART - UCSD will help to organize and support military unit and hospital/clinic based support groups to provide care, psychological support, and peer advocacy (please see narrative on PLWHA Involvement).
(10) Informational support for non-medical uniformed personnel - creating an anonymous telephone hotline for military personnel through the military communication system and facilitating access to the civilian HIV hotlines for prison inmates and federal and regional police members.

UCSD will assist the ART health networks 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.

Continued Associated Activity Information

Activity ID:	5666
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	University of California at San Diego
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,650,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	6	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	5,394	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	4,855	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	5,000	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	115	☐

Target Populations:

Most at risk populations
Military personnel
Public health care workers

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	FMOH
Prime Partner:	Johns Hopkins University Bloomberg School of Public Health
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10430
Planned Funds:	$ 5,350,000.00

Activity Narrative: Technical Support for ART Scale-up

This is a continuing activity from FY05, FY06 and relates to activities in Counseling and Testing (5728), TB/HIV (5754), Palliative Care (5618), PMTCT (5641), STI Services (5800), Laboratory Support (New) as well as activities implemented through the Twinning Initiative (5678).

JHU has played a critical role as the lead for Advanced Clinical Monitoring and Private Hospital Involvement and has supported implementation of ART in Operation Zone 3. Partner is currently well on track in meeting targets for COP06.

In FY07, JHU will continue to support FY06 ART facilities and will expand from 20 to 45 sites in collaboration with the RHB, according to national guidelines. JHU support will be divided among several programmatic activities: direct site level support, mentoring, human resources, infrastructure, training, quality care, expansion of ART to the private sector, pediatric care, laboratory diagnostics, site level management, community level support, and evaluation of outcomes. To create capacity increase, JHU will invest in personnel to support ART technical assistance activities at site level and will augment its support to the regions by sponsoring regional meetings, collaborative activities and by participating in the RHB ART coordinating and implementation teams. JHU will address region specific challenges to scaling up while simultaneously preparing new hospitals for provision of free ART and maintaining quality mentorship at established ART sites.

JHU will provide expertise at all levels of ART provision, ranging from ART sites multidisciplinary team mentoring and supportive supervision visits to leading the effort in creating a cadre of local university mentors at AAU and Debub. These mentors will provide clinical stewardship and develop additional expertise in data processing and management at the ART sites. JHU clinical advisors will continue to be the primary source of current technology transfer at site level; however, additional technical support will come from partners such as the International Twinning Center who will identify qualified professionals to augment new ART sites capacity and strengthen established sites.

Recognizing that the large majority of patients are lost between CT and the ART clinic, JHU will invest significant resources in assuring improved networking and inter and intra-service linkages with CT, TB, ANC, STI and PMTCT services and community based care services. It will be based on the "Referral Network model for Ethiopia" project completed by JHU in FY06. JHU will support the hospital sites and RHB activities in transferring patients from hospital ART clinics to locally networked health centers. Technical assistance for transfer readiness and assistance with identification of patients, development of mentoring SOPs and case review for difficult cases will be provided.

To minimize the loss of trained personnel at sites, JHU will increase its investment of resources by developing a cadre of nurse specialist mentors who will provide on-site follow-up and mentoring for ART nurses, as well as train adherence counselors, lay counselors, and peer educators. JHU plans to train or identify persons affiliated with PLWHA associations in an effort to promote ownership, communication, policy drafting, and overall sustainability of ART programs.

In FY07 JHU will address the large disparity of needs at site level vis-à-vis supply and demand for services within its operational zones. This is due to high urban prevalence rates, limited resources and increased in-migration. JHU will manage these by increasing site-capacity through renovation activities, training and innovative methods to improve human resource retention. JHU will strengthen the referral linkages between hospitals, health centers and CBO to improve service delivery. JHU will support linkage of treatment, care and support services with PLWHA associations. JHU will concentrate its efforts on increasing entry points, increasing awareness, and supporting community outreach programs, such as mobile VCT. JHU will continue to strengthen PIHCT, TB/HIV and malaria/HIV referrals, and will tackle the difficult issue of stigma and gender inequality via education, communication and policy reform. Again, JHU will re-enforce the involvement of PLWHA associations as an integral component of PEPFAR implementation effort in these regions (please see Narrative on Involvement of PLWHA).

In FY07, collaborating with ICAP, JHU will continue to support all sites in implementation

of pediatric care by training pediatricians and through improved integration of pediatric ART into current ART activities. JHU will focus on improved entry points for children by supporting family focused care and family testing, PIHCT and improved infant follow-up after PMTCT. JHU will implement a pediatric mentorship program and will ensure increased access to DBS DNA PCR testing for early HIV diagnosis.

JHU will initiate and expand to all sites, pharmacy related adherence programs which will include the use of pill counts, pill boxes, calendar reminders and patient education materials. JHU will work closely with the MOH, GLOBAL FUND and the RHB to ensure that once OI drugs have been purchased, that they will be distributed to sites as needed and according to stock. JHU will work with sites to develop a fair program for OI drug access for all HIV+ patients especially, CTX for TB patients, pregnant women and HIV exposed children.

The availability of consistent and quality laboratory services at all these sites is critical to ensure the provision of quality comprehensive HIV/AIDS services. In FY07, a comprehensive site level laboratory support to all hospital networks in the operation zone will be implemented. The support will focus on site-level support and specific activities will include (1) initiation and improvement of the site level laboratory quality system with main emphasis on initiation of quality assurance programs in partnership with EHNRI and the respective regional reference laboratories; (2) following up and ensuring uninterrupted quality laboratory services, (3) capacity building of site laboratories, and (4) provision of standard trainings using nationally approved curriculum, in collaboration with partners .

JHU will expand MOH Basic ART Training activities within the hospital setting. Emphasis will be given to training inpatient personnel, new graduates, pediatricians, ANC providers and OB/GYN so that ART services may be expanded accordingly. Language barriers in the emerging regions such as Gambella will be addressed through local language training opportunities. JHU will continue to supplement Basic Training through HIV telemedicine and will work with other partners to expand services to distant regions through the use of satellite connections and possible portable videoconference capabilities.

In association with JPHIEGO, SBMR for ART will be introduced in FY07. These measures will assist with measurement and improvement of quality services at site level. Performance on agreed indicators will be measured at each facility and district and comparative reports produced. To the extent that performance measurement identifies gaps, assistance will be provided to address needs. M&E training for ART and laboratory technicians will be added to the basic training package. JHU will continue to support training on M&E of ART and will work with the MOH to develop and distribute IEC materials.

JHU will support the MOH in expansion of free ART technical support to the private sector facilities located in Addis Ababa. This expansion will increase JHU's site support activities by more than 40%. Human resource and funds to address this scale up will need to be reflected and appropriated.

Continued Associated Activity Information

Activity ID:	5664
USG Agency:	HHS/National Institutes of Health
Prime Partner:	Johns Hopkins University Bloomberg School of Public Health
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 3,400,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of service outlets providing antiretroviral therapy	45	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	51,926	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	47,253	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	6,833	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	400	☐

Target Populations:

People living with HIV/AIDS
HIV positive pregnant women
Public health care workers

Key Legislative Issues

Twinning

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:	Columbia University
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10436
Planned Funds:	$ 6,500,000.00

Activity Narrative: Technical Support for ART Scale-up

This is a continuing activity from FY05, FY06 and relates to activities in Counseling and Testing (5752), TB/HIV (5750), Palliative Care (5772), PMTCT (5637), STI Services (1031), laboratory Infrastructure (New) as well as activities implemented through the Twinning Initiative (5678).

CU has played a critical role as the lead for TB/HIV, Pediatric ART and the involvement of PLWHA, and has implemented ART in Operation Zone 2. The partner is currently on track in meeting targets for COP06.

Following Ethiopian national guidelines, CU supports development and expansion of full-spectrum comprehensive hospital-based ART programs. CU will lead the national pediatric care and treatment program. It 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 PMTCT program is closely linked to care and treatment services, and that the challenges of caring for pregnant women and their families, including access to CD4 testing for HIV+ women, rapid referral for more intensive PMTCT regimens and to ART programs are addressed at the national level. CU will use its extensive experience to assist in implementing the national pediatric treatment guidelines.

There is great need for coordination program action between the HIV and malaria control programs. At the national level, CU will support various HIV and malaria related activities including (1) working closely with the MOH to address the issue of malaria and HIV co-infection, (2) conducting a national conference on malaria/HIV to discuss the current status of disease interaction and programmatic implications and help move the HIV/malaria agenda forward, (3) supporting MOH in the development of national HIV/malaria guidelines, (4) supporting the development of a web-based resource on malaria/HIV interaction, (5) supporting development of training materials on malaria/HIV and their integration into HIV/AIDS curricula, (5) supporting development of IEC materials, clinical support tools, and patient education materials on malaria/HIV, and (7) strengthening M&E systems to capture pertinent information on malaria/HIV.

CU will work to build regional capacity to design, implement and effectively evaluate comprehensive HIV/AIDS programs. CU and RHB will assess and prepare hospitals to initiate and expand ART services. The clinical, infrastructural, management and informatics needs of facilities will be evaluated and strategies developed to enable them to meet the required national standards. Assistance will be provided to support the implementation of the national treatment guidelines.

CU will work with RHB to strengthen linkages across the hospital-health center networks, and to assist partners as they assess health center capacity. These assessments and the strategies developed in conjunction with the health centers for appropriate "down referral" will enable health centers to follow-up stable patients or initiate ART services in some cases. "Up referral," in which health centers refer complex cases to hospitals will also be facilitated. CU will continue to build the capacity of Jimma and Alemaya universities to provide technical assistance, supportive supervision and mentoring to their respective RHB and catchment health networks. These universities will eventually provide technical assistance to the health networks in the four regions, enabling external partners to exit smoothly.

CU will support provision of comprehensive, high-quality HIV/AIDS services, including ART, at 42 hospital networks. Specific site level activities will include (1) support to HIV/AIDS committees and multidisciplinary ART teams to enhance facility ownership and leadership, (2) training and quality improvement activities all for health workers, (3) supportive supervision and ongoing clinical mentoring of staff, (4) linkages among ART services and entry points to care and treatment, (5) linkages of ART services to family planning, TB/HIV, STI, and palliative care services (6) establishment of a family-centered treatment and care model,(7) implementation of a pediatric treatment and care package, (8) standardized HMIS and on-site M&E support, (9) renovations conducted by RPSO, and (10) coordination through site-support teams.

CU will collaborate with WHO to initiate second level IMAI at hospitals in ART Operation

Zone 2. CU will provide site level laboratory support to all hospital networks in its Operation zone (Details are given under the laboratory section.) CU will assist ART health networks to follow standardized clinical procedures.

CU will support establishment of a systematic and ongoing assessment of adherence to care and adherence to treatment. It will provide technical assistance to MOH, RHB, and USG teams. Specific activities will include (1) hosting a national stakeholders' meeting with implementers at the national, regional, facility, and community levels, (2) reviewing effective approaches to adherence support and sharing tools, (3) developing a web-based Adherence Tool Box, (4) developing a model "adherence profile" for facilities and regions, (5) developing a "minimum package" for the assessment and support of adherence to care, (7)developing a "minimum package" for the assessment and support of adherence to medication, and (8) supporting peer educator (PE) adherence support programs.

In COP07, particular focus will be given to associations of PLWHA to involve their members in HIV/AIDS program activities. CU will (1) support PLWHA involvement in the Treatment Working Groups, (2) work closely with the Network Association of Ethiopians Living with HIV/AIDS (NEP+) to foster their greater involvement, (3) build the capacity of NEP+ in program management and implementation, (4) hold a PLWHA involvement workshops, (5) hold a national peer educators' review meeting, and (6) provide facility level assistance in Oromia, Somali, Dire Dawa, and Harari to involve PLWHA as case managers and peer educators.

As part of its human capacity development scheme, CU will collaborate with the International Twinning Center to expand the voluntary health care corps by recruiting retirees with experience in clinical or project management and by involving students during summer vacation.

Continued Associated Activity Information

Activity ID:	5661
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Columbia University
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 3,900,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	32	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	28,768	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	25,891	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	8,630	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	285	☐

Target Populations:

People living with HIV/AIDS

HIV positive pregnant women

Public health care workers

Key Legislative Issues

Twinning

Coverage Areas

Dire Dawa

Hareri Hizb

Oromiya

Sumale (Somali)

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10439
Planned Funds:	$ 7,335,000.00

Activity Narrative: Technical Support for ART Scale-up

This is a continuing activity from FY05 and FY06 and relates to activities in Counseling and Testing (5639), TB/HIV 5751), Palliative Care (1057), PMTCT (5639), STI Services (1035) , laboratory Infrastructure (New) as well as activities implemented through the Twinning Initiative (5678).

I-TECH has played a critical role as the lead for training activities and has supported implementation of ART in Operation Zone 1. It is currently on track in meeting targets for COP06.

Following Ethiopian national guidelines, I-TECH supports development and expansion of full-spectrum, comprehensive hospital-based ART programs. In FY07, at the national level, I-TECH, will continue to work with its USG partners and the MOH in the lead role of ART training activities including curriculum review and development, advanced nurse practice training, and certification. I-TECH will support the Ethiopia Nurses Association (ENA), the universities, schools of nursing and federal and regional hospitals to build the nursing capacity required to provide ART nationwide. In collaboration with partners and building on developments in FY06, I-TECH give to an established advanced nurse practitioner (ARNP) to incorporate specialized HIV/AIDS an ART training in FY07. I-TECH will augment the ARNP faculty by organizing local and international lecturers on HIV/AIDS care and treatment sessions.

I-TECH will train an additional 200 ART HIV/AIDS Nurse Specialists in 2007, working closely with MOH, MOE and HAPCO to certify these nurses for initiating ART hospitals and health centers. It will also alone to have train and certify 40 additional TOT. 374 physicians, nurses and pharmacists will be trained in advanced HIV issues. I-TECH will provide periodic entry level training for the provision of ART, VCT, PMTCT and STI. In addition to this training, ART modules for pre-service training will be prepared in collaboration with major universities sites within the I-TECH region (i.e. Gondar and Mekele) and supported.

Advanced training for ART clinicians will continue through an ongoing relationship with Hadassah Medical Center in Jerusalem, Israel. This advanced training has proven very valuable for Ethiopia ART practice and the development of ART expertise. In addition, multi-disciplinary training will be expand to key programs that have a high level of HIV seroprevalence including the VCT, PMTCT and TB programs. In COP07, the training with Hadassah will target nurses from health centers.

In collaboration with the MOH and PEPFAR Ethiopia partners, I-TECH will develop curricula for refresher courses in ART practice to address major changes in treatment, follow-up and adherence as well as region specific co-morbidities such as Leishmaniaisis in some of the western regions of Amhara and Tigray. It will also develop standardized provider reference tools and patient materials.

In FY07, I-TECH will continue its established partnerships expand to 35 ART sites. I-TECH's priorities will be direct site level support, mentoring, training, quality care, private sector expansion and pediatric care. It will provide intensive technical support to all 35 hospitals in Amhara, Tigray and Afar regions. A team comprised of a physician coordinator, lab technician, program assistant and data manager will be created for each of I-TECH's three regions. These teams will work in close collaboration with the RHB, the I-TECH headquarters in Addis Ababa and its roving clinical support teams.

I-TECH field based teams site mentors (physician and nurse) will regularly visit its regional ART sites to provide guidance to the clinic, laboratory and pharmacy; identify training needs; provide mentoring and case consultation; and address barriers to efficient and effective care. These mentors will be part of a regional ART team for each of the three regions. The ART team will work in close collaboration with the RHB and report to the I-TECH medical and country director.

I-TECH will expand pediatric treatment to Dupti in Afar. I-TECH will provide assistant establish a family-centered treatment and care model. Further it will enhance PMTCT effectiveness, strengthen pediatric case finding and referral to care and treatment

services, promote comprehensive care and treatment services for HIV exposed infants and for HIV+ infants and children, increase access to pediatric ART, and increase availability of infant HIV diagnostics. In short it will advance a comprehensive care package.

In FY07, I-TECH will continue to strengthen linkages entry points to among counseling and testing services, ANC and PMTCT programs, TB clinics, under-5 clinics, and adult and pediatric inpatient wards, family planning, TB/HIV, STI, and other palliative care services. On-site assistance will be provided to develop medical records, referral linkages, patient follow-up and adherence support defaulter tracing mechanisms systems. Integration of prevention into care and treatment, involvement of PLWHA will be ongoing commitments. Sites will be supported to establish standardized HMIS, data management, and M&E to guide quality improvement. Site renovations will be the responsibility of RPSO.

I-TECH will assist ART health networks to follow standardized clinical procedures and work with the local universities to establish inter and intra required coordination mechanism. I-TECH will strengthen the two demonstration sites at Gondar and Mekele Universities to be used as a venue for training and clinical apprenticeships for health providers in the Amhara, Tigray and Afar Regions.

In COP07, particular focus will be given to strengthen associations of PLWHA and involve their members in HIV/AIDS program activities. I-TECH will (1) support PLWHA involvement in the Treatment Working Groups, (2) Work closely with the Network Association of Ethiopians Living with HIV/AIDS to foster their greater involvement, (3) build the capacity of NEP+ in program management and implementation, (4) hold a national PLWHA involvement workshop and national peer educators review meeting, (5) expand to IZ hospital networks, the peer educator program piloted in four ART Hospitals in COP06 and (6) provide assistance in Oromia, Somali, Dire Dawa, and Harari to involve PLWHA as case managers and peer educators.

Continued Associated Activity Information

Activity ID:	5658
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	University of Washington
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 3,400,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of service outlets providing antiretroviral therapy	35	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	45,749	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	41,652	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	12,396	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	341	☐

Target Populations:

People living with HIV/AIDS

HIV positive pregnant women

Public health care workers

Key Legislative Issues

Twinning

Coverage Areas

Afar

Amhara

Tigray

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Renovations - Health Center ART
Prime Partner:	Crown Agents
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10485
Planned Funds:	$ 5,800,000.00

Activity Narrative: This is a continuing activity from FY06. To date, Crown Agents has received 100% of FY06 supplemental funds and is on track according to the original targets and work plan. This activity is linked to Care and Support, antiretroviral drugs (ARVs), ART and laboratory services. Crown Agents will use COP06 funds to support the Federal Ministry of Health (FMOH) in organizing a Steering Committee to coordinate renovation activities, and to begin baseline health center assessments in coordination with the FMOH and other stakeholders, including PEPFAR Ethiopia partners. Support for compilation of all existing assessment information, as well as mapping of renovation plans and resources, will also be carried out under COP06, and twenty health centers will be directly renovated by Crown Agents during this period.

An assessment completed by Family Health International (FHI) in FY 2006 identified infrastructure deficiencies as a major obstacle that impedes sustained progress in achieving ART targets. Staffing and infrastructure at current ART hospitals are among the limiting constraints to increasing ART enrollment. To remedy this constraint, the FMOH has taken several measures, including decentralizing ART services to the health center level. ART services at health centers also require adequate infrastructure to accommodate the sizable increase in ART clients expected at these sites.

Although the Global Fund To Fight AIDS, Tuberculosis, and Malaria (GFATM) supports limited renovation, systematic coordination of this effort with others carrying out renovation in the health sector is lacking. Block grants from the FMOH to Regional Health Bureaus (RHB) have resulted in somewhat sporadic renovation, with limited impact in terms of supporting comprehensive HIV services including ART. Currently, bilateral and multilateral agencies, as well as NGOs, are working independently to renovate health centers. These include the Department for International Development (DfID), the Japanese International Development Agency (JICA), the World Bank, the United Nations Population Fund (UNFPA), Pathfinder International, Management Sciences for Health (MSH), Intrahealth, and the Clinton HIV/AIDS Foundation. Structured coordination is needed between and among these agencies, the FMOH and RHB to rationalize infrastructure improvements at the health center level.

Several PEPFAR Ethiopia partners are included among those institutions currently engaged in renovation activities, and closer coordination of these activities is needed. To date MSH's Rational Pharmaceutical Plus (RPM+) project has renovated the pharmacy stores, dispensing rooms and selected rooms for Prevention of Mother-to-Child Transmission (PMTCT) and Voluntary Counseling and Testing (VCT) rooms at nine health centers, with an additional 73 to be renovated during FY 2006 in coordination with the FMOH and RHBs, supported by Crown Agents. Other key PEPFAR Ethiopia partners involved in renovation include Intrahealth, the Care and Support Contractor to be named supporting health center ART service expansion, and the Regional Procurement Supply Office (RPSO). These partners will coordinate all renovation activities under the umbrella supported by Crown Agents under the direction of the FMOH. While these PEPFAR Ethiopia-funded activities have been actively involved in renovation, none have taken on the critical coordination role that Crown Agents will fill, supporting the GOE to play this role on a long-term basis.

The purpose of this activity is to coordinate the various renovation and construction initiatives supporting improved HIV/AIDS services in Ethiopia and to carry out selected renovations, filling gaps when other funds are not available for this purpose. The objectives of the activity are:

1) Coordination: Support the MOH in developing a coordination and synchronization "hub" with national and bilateral stakeholders for all health center renovations supporting the ART health network. Crown Agents will leverage United States Government (USG) resources with the Government of Ethiopia (GOE), including GFATM and bilateral agency resources, under the technical leadership of the Planning and Programming Department within the FMOH;

2) Renovation: Over three years, provide direct or indirect renovation support at 550 targeted health centers selected to support ART and chronic disease management including antiretroviral therapy.

3) Technical Assistance: In coordination with and supporting the FMOH "hub", provide technical assistance in health center infrastructure improvements, by rapidly assessing and assisting in upgrading health centers to support ART services. These services include ART initiation in selected sites and treatment maintenance in the remaining sites supported by the PEPFAR Ethiopia Care and Support Contractor selected to support health center ART service expansion. This activity will utilize only a small amount of PEPFAR funding, leveraging most resources from the host country (e.g. GFATM), other donors and implementing agencies. Crown Agents' resources targeted for direct renovation will serve as an emergency fund to fill gaps, and will only be used when the need arises to renovate additional health centers for ART services that cannot be covered by other donors or PEPFAR Ethiopia partners.

In close coordination with the FMOH, Crown Agents will continue to provide support for procurement of renovation services, materials and project management services, including support for managing subcontracts with local building supply and service providers and ensuring that these contracts are legally binding and adhered to by all parties. Through close monitoring and quality checks, PEPFAR Ethiopia will support the FMOH to ensure compliance with local (or as required, international) standards, and ensure clear and transparent reporting. Further, Crown Agents will support the FMOH in leveraging resources through a consortium approach to renovation. It will also support the FMOH in providing technical mentorship to partners for standardization and possible franchising of infrastructure renovations, upgrading from health post to health center, strategic planning and renovation management within RHBs. The strengthening of formal communication channels that began in FY06 will continue to ensure that PEPFAR Ethiopia partners, the FMOH, RHBs and any other stakeholders involved in renovations are consulted throughout the life cycle of the project. Crown Agents' experience in this type of renovation project is extensive and includes work in Russia and Pakistan where the organization managed the renovation of 36 health centers. Outside the health sector, Crown Agents has recently managed projects in Iraq (construction of the USAID compound), India (British Council Offices), Afghanistan (various ministerial buildings), and Palestine (refugee camps and police stations).

PLUS UP FUNDING: PEPFAR will fund Crown Agents to support renovation of health centers beginning antiretroviral treatment services through the following activities: 1. Carry out targeted renovation to allow effective/efficient services to be provided, in a safe environment, ensuring quality; 2. Coordinate USG renovation efforts at health center level, renovating 20 additional sites in addition to those originally planned; 3. Support MOH Planning and Program Department in coordinating the diverse existing renovation efforts, standardizing renovation approaches and designs, institutionalizing maintenance packages, and leveraging resources. This will assist the MOH in effectively decentralizing services in a more sustainable manner.

Continued Associated Activity Information

Activity ID:	6460
USG Agency:	U.S. Agency for International Development
Prime Partner:	Crown Agents
Mechanism:	Renovations - Health Center ART
Funding Source:	GHAI
Planned Funds:	$ 900,000.00

Emphasis Areas	% Of Effort
Infrastructure	51 - 100
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building:		☑
Total number of patients receiving advanced clinical monitoring		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS):		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

People living with HIV/AIDS

USG in-country staff

Host country government workers

Coverage Areas

Afar

Amhara

Binshangul Gumuz

Gambela Hizboch

Oromiya

Southern Nations, Nationalities and Peoples

Sumale (Somali)

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10540
Planned Funds:	$ 50,000.00

Activity Narrative: This is a new activity in the area of Human Capacity Development aimed at introducing and implementing the Sustainable Management Development Program to improve the management and training skills of public health management professionals, health service planners and managers in Ethiopia. The SMDP/MIPH Course is offered as a TOT program every fall in Atlanta, Georgia, USA. The course is developed in collaboration with Emory University and international development agencies to help ministries of Health in over 61 developing countries to strengthen their public health management capacity through: conducting a comprehensive situation analysis(management skills and performance gaps, working with stakeholders and counter parts from local training institutions, to create an action plan for faculty development and institution-building that includes a budget, timeline, and measurable outcomes) , train participants a broad variety of public health management skills, including practical exercises and innovative training techniques, providing fully developed training materials for practical use in their own country training programs, and also providing technical assistance to the trained professional/SMDP/MIPH graduates in conducting in-country training needs assessments, developing locally appropriate curricula, planning in-country workshops and supervising applied management learning projects that provide a practicum for the trainees.

Accordingly, a couple of professionals from Ethiopia have been trained in SMDP/MIPH. How ever, due to various constraining factors, SMDP/MIPH has not been implemented in Ethiopia.
Apart from technical subject areas trainings catered during pre-service education at Universities, Medical Colleges and Schools, most Public Health Planners and Managers do not have the opportunity to attend intensive in-service/on-the-job trainings like the SMDP/MIPH to enhance their health service management roles and responsibilities at health facilities and central/regional offices. This has been a felt gap at all levels (facility, local, regional and national) in Ethiopia.

In 2007, PEPFAR Ethiopia plans to implement this need-based and innovative training program in Ethiopia.

The objectives of the project among others are to: 1) implement applied management learning projects in ART cohort hospitals, that results in measurable improvements in ART and other care delivery services in Ethiopia and 2) strengthen collaboration with USG Universities through follow-up and capacity enhancement in the implementation of SMDP/MIPH trainings at health facilities, local universities, the Ministry, Regional Health Bureaus and HAPCO offices.

As regards the implementation mechanism, PEPFAR Ethiopia will closely work with CDC-Atlanta/SMDP and JHPIEGO-E as well as the MOH, RHB, HAPCOs, USG Universities and Local Universities as well as PEPFAR Hospitals in the design, organization, management, delivery and follow-up of the SMDP Training program in Ethiopia.

The major activities under this project are: 1) conducting needs assessment 2) analyzing data 3) developing a customized curriculum for SMDP TOT Program in Ethiopia and trainees selection criteria 4) conducting the training 5) establishing trainers core team at national, regional and facility levels, and 6) conducting post-training follow-up and supervision.

Since the USG, Health Facilities, Local Universities and Training Institutions will actively involve in the process of needs assessment, customization of the SMDP/MIPH training materials to the Ethiopian settings and Health Workforce development, planning and management of Public health services, the training will be sustained and institutionalized at local health facilities and Training Institutions. In line with this plan, 30% of the required budget will be expended on needs assessment and training materials design with technical assistance of consultants from CDC-Atlanta, 50% on the training materials production, delivery and management including establishment of core training team and 20% 0n follow up of the training programs application at the health Facilities and Local Universities and Training Institutions.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building:		☑
Total number of patients receiving advanced clinical monitoring		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS):		☑
Number of indigenous organizations provided with technical assistance for HIV related policy		☑
Number of individuals trained in HIV-related policy. (This is a subset of the total number trained).		☑
Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	90	☐

Target Populations:

Doctors
International counterpart organizations
National AIDS control program staff
Policy makers
USG in-country staff
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Other Health Care Worker

Key Legislative Issues

Gender

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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10550
Planned Funds: $ 100,000.00

Activity Narrative: HIV/AIDS (ART) Program Implementation Support

This is a continuing activity from FY05/06 and relates to JHU activities: Technical Support for ART Scale-up (5664), Counseling and Testing (5728), TB/HIV (5754), Palliative Care (5618), PMTCT (5641), STI Services (5800), Laboratory Support (new) as well as activities implemented through the Twinning Initiative (5678). Partner is on track in achieving targets.

Addis Ababa University (AAU) one of the seven institutions of higher learning located in Addis Ababa, the Federal Capital and one of eleven regions of the country, trains a wide array of professionals, including different cadres of health workers and social scientists.

Having recognized that the university students constitute a high risk group that could be extremely affected by the HIV/AIDS epidemic, the University started to strengthen its response to HIV/AIDS related activities in FY05/06 through support from PEPFAR Ethiopia. The University has taker measures to accelerate the implementation of a comprehensive response to HIV/AIDS among the university community. It has developed and disseminated an HIV/AIDS policy and established a university wide structure to guide and coordinate program implementation. The University is also expanding its support to the national HIV/AIDS program, including ART services. It is increasingly involved in various HIV/AIDS and related activities both at national and regional levels. This includes in-service training of health workers to meet the high human resource needs to implement HIV/AIDS, TB and STI program activities.

In FY06, the university continues to expand VCT services in different campuses and strengthen prevention activities among students and staff. It will continue with the mainstreaming of HIV/AIDS training in its graduate and undergraduate training programs in various disciplines. Data base for clinical patient monitoring that has been established in the teaching hospital of the University will be effectively utilized. Guided by the HIV/AIDS Council, the HIV/AIDS related projects and activities will be implemented in a coordinated manner. The Office of the Associate Vice President will oversee HIV/AIDS program activities in all 16 colleges and faculties of the University. Different colleges, faculties and departments of the University will be actively involved in HIV/AIDS activities based on their areas of specialty and comparative advantages. The Faculty of Medicine, School of Social Work, Institute of Development Research, Departments of Sociology and Social Anthropology, School of Law, Center for Research and Training for Women Development, and others will be involved. The activities of each faculty and department will be coordinated so that the response of the University is a unified one with maximum impact on the epidemic, both university-wide and at national level.

FY06 activities along with the national experience and the momentum gathered in Addis Ababa region accord opportunities to the AAU's efforts to scale up its HIV/AIDS/STI/TB program implementation among the university students and staff and AAU's support to the national program. However, shortage of trained manpower, lack of adequate technical support, and constraints with scientific evidence to guide policy and programmatic decisions and activities will continue to pose major challenges to the national HIV/AIDS program over the coming years. The complexity of the response to HIV/AIDS/STI/TB, including moral, ethical and technical implications of different interventions, calls for a strong technical support to the national program. There is, therefore, a strong need for scaling up training at in-service and pre-service levels, operations research, and national, regional and international linkages and partnership. These programmatic needs can best be met by AAU in partnership with MOH and through innovative alliance with similar national and international institutions.

In FY07, in partnership with Johns Hopkins (JHU) Bloomberg School of Public Health, AAU will further consolidate and scale-up VCT service, expand prevention activities and strengthen linkages to care treatment for university students. It will coordinate its program support with JHU and continue to provide technical assistance to the Ministry of Health and four major regions of the country constituting ART Operation Zone 3 - Addis Ababa Administrative Council, Southern Nation's, Nationalities' and People's Region, Gambella and Benshangul Gumuz.

In FY07, the University will strengthen its support to in-service training and direct technical

assistance to MOH and initiate pre-service training on HIV/AIDS, including ART. AAU will be involved in targeted evaluation of HIV/AIDS program implementation and in national and regional activities related to data processing, documentation of best practices and dissemination scientific information. Through its cooperative agreement with CDC-E, the University will strengthen its engagement in managing its HIV/AIDS program and its support to the national and regional programs and the health networks that deliver ART. Using the funding support through this project and the direct technical assistance from JHU, AAU will consolidate its technical and managerial capacities that will, in the long-term, help the University to takeover the technical support currently provided by JHU and ensure sustainability of program implementation.

Continued Associated Activity Information

Activity ID:	5670
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Addis Ababa University
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 100,000.00

Emphasis Areas	**% Of Effort**
Local Organization Capacity Development	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Adults
University students
Men (including men of reproductive age)
Women (including women of reproductive age)

Coverage Areas

Adis Abeba (Addis Ababa)

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10555
Planned Funds:	$ 100,000.00

Activity Narrative: HIV/AIDS (ART) Program Implementation Support

This is a continuing activity from FY06 and relates to ICAP-CU activities: Technical Support for ART Scale-up (5664), Counseling and Testing (5728), TB/HIV (5754), Palliative Care (5618), PMTCT (5641), STI Services (5800), Laboratory Support (new) as well as activities implemented through the Twinning Initiative (5678).

Alemaya University (AU), the only university in the eastern part of Ethiopia, is a major contributor to skilled health manpower development for the region as well as the rest of the country. The Faculty of Health Sciences of the University, established in September 1996, runs degree programs in Public Health, Public Health nursing, and Medical Laboratory Technology, and diploma programs in Public Health Nursing, Medical Laboratory Technology, and Environmental Health Sciences. The Faculty uses public hospitals in Harar, the capital of Harari Region,, for clinical teaching and practical work.

Alemaya University has been given support in specific and target in-service training programs in the area of HIV/AIDS, tuberculosis and STI. The university has been striving to enlist collaboration of other local universities to strengthen its training, research and service delivery to the nation and, in particular, to Oromia, Harari, Dire Dawa, and the Somali Regional Sates (ART Operation Zone 2). HIV/AIDS related initiatives have been spearheaded by the Faculty of Health Sciences and they are currently being introduced in other streams of the University. The potential of the Faculty of Health Sciences and, indeed, that of the university has yet to be developed for the university to participate in the national response to the challenges posed by the HIV/AIDS pandemic.

In FY06, Alemaya University is strengthening its HIV/AIDS related services to students and staff of the university. With support from PEPFAR Ethiopia partners, it is training health workers staffing its health services and the teaching hospital in Harar. It is strengthening the leadership of the students' council which currently leads activities of anti-AIDS clubs and a number of other clubs formed to address the needs of different segments of the university community. The council has organized a special initiative to support needy female students with the aim of reducing their vulnerability and exposure to HIV/AIDS. The university has developed a strategic plan on HIV/AIDS and is tightening its network with local universities.

In FY06, Alemaya University has secured support from PEPFAR Ethiopia through partnership with Columbia University (CU), The university will further consolidate its HIV/AIDS initiatives to provide support to four major regions of the country – Oromia, Harari and Somali Region and Dire Dawa Administrative Council,. The university will strengthen its support for in-service training and direct technical assistance to MOH and initiate pre-service training on HIV/AIDS, including ART, in FY06. Additionally, in FY06, in collaboration with Ministry of Health and other universities in the country the university will initiate pre-service training on HIV/AIDS, including ART, in FY06.

For this university to establish itself as a technical support center in the long-run, managerial and leadership capacities need to be built further in FY07. There is a need for deliberate action to establish managerial and technical capabilities by offering the university the opportunity and challenge to handle directly the administration and management of the technical and logistical arrangements required to support the health networks delivering ART and other HIV/AIDS related services. In FY07, the university will strengthen its support to in-service training and direct technical assistance to SNNPR Regional Health Bureau and initiate pre-service training on HIV/AIDS, including ART. Alemaya University will be involved in targeted evaluation of HIV/AIDS program implementation and in regional activities related to data processing, documentation of best practices and dissemination of scientific information.

In FY07, the university, while closely working with and getting intensive technical support from CU, will continue to receive direct support from PEPFAR Ethiopia through a cooperative agreement with CDC-E. This will be instrumental in strengthening the university's engagement in managing its HIV/AIDS program and the support it is providing to the regional programs, including the health networks providing ART services in the four regional States. This will help the university build HIV/AIDS program related technical and managerial capacities so that it will smoothly takeover the technical support currently

provided by Columbia University when its support phases out.

Continued Associated Activity Information

Activity ID:	5673
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Alemaya University
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 100,000.00

Emphasis Areas	**% Of Effort**
Health Care Financing	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building:	1	☐
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

People living with HIV/AIDS

HIV positive pregnant women

Public health care workers

Key Legislative Issues

Twinning

Coverage Areas

Oromiya

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Debub University
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10558
Planned Funds:	$ 100,000.00

Activity Narrative: HIV/AIDS (ART) Program Implementation Support

This is a continuing activity from FY06 and relates to JHU activities: Technical Support for ART Scale-up (5664), Counseling and Testing (5728), TB/HIV (5754), Palliative Care (5618), PMTCT (5641), STI Services (5800), Laboratory Support (new) as well as activities implemented through the Twinning Initiative (5678).

Debub University located in Awassa in the south is, the seat of the Southern Nations, Nationalities and Peoples Region (SNNPR),and is offering training in general medical practice (MD), 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 is actively participating in various activities of the Regional Health Bureau. Its teaching hospital is evolving as a referral facility for the heavily populated southern part of the country. SNNPR is scaling up its response to HIV/AIDS epidemic by utilizing opportunities and resources via numerous national and international initiatives. The University is also expanding its support to the regional HIV/AIDS program, including ART services. It is increasingly involved in various HIV/AIDS and related activities both at regional, woreda and site levels. This includes in-service training of health workers to meet the high human resource needs to implement HIV/AIDS, TB and STI program activities in SNNPR.

In FY06, through technical support from PEPFAR Ethiopia implementing partners, Debub University is strengthening HIV/AIDS activities and is currently contributing to the regional effort to mitigate the spread the epidemic. The process of institutionalizing HIV/AIDS related activities has been strengthened by the structure (HIV/AIDS Affairs Unit) and by assigning a focal person at the Awassa College of Health Sciences. The Unit is directly accountable to the President of the University and oversees and coordinates University-wide HIV/AIDS response. An anti-AIDS clubs association led by the students' council has been well established with branches in all five campuses. Coordination of activities has been initiated to work with the Gender Office of the University to address the specific needs of female University members. The Association is in the process of evolving as major movement aspiring to form a region-wide youth movement to support regional and national efforts by networking with other local universities and similar institutions abroad.

In FY06, through the support of Johns Hopkins University, Debub University is coordinating its efforts that have been initiated to limit HIV transmission and mitigate the effects of AIDS. The University and its teaching hospital will work with the health networks delivering care and treatment services in ART Operation Zone 3. It has established a functional network with Regional HIV/AIDS Prevention and Control Office (HAPCO), RHB, NGO like Tilla (Regional Association of PLWHA), private sector institutions. It is currently working with these partners and providing technical assistance that will enable these partners work towards achieving targets set for FY06. The support from PEPFAR Ethiopia has afforded the university and its teaching hospital with opportunities, not only to strengthen it anti-HIV/AIDS activities within the university community, but also enabled it to build its capacity to support health networks in SNNPR.

For the University to establish itself as a technical support center in the long-run, managerial and leadership capacities need to be built further in FY07. There is a need for deliberate action to establish managerial and technical capabilities by offering the University the opportunity as well challenge to handle directly the administration and management of the technical and logistical arrangements required to support the health networks delivering ART and other HIV/AIDS related services. In FY07, the University will strengthen its support to in-service training and direct technical assistance to SNNPR Regional Health Bureau and initiate pre-service training on HIV/AIDS, including ART. Debub University will be involved in targeted evaluation of HIV/AIDS program implementation and in regional activities related to data processing, documentation of best practices and dissemination scientific information. The university will, also be involved in direct technical support and management of funds through a cooperative agreement with CDC-E, a process that enables it to establish the required experience. This will allow the University to strengthen its engagement in managing its HIV/AIDS program and its support to national and regional programs. This will also help the university be in a position to takeover smoothly in the long haul the technical support currently provided by

Johns Hopkins University.

Continued Associated Activity Information

Activity ID: 5671
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Debub University
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 100,000.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

People living with HIV/AIDS
HIV positive pregnant women
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: Defense University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10559
Planned Funds: $ 100,000.00
Activity Narrative: HIV/AIDS (ART) Program Implementation Support

This is a continuing activity from FY06 and relates to ITECH activities: Technical Support for ART Scale-up (5664), Counseling and Testing (5728), TB/HIV (5754), Palliative Care (5618), PMTCT (5641), STI Services (5800), Laboratory Support (new) as well as activities implemented through the Twinning Initiative (5678).

The Defense University, located in Addis Ababa, is the only university providing training and technical support for the military and their dependents. It provides training for general medical practitioners (MD), public health officers and a number of mid-level training courses for other cadres of health professionals. It is currently supporting in-service training for health workers from the military health services as well as health workers from other public health services. It has VCT, PMTCT, and ART service facility within its teaching hospital, the Armed Forces General Teaching Hospital. This has been used as a demonstration site for many HIV/AIDS related services. The university teaching hospital is the major referral facility for the military and dependents and currently handling a huge patient load, including those with HIV/AIDS.

In FY06, the teaching hospital, as one of the 89 ART hospitals implementing ART services supported by PEPFAR Ethiopia and moving at a fast rate in terms of recruiting eligible patients. As the military (and the uniformed services including the police), which constitute a high risk group for HIV/AIDS, are scaling up their response to HIV/AIDS epidemic by utilizing opportunities and resources through numerous national and international initiatives, Defense University has developed a strategic plan to develop the required human resources by mainstreaming HIV/AIDS interventions into its training programs. Through the support from PEPFAR Ethiopia implementing partners, the Defense University has initiated institutionalizing HIV/AIDS related activities. It has established a structure that will coordinate HIV/AIDS related activities. Tangible measures have been taken to coordinate activities with Addis Ababa University. Currently there is much collaboration between the two universities in terms of training, research and service related activities.

In FY07, through the support of UCSD, the Defense University will continue to coordinate and scale up the response to HIV/AIDS it has initiated in collaboration with its partners. The university will build on previous support and the achievements gained through its collaborative activities with PEPFAR Ethiopia, particularly experience gained in FY06. The University and its teaching hospital will work with the military health networks in Operation Zone 4 (military and police health networks) delivering care and ART services. It will establish a functional network with MOH, HIV/AIDS Prevention and Control Office (HAPCO), RHB, and NGO to implement activities planned for FY06.

FY07 will afford the university and its teaching hospital opportunities to build its capacity to support facilities in the military health network. For the university to establish itself as a training and technical support center, it needs to upgrade its managerial capacities in FY07. It needs to work closely with UCSD as this will present a unique opportunity to directly handle the administration and management of the technical and logistical arrangements required to support health networks delivering ART and related services. The university will, therefore, need to be provided with direct financial and technical support that will enable it to establish the required services through a cooperative agreement with CDC-E. This will allow the university to strengthen its engagement in managing its HIV/AIDS program and its support to the national and regional programs. This will help the university be in a position to takeover the technical support smoothly currently provided by UCSD.

Continued Associated Activity Information

Activity ID: 5676
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Defense University
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 100,000.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building:	1	☐
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Military personnel
Public health care workers

Coverage Areas:

National

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10560
Planned Funds:	$ 100,000.00

Activity Narrative: HIV/AIDS (ART) Program Implementation Support

This is a continuing activity from FY06 and relates to ITECH activities: Technical Support for ART Scale-up (5664), Counseling and Testing (5728), TB/HIV (5754), Palliative Care (5618), PMTCT (5641), STI Services (5800), Laboratory Support (new) as well as activities implemented through the Twinning Initiative (5678).

Gondar University (GU), one of the oldest in Ethiopia and the only one in the north-west, trains various health cadres and other professionals using curricula that particularly focus on community oriented practical education tailored to address the trained human resources needs of country. The teaching hospital of the university is a referral hospital providing health services to people coming from different areas of the Amhara Region, the second largest region and where HI/AIDS is most prevalent. It is also strategically placed to support the Afar Region, which along with Tigray and Amhara constitute ART Operation Zone 3 in PEPFAR Ethiopia's regionalized support to the National ART Program. The university has, in its strategic plan, identified HIV/AIDS a one of the major health and social threats for the institution and the country at large. The university has committed itself to mitigating the impact of HIV/AIDS by creating university-wide prevention, treatment, and care and support programs and, to this end, has initiated ant-HIV/AIDS activities in its teaching, research, management and community outreach programs.

In FY05 and FY06, Gondar University identified key interventions required to initiate and strengthen HIV/AIDS related interventions within the university community and the regions its referral hospital currently serve.. Main interventions identified by the university include: making HIV/AIDS an institutional priority; establishing an HIV/AIDS coordination unit; planning and executing Anti-AIDS activities with involvement of students; expanded multi-dimensional response to HIV/AIDS epidemic - VCT service, treatment, care and support, curriculum integration, community outreach, research and the creation of external partnership; and incorporating policies and sanctions that safeguard female students from the risks of vulnerability and assault, intimidation, and exploitation.

In FY06, Gondar University is implementing the planned activities and initiating various HIV/AIDS related activities that will require consolidation and expansion over the coming years. Through the support from PEPFAR Ethiopia, the university is systematically institutionalizing HIV/AIDS program and building capacities that will enable it to provide assistance to the RHB and the health networks in Amhara, Tigray and Afar Regions (Regions in ART Operation Zone 1). Using the collaboration link the university will establish with the University of Washington (I-TECH) through support from PEPFAR Ethiopia, it will strengthen its anti-HIV/AIDS response and TA to regional activities in FY06, including: mainstreaming HIV/AIDS in the curricula of all faculties; strengthening pre-service training on comprehensive HIV/AIDS Treatment, care and prevention; conducting baseline studies on the impact of HIV/AIDS on students, staff and supportive groups of the university; undertaking studies on the existing structure of HIV/AIDS activities in teaching, research and service of the university hospital as spring-board for networking and main-streaming strategy; strengthening the existing VCT service of the university; promoting advocacy and gender education; and reducing stigmatization and discrimination in the university community regarding HIV/AIDS.

In FY07, for Gondar University to establish itself as a technical support center for its ART Operation Zone in the long-run, it needs to build adequate managerial and leadership capacities. There is a need for deliberate action to establish managerial and technical capabilities by offering the university the opportunity and challenge to handle directly the administration and management of the technical and logistical arrangements required to support the health networks delivering ART and other HIV/AIDS related services. In FY07, the university will strengthen its support to in-service training and direct technical assistance to Amhara Regional Health Bureau and initiate pre-service training on HIV/AIDS, including ART. Gondar University will be involved in targeted evaluation of HIV/AIDS program implementation and in regional activities related to data processing, documentation of best practices and dissemination scientific information. The university, by closely working with and getting intensive technical support from I-TECH, will be provided with an opportunity to get directly engaged in managing its HIV/AIDS program and its support to the national and regional health networks. It will help the university start building the capacity it will need to take over the technical support currently provided

by I-TECH when the latter pulls out its support through a well-thought out exit strategy.

Continued Associated Activity Information

Activity ID:	5674
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Gondar University
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 100,000.00

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building:	1	☐
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

People living with HIV/AIDS
HIV positive pregnant women
Public health care workers

Key Legislative Issues

Twinning

Coverage Areas

Amhara

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	American International Health Alliance Twinning Center
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10562
Planned Funds:	$ 1,400,000.00

Activity Narrative: This activity relates to Technical Support for ART Scale-up (5658; 5661; 5664; 5666)

The Twinning Center's Volunteer Initiative and the identification, facilitation and management of twinning partnerships are continuing activities from FY06. As of August 2006 the partner is on track according to the targets outlined in their work plan.

The HIV/AIDS Twinning Center is supported by American International Health Alliance's (AIHA) with 13 years of experience designing and implementing health interventions in low-resource settings. Through twinning partnerships, volunteers, and supportive assistance programs, the Twinning Center will contribute significantly to building human and organizational capacity by: (a) directly training and mentoring caregivers, (b) strengthening existing and new training and educational institutions and (c) developing models of care for improved organization and delivery of services for rapid scale-up of interventions to help meet the goals of PEPFAR in Ethiopia to prevent, treat and care for HIV+ individuals and AIDS orphans. AIHA has managed 116 health projects in 22 countries. An evaluation conducted by RTI International of AIHA's health partnerships in Central and Eastern Europe found the overall development impact to be extensive. The impact of the partnerships were found at four levels; as a mechanism for reforming individual institutions, as a vehicle for catalyzing systemic change, as a tool of foreign assistance, and as a tool of foreign policy.

Activities to date: (1) Mobilized and engaged the Ethiopian Diaspora in the US, a Memorandum of Understanding has been signed by Visions for Development Inc., People to People Inc. and Ethiopian Health Professionals in North America to work together to recruit qualified professionals from the diasporas. (2) A website for the Network of Ethiopian Professionals in the Diaspora (NEPID) has been developed to provide information about the project, post volunteer scopes of work and provide an opportunity for interested candidates to apply for volunteer positions. (3) Received the support from the four US University partners to coordinate the placement of volunteers (4) Identified 15 potential volunteer assignments after conducting site assessments at four ARV clinics and one association (5) Created scopes of work jointly with local placement sites and the Twinning Center outlining specific and measurable objectives for 5 volunteer assignments, including; Information Technology Advisor, Database Development Advisor, Patient Health Educator, Mental Health Advisor, and ARV physician (6) A Pediatrician/Mental Health Expert and an Information Technology advisor have been identified and will begin their service in early September

The partner is requesting additional funding for the following expansion activities in 2007: (1) Placement of up to an additional 40 volunteers (ARV treatment sites, academic institutions, ARC central and regional offices, EPHA, and additional sites as determined) (2) Placement of information technology (IT) volunteers at the ARC regional sites to assist at centralized trainings and provide ongoing support to satellite sites. (3) Development of monitoring and evaluation tools to ensure effectiveness of the volunteer program. This will include exit interviews of volunteers and placement sites, documentation of lessons learned and success stories.

Accomplishments to date: (1) Initiated the AIDS Resource Center (ARC) (Ethiopia)/AIDS Treatment Information Center (ATIC) (Uganda) Partnership. The first exchange visit took place in August 2006, The partners will meet in September to develop specific partnership objectives and a workplan. This south-south twinning relationship facilitates knowledge and skills transfer between two organizations that share the similar experience of working in a resource constrained environment. The goal of this partnership is to increase the capacity of the ARC to establish a clinical providers' warmline through a twinning relationship with ATIC. (2) The partner is coordinating with Johns Hopkins University on two potential partnerships. Concept papers have been developed to increase training for pharmacists in ART, increase the capacity of nursing schools and improve infection prevention at the hospital level. (3) The partner is coordinating with I-TECH to establish an institutional partnership between Gondar University and Hadassa University in Israel, an initial assessment visit between Gondar, Hadassa and the Twinning Center is scheduled for September.

The partner is requesting additional funding for the following expansion activities in 2007: (1) Expansion of the ARC/ATIC partnership to include the implementation of a clinical

provider's warmline, exchanges between partner sites, and communication to provide ongoing support.(2) Expansion of the partnerships established in coordination with the US treatment partners (Johns Hopkins University and I-TECH).(3) Initiation, facilitation and management of an additional partnership to be determined based on needs and availability of partners. Potential for additional partnerships exists in coordination with the US treatment partners and with the Ethiopian Public Health Association and the American Public Health Association (APHA). EPHA has expressed a specific interest in partnering with APHA in the area of membership strengthening.

This activity relates to Technical Support for ART Scale-up (5658, 5661, 5664, 5666) The Twinning Center's Volunteer Initiative, and identification, facilitation and management of twinning partnerships continuing from FY06. The HIV/AIDS Twinning Center is supported by American International Health Alliance (AIHA), with 13 years' experience designing and implementing health interventions in low-resource settings. Through twinning partnerships, volunteers, and supportive assistance programs, the Twinning Center will contribute to building human and organizational capacity by:
• directly training and mentoring caregivers
• strengthening existing and new training, and relevant educational institutions
• developing care models for improved organization and service delivery for rapid scale-up of interventions to help meet PEPFAR Ethiopia goals to prevent, treat and care for HIV+ individuals and AIDS orphans.
AIHA has managed 116 health projects in 22 countries; evaluation of AIHA's health partnerships in Central and Eastern Europe found the overall development impact to be extensive. The impact of the partnerships was fourfold:
• a mechanism for reforming individual institutions
• a vehicle for catalyzing systemic change
• a tool of foreign assistance
• a tool of foreign policy

The partner's second objective is to increase human and organizational capacity to prevent and treat HIV/AIDS through initiation and management of institutional twinning partnerships. Accomplishments to date:
• Initiated the AIDS Resource Center Ethiopia and AIDS Treatment Information Center (ATIC) (Uganda) Partnership. The first exchange occurred in August 2006. The partners met in September to develop specific objectives and a work plan. This south-south twinning relationship facilitates knowledge and skills transfer between two organizations with similar experiences working in a resource constrained environment. The goal is to increase capacity of the ARC to establish a clinical providers' warmline through a twinning relationship with ATIC.
• The partner is coordinating with Johns Hopkins University on two potential partnerships. Concept papers have been developed to increase ART training for pharmacists, increase capacity of nursing schools and improve infection prevention at hospital level.
• The partner is coordinating with I-TECH to establish an institutional partnership between Gondar University and Hadassa University in Israel; initial assessment visit between Gondar, Hadassa and the Twinning Center is scheduled for September.

Continued Associated Activity Information

Activity ID:	5678
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	American International Health Alliance Twinning Center
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 950,000.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building:	36	☐
Total number of patients receiving advanced clinical monitoring		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS):		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

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: pc
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10591
Planned Funds: $ 1,850,000.00

Activity Narrative: Peace Corps will establish a program in Ethiopia and will recruit and field 40 Peace Corps Volunteers to begin service in the area of HIV/AIDS in FY07. Volunteers (30 funded by PEPFAR and 10 funded by Peace Corps) will collaborate with other USG partners to support the Ethiopian government's strategy to create and strengthen a community and family-centered HIV/AIDS prevention, care and treatment network model in the Amhara and Oromiya Regions. Given high population densities and relatively high HIV prevalence, regions are priorities by the GOE and USG. Peace Corps' treatment activities described below are related to its activities in the OVC program area as all Volunteers will be working and reporting in both areas.

In Ethiopia PEPFAR is supporting capacity building for hospitals, health centers and community organizations to provide adults and children with high quality prevention, care and treatment services. Several challenges, however, mitigate the effectiveness of these organizations in serving new clients and providing continuing services to existing clients. These challenges include weak organizational systems; lack of trained health care personnel; and inadequate referral networks along the prevention, care and treatment continuum.

To address these challenges and fill critical gaps related to the provision of treatment services to PLWHA, Volunteers will be assigned to various levels of the continuum depending on the needs of the community and the Volunteer's qualifications. Potential Volunteer assignments include PEPFAR-supported RHB, Woreda Health Offices, health facilities, Kabeles and community-based organizations (such as ARC) serving orphans and vulnerable children, particularly in rural areas. Volunteers reporting to different levels of this network may be clustered in groups of three to increase opportunities for strengthening linkages within the network of health facilities, other local service providers, and community members. All Volunteers will be assigned counterparts, who may be HEW, Community Volunteers, or Case Managers, among others, and will collaborate closely with PEPFAR-funded partners on the ground as well as those in their catchment area that are not receiving PEPFAR funds.

Volunteers will assist with building and supporting the network of HIV/AIDS service providers by helping to identify relevant information and communication channels to effectively and confidentially move information on individual cases so that it follows clients through the continuum of services. Development of this network will ensure that clients receive the services necessary and appropriate for their condition at the appropriate stage and facilitate tracking clients' health and program status. Establishing systems to promote and link counseling and testing and PMTCT to treatment and to ensure proper adherence to treatment will be key components of Volunteers' work in the treatment area.

To promote the flow of information, Volunteers will work with counterparts to train and coach health facility personnel to develop and use organizational systems, including collection, management, and analysis of data (both paper-based and computer-based), and in utilizing data for planning and decision-making about operations, programs and individual cases. At the community level Volunteers and their counterparts will build capacity among community-based programs that provide care services; advocacy; and outreach around HIV/AIDS prevention, knowing one's HIV status, behavior change and health care decision making, and eliminating stigma and discrimination.

Illustrative activities of Volunteers at hospitals and health centers include strengthening monitoring and evaluation systems and use of data for planning, patient-focused decision making, and operations management, through system design and computer training. Volunteers also may assist with mapping of services and helping to complete the communication flow among hospitals, health centers and FBO and CBO programs, including paper-based communication exchanges and, possibly, computerization of client case information, to facilitate communication and client tracking and care.

Each community has a unique constellation of HIV/AIDS services and providers that may benefit from Volunteer collaboration. Additional community activities that Volunteers are likely to support include:
(1) Identification and development of systems for linking resources and service providers for complete access to basic preventive care for PLWHA, including clean water, LLITN, vitamins and nutrition education, OI treatment, cotrim, access to prevention education

and information, and emotional support.
(2) Introduction and promotion of permaculture (i.e., low energy gardens) as a way to address food insecurity;
(3) Training of peer educators and peer support for a variety of issues (e.g., AB, ABC, PMTCT, alcohol /chat use and HIV, mobile workers) and target groups (e.g., girls, boys, young mothers, caregivers, discordant couples, OVC, etc.);
(4) Promotion of positive living through a variety of entry points (e.g., PLWHA groups, OVC groups, schools, post test clubs, etc.);
(5) Prevention for positives and prevention among discordant couple programs;
(6) Life skills camps and workshops with students, out-of-school youth, peer educators, mothers, and other groups;
(7) Health literacy and HIV/AIDS content instruction teacher training in primary and secondary schools; and
(8) Girls clubs and places where girls can be together safely.

In all activities in which Volunteers are engaged, they will strive to address issues related to gender sensitivy, stigma and discrimination and the active involvement of youth in the development and implementation of HIV/AIDS programs.

All Volunteers recruited in FY07 will receive PEPFAR-funded pre-service and in-service technical and language training. When possible, Peace Corps will tap the expertise of local PEPFAR-funded partners for training and will procure PEPFAR-funded materials. After pre-service training and upon arrival at their sites, Volunteers and their counterparts will conduct needs assessments of their communties and work places. These assessments will benefit from existing data and will help define the types of specific activities on which Volunteers will focus.

Peace Corps Ethiopia will create and make available to all Volunteers PEPFAR funds through the "VAST" (Volunteer Assistance Support and Training) Program for small community-initiated projects such as training. Volunteers will be ecouraged to apply for these funds with their counterparts and communities only when local resources are inadequate.

COPFY07 funds will be used to cover the costs of 30 Volunteers for the entire two years of their service and local staff required to support and train all 40 Volunteers in country. Peace Corps will use its own funds to recruit and fund Country Director, Administrative Officer and Program Manager positions.

Volunteer recruitment will begin on approval of the FY07 COP. Peace Corps staff are expected to begin operations in-country in January 2007, including office set-up, consultation with GOE and the PEPFAR Team to finalize sites and develop site specific Volunteer work assignments, and preparations for Volunteer training and placement. The Volunteers are expected to arrive in-country in July 2007 for 8-10 weeks of training, taking up their assignment in September 2007.

It is expected that the development of community-based networks and training of service providers on systems and information management will increase the numbers of people living with HIV/AIDS receiving ART as well as adhering to their treatment. Peace Corps' targets for activities approved in the COP07 are low as Volunteers will work less than six months at their sites during the COP07 period.

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
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of service outlets providing antiretroviral therapy	60	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	350	☐

Target Populations:

Adults
Community-based organizations
Traditional birth attendants
Infants
People living with HIV/AIDS
Pregnant women
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Host country government workers
Public health care workers
Other Health Care Worker

Key Legislative Issues

Gender

Volunteers

Stigma and discrimination

Wrap Arounds

Coverage Areas

Amhara

Oromiya

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10595
Planned Funds:	$ 100,000.00

Activity Narrative: HIV/AIDS (ART) Program Implementation Support

This is a continuing activity from FY06 and relates to ICAP-CU activities: Technical Support for ART Scale-up (5664), Counseling and Testing (5728), TB/HIV (5754), Palliative Care (5618), PMTCT (5641), STI Services (5800), Laboratory Support (new) as well as activities implemented through the Twinning Initiative (5678).

Jimma University (JU), the first innovative Community Oriented Educational Institution of higher learning in Ethiopia, is a major contributor to skilled health human resources development for the country. Through the assistance of PEPFAR Ethiopia, the University Teaching Hospital has been a major partner in the implementation of the national HIV/AIDS program activities. To date, a wide array of anti-HIV/AIDS activities has been initiated by the hospital, including counseling and testing, PMTCT, ART, care, prevention and HIV/AIDS in-service and basic training that are supported by PEFAR Ethiopia. Diploma and degree HIV/AIDS M&E training programs that have been initiated through support from PEPFAR Ethiopia are among the highly acclaimed activities. The teaching hospital is serving as a site for in-service training of health workers required to roll-out HIV/AIDS program activities in Oromia, the largest and most populated region. In FY06, the University has strengthened HIV/AIDS prevention activities among the university students and staff in different campuses. Currently, the university is rapidly scaling-up ART services at the teaching hospital assisted by USG implementing partners.

In FY05/06 JU has secured PEPFAR Ethiopia's regionalized support by partnering with Columbia University (CU). HIV/AIDS activities in the University are being consolidated and JU is actively supporting the accelerated scale-up of ART program in Oromia and adjoining regions that constitute ART Operation Zone 2. This has enabled the University to strengthen ART services and the training being provided on various aspects of ART to all cadres of health professionals working in the university, its teaching hospital and the health networks in the catchment area of the of the hospital. It will enable the university to provide effective support to the in-service training of health workers in the Oromia and adjoining regions. It will help the University to organize and support relevant operational research, to assist in development and adaptation of technical materials for local use, and to serve as a demonstration site for other training facilities in the region, and to network with other institutions of higher education in Ethiopia, and to establish twinning partnerships with sister institutions overseas. In FY06, in collaboration with Ministry of Health and other local universities, JU will also initiate pre-service training in HIV/AIDS, with a major focus on ART.

For the university to establish itself as a technical support center in the long-run, managerial and leadership capacities need to be further developed in FY07. There is a need for deliberate action to establish managerial and technical capabilities by offering the university the opportunity as well as challenge to handle directly the administration and management of the technical and logistical arrangements required to support the health networks delivering ART and other HIV/AIDS related services. In FY07, the university will strengthen its support to in-service training and direct technical assistance to SNNPR Regional Health Bureau and initiate pre-service training on HIV/AIDS, including ART. Jimma University will be involved in targeted evaluation of HIV/AIDS program implementation and in regional activities related to data processing, documentation of best practices and dissemination scientific information. The university, while closely working with and getting intensive technical support from CU, will be provided with an opportunity to engage directly in managing its HIV/AIDS program though a cooperative agreement with CDC-E. This arrangement will allow the university to strengthen its engagement in managing its HIV/AIDS program and its support to the national and regional health networks. It will help the university start building the capacity it will need to take over the technical support currently provided by CU smoothly when the latter pulls out its support.

Continued Associated Activity Information

Activity ID: 5672
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Jimma University
Mechanism: N/A

Funding Source: GHAI
Planned Funds: $ 100,000.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building:	1	☐
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

People living with HIV/AIDS
HIV positive pregnant women
Public health care workers

Key Legislative Issues

Twinning

Coverage Areas

Oromiya

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10596
Planned Funds:	$ 100,000.00

Activity Narrative: HIV/AIDS (ART) Program Implementation Support

This is a continuing activity from FY06 and relates to ITECH activities: Technical Support for ART Scale-up (5664), Counseling and Testing (5728), TB/HIV (5754), Palliative Care (5618), PMTCT (5641), STI Services (5800), Laboratory Support (new) as well as activities implemented through the Twinning Initiative (5678).

Mekele University, located in Mekele Town, the seat of the Tigray Region in Northern Ethiopia is a young university which has evolved into an institution currently providing high quality training for students drawn from Tigray, the adjoining regions and other parts of the country. It offers training on general medical practice (MD), public health, nursing and other mid-level training courses for different cadres of health professionals. The university is working closely with the Tigray Regional Health Bureau and actively providing technical assistance that supports planning and implementation of various health programs in the region. The university is working closely with the teaching hospitals in Mekele and supports them build capacities that will enable them provide referral services and support facilities in the catchment areas of the hospitals. In tandem with regional initiatives currently being taken to strengthen and scale up HIV/AIDS activities and the support with resources from national and international partners, Mekele University is rapidly building its capacities. As a result, various anti-HIV/AIDS activities have been started to mainstream HIV/AIDS interventions in various training programs .

In FY05/06, through technical support from PEPFAR Ethiopia implementing partners, Mekele
University and its teaching hospitals have initiated anti-HIV/AIDS activities and services among the university community and clients seen at the hospitals. The university is implementing plans it had developed in FY05 to institutionalize HIV/AIDS related initiatives.

The University has currently established a structure and is putting systems in place to initiate the implementation of a strong and broad-based HIV/AIDS program. In FY06, anti-AIDS clubs have been established both among the students and the staff of the University. A number of activities focusing on prevention, care and treatment have been initiated and preparatory activities undertaken to scale this activities in a major way in FY06. Mechanisms to strengthen the working relationships with Tigray RHB and the Federal Ministry have been put in place to support rapid scaling up of HIV/AIDS program activities. The university is currently involved in discussion with different agencies, including PEPFAR partners, to speed up planning, preparatory and implementation activities for FY06. By end of FY06, Mekele University and its teaching hospitals will be in a good position to expand their support to program management in the regions and strengthen technical support to the health networks delivering ART and other HIV/AIDS activities in Tigray and adjoining regions.

In FY07, through the support of I-TECH, Mekele University will further strengthen its coordination, implementation, and monitoring capacity. The university and its teaching hospitals will expand their support to the health networks delivering care and ART services in ART Operation Zone 1. The university will strengthen its networking with Regional HIV/AIDS Prevention and Control Office (HAPCO), Regional Health Bureau (RHB), NGO and FBO operating in the region and support involvement of private hospitals in the IV/AIDS response. It will take the lead to strengthen local partners to work towards achieving targets set for FY07. The university will have a strong working relationship with its USG counterpart by FY07. Mekele University will be in a good position to scale-up it HIV/AIDS activities in a comprehensive manner with due emphasis on prevention, care and treatment and linkages among these program areas. Activities will be expanded to address the needs of the university community and expanded further to involve the health networks and partner organizations and other stakeholders.

For the university to establish itself as a technical support center for the long-run, it needs to build its managerial and leadership capacities in FY06 and FY07. In FY07, in particular, a deliberate move will be made to establish these capacities by offering the university the opportunity to handle directly the administration and management of the technical and logistical arrangements required to support the health networks delivering ART and related services. The university will, therefore, be provided with direct financial and technical

support that will enable it to establish the required experience through a cooperative agreement with CDC-E. This will allow the University to strengthen its engagement in managing its HIV/AIDS program and its support to the national and regional programs. This will help the university be in a position to takeover smoothly the technical support currently provided by I-TECH.

Continued Associated Activity Information

Activity ID: 5675
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Mekele University
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 100,000.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building:	1	☐
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

People living with HIV/AIDS
HIV positive pregnant women
Public health care workers

Key Legislative Issues

Twinning

Coverage Areas

Tigray

Table 3.3.11: Activities by Funding Mechanism

Mechanism: FMOH
Prime Partner: Johns Hopkins University Bloomberg School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10598
Planned Funds: $ 850,000.00

Activity Narrative: Clinically Focused Record Systems

ACM achievements thus far include protocol development, finalized steering committee governance structure, and site level readiness activities at the seven participating university hospitals, in issues ranging from staffing, standardized data collection and medical records management, equipping data units with necessary minor equipments and supplies, training of staff on use of national M&E tools, development of an electronic medical record system, currently implemented at two of the seven sites, development of a draft laboratory SOP to meet the specimen repository standards and operational plan for supportive supervision of all consortium member sites. The above has been accomplished through extensive planning and partnership with USG partners to meet inter-region project objectives. In addition, an extensive brainstorming meeting was held with lead Principal Investigators of all ART implementing USG university partners, local university partners, PEPFAR Ethiopia and collaborative institutions to identify future collaborations for targeted evaluation that would support the primary objectives of the project and also increase the university hospital capacity to twin with local and international institutions.

Support will continue to develop and implement standardized protocols and tools to collect data in a sample of HIV+ patients put on ART in the seven universities. Intensive monitoring and evaluation of approximately 3,000 patients on ART will provide critical information on a large scale ART distribution without piloting on a small scale.

This 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. Data generated through this multi-site project will inform and improve ART delivery in Ethiopia by providing information on issues as important as ART associated toxicities and early mortality.

The multi-site patient database and specimen repository will facilitate operational research and scientific inquiry pertinent to HIV/AIDS through in-depth monitoring of treatment acceptance and adherence; assessment of indicators of adherence; clinical and virologic efficacy of treatment protocols; assessment of monitoring protocols (CD4); evaluation of drug toxicity, drug-interactions and viral resistance; and investigation of potential barriers to expanding ART access in Ethiopia. The project will provide training to staff required for collection of additional data to answer programmatic issues and perform follow-up of patients.

Also under this activity, JHU will support capacity building 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.

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 to develop an infrastructure for installation of electronic health records 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. This activity will include provision of the CDC medical record folders if supported.

Continued Associated Activity Information

Activity ID:	5685
USG Agency:	HHS/National Institutes of Health
Prime Partner:	Johns Hopkins University Bloomberg School of Public Health
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 700,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building:	7	☐
Total number of patients receiving advanced clinical monitoring	3,000	☐
Number of service outlets providing antiretroviral therapy	7	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

People living with HIV/AIDS

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Tulane University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10601
Planned Funds: $ 1,050,000.00
Activity Narrative: Health Information Network and Tele-health centers support

This is a continuing activity from FY06. The partner has received 100% of FY06 funding and is on track according to the original targets and workplan. We have also increased FY07 funding based on the achievements from FY06. Tulane University/UTAP is supporting MOH to establish health information network and Tele-health centers. A National Computer Resources Mapping Survey was conducted to map out all of the woredas where the Government of Ethiopia high-speed communications network is located, human resource capacity, hardware and software resources. The information gathered helps identify the availability of Information and Communication Technology (ICT) infrastructure and resources for use of tele-health and distance learning technologies that will directly support improved quality of care and treatment throughout the health network.

In FY06 the support includes the implementation of technology learning resource centers at the two universities (Defense-AFGH, Health Science College and Air force ART clinic, Jimma University) and at MOH. These centers have a networked classroom facility that supports up to 30 students, with individual computers. The classroom system had fast internet connectivity that supports distance learning applications for both individuals and groups. In addition, each of these three sites has a smaller video-conferencing center to support conferences and tele-consultation. This activity also developed and deployed on a pilot basis tele-health applications at Jimma University and selected health centers. This has been done in collaboration with PEPFAR Ethiopia and the US Army Telemedicine and Advanced Technologies Research Center (TATRC) using TATRC provided non-PEPFAR funds. Initial applications focused on tele-consultations, surveillance, and patient referral.

In FYO7, Tulane University in collaboration with TATRC will continue to support the expansion of tele-consultation and information sharing from the lowest health structure to the MOH, in five centers,, EHNRI, DACA, Mekele, and Debub Universities including PEPFAR supported Technology Assisted Learning Centers hospitals by establishing Local Area Network and Wide Area Network systems. Additional support not covered in FY06 that is necessary to maximize the use of the learning centers, will be covered in FY07. All centers will have the capacity to support 30 users at one time in technology assisted learning centers that will include video-conferencing depending on connectivity at each site.

This activity, by leveraging Global Fund and other resources, will enable video-conferencing at five RHB in order to strengthen information sharing between MOH and to strengthen the ART data reporting system at all levels. This directly supports the MOH identified need for expansion of efficient telecommunications within regions with an aim of improving surveillance and patient care. Video conferencing will also eliminate the considerable time taken to reach meetings by personnel from remote areas.

In FY07, gaps identified by the National Computer Resources Mapping survey on connectivity of MOH with RHB and health facilities will be also addressed. This activity will leverage Global Fund funds for hardware distribution for RHB, woredas and health facilities and will supplement any additional gaps identified in the survey.

Continued Associated Activity Information

Activity ID: 5687
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Tulane University
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 775,000.00

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

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building:	30	☐
Total number of patients receiving advanced clinical monitoring		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS):	100	☐
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Doctors
Nurses
National AIDS control program staff
Policy makers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Family Health Int
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10604
Planned Funds: $ 1,750,000.00

Activity Narrative: ART Service Expansion at Health Center Level

Award expected in December, 2006. This is a continuing activity from FY06 currently being conducted by FHI. It continues supplemental activity conducted by FHI for the expansion of antiretroviral therapy (ART) decentralization to health centers. To date, the partner received 100% of the FY06 funds and is on track according to the original targets and workplan. The partner has coordinated the assessment of 120 health centers for site ART readiness and trained 402 health professionals in 11 regions, in close collaboration with WHO, with existing funds. This is a critical activity that is linked to care and support, ARV Services (5658) and Technical Support for ART Scale-up, allowing PEPFAR Ethiopia to meet ART country targets and to ensure quality of patient care through fully functional HIV service networks.

In FY06, the Government of Ethiopia rapidly expanded access to ART at health centers. Supporting this effort, a site readiness assessment was carried out by the USG at 120 health centers. Human resources consisted, on average, of one health officer, one lab technician and a few nurses at each site. As this shows, health center ART readiness is hampered by basic infrastructure inadequacies in, human resources, and by administrative capacity of woreda health offices and RHB. Despite these findings, the Government of Ethiopia remains committed to implementing HIV care and treatment services including ART at health centers. Without adequate investment in operational readiness, however, the quality of ART care for patients will be compromised.

This activity addresses ART service expansion at health centers by increasing their operational capacity to manage ART services, including integration into the health network. ART services will be supported with the following activities:

1. Operational site readiness: Human resources will be strengthened through training in multiple program areas and supportive supervision in conjunction with Government of Ethiopia personnel. The activity will facilitate training on HIV disease management and ART services, including adherence counseling, nutrition, case management, laboratory and pharmacy services.

In close collaboration with RHB and woreda health offices, Standard Operating Procedures or clinical care protocols will be implemented with other relevant stakeholders and partners. To strengthen clinical management in the ART health network, mentoring and monitoring of ART patients with experienced hospital and private sector clinicians will be organized, helping build provider capacity to manage patients and improving patient care.

2. Commodities: The activity will complement the focused activities of USG partners in supply chain and pharmacy management, collaborating with RPM+ and PSCMS to ensure that their interventions achieve maximum impact at site level. The project will work with relevant PEPFAR Ethiopia partners and key stakeholders such as the HIV/AIDS Prevention and Control Office (HAPCO), implementer of the Global Fund To Fight AIDS, Tuberculosis (TB) and Malaria ((GFATM) grants, complementing their efforts to strengthen laboratory services at 240 ART sites.

3. Health Management Information System (HMIS): Site level ART patient monitoring will be enhanced through collaboration with Tulane University's health center-level HMIS activities supporting an ART patient tracking system, with data clerks trained in this paper-based system by Tulane. Through this activity community networks supporting adherence, follow-up and new patient intake will be strengthened. This activity will also support community-based organizations to strengthen monitoring for ART adherence and follow-up. This will facilitate multi-agency referral channels for clinical and non-clinical services to reinforce the existing continuum of care and treatment.

4. Infrastructure and Equipment: This activity will assess and prioritize renovation needs at health centers in collaboration with Crown Agents, to ensure a synchronized scale-up of ART service capacity in high client flow sites. There will a needs assessment to look at what basic medical equipment is required to support delivery of a minimum ART service package. Additionally, procurement coordination with woreda health offices and USG partners will leverage GFATM resources.

5. Network implementation: patient-centered approaches: This activity will be linked with multiple services in health centers and hospitals to support integrated ART services. Furthermore, this will be integrated with the Care and Support Contract (CSC) activities, linking households and community members to the health networks through outreach efforts by USG and Government of Ethiopia supported community outreach workers, community based organizations (including Idirs), private providers and case managers.

This activity will support ART services at 240 health centers. By the end of COP07, through linked activities within palliative care, services will be extended to support 500 health centers and community-based care. The CSC provides rapid expansion of health services among three progressively more comprehensive tiers. The first tier, 500 health centers, offers basic services including TB/HIV and VCT. The second, with 393 health centers, offers TB/HIV, VCT and palliative care services. The third tier, at 240 health centers, offers ART as well as the above services (see the Annex- for more details). This activity will support all links in the ART and care network continuum, from patient and household to community, health center and hospital, with a focus on the delivery of ART services at the health center and community level. In close collaboration with CDC Ethiopia, the PEPFAR Ethiopia lead agency in the transport of samples to hospitals from health centers, this activity will facilitate patient receipt of critical lab results. Furthermore, by leveraging previous PEPFAR investments at the hospital level, laboratory linkages to hospitals will be maximized to ensure that patients who present with complicated case diagnoses will receive further laboratory services, with specialized equipment at hospitals functioning optimally through effective health network implementation.

6. Support to Nurse-centered ART Service Delivery at Health Center Level through I-TECH, University of Washington and Hadassah University, Jerusalem: FHI's ART site readiness assessment showed that highly capable nurses are present in larger numbers at the health centers assessed, though more personnel of all types are needed. In response to this situation, the MOH is supporting the initiation of nurse-centered HIV/AIDS services, featuring task-shifting, particularly in the area of ART services.

Supporting ART service delivery at the hospital level, in the last two years the Hadassah University AIDS Center (HAC), in collaboration with PEPFAR Ethiopia partner I-TECH, has implemented training of trainer (TOT) courses in integrated HIV/AIDS patient care. A total of 40 Ethiopian physicians, nurses and laboratory staff have been trained so far in Israel.

To support the current country-wide decentralization of ART services, the HAC will collaborate closely with the World Health Organization, the Care and Support contractor, and the four US universities currently supported by PEPFAR Ethiopia.

The Care and Support Contract will support Hadassah in identifying nurses who can serve as trainers supporting nurse-initiated ART, and will coordinate with these personnel on their return to support follow-up activities in Ethiopia. The Care and Support Contract may also collaborate with Hadassah in designing and implementing the evaluation of the nurse-centered ART model, focusing on programmatic factors that may affect ART effectiveness.

Continued Associated Activity Information

Activity ID:	6634
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	Family Health International
Funding Source:	GHAI
Planned Funds:	$ 3,750,000.00

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

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building:		☑
Total number of patients receiving advanced clinical monitoring		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS):		☑
Number of indigenous organizations provided with technical assistance for HIV related policy		☑
Number of individuals trained in HIV-related policy. (This is a subset of the total number trained).		☑
Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment		☑
Number of service outlets providing antiretroviral therapy	120	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period	4,500	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	2,700	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	640	☐

Target Populations:

People living with HIV/AIDS

Public health care workers

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

Table 3.3.11: Activities by Funding Mechanism

Mechanism: jhu-ccp
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10606
Planned Funds: $ 600,000.00
Activity Narrative: User Support Center for ART Service Outlets

This is an ongoing activity. The partner is on track according to the original targets and workplan and the partner has received 100% funding in FY06 to undertake this activity. Under this activity ARC designed and developed the call center system which provides services to 89 ART service outlets and hospitals.

In FY07 this activity will support the expansion of "call center" services to 131 ART hospitals and 393 health centers selected to provide ART services. Based on commercial "call center" software, it would allow service outlets such as 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 track accurately issues that arise during the rapid scale-up process and use this information to promote the development and implementation of the ART service delivery model. The main objective of the support center will be to provide quick response to problems encountered by health care providers. This system would benefit the health sector by improving access to information, reducing cost of transporting health care providers for workshop and trainings, and reduce patient costs by avoiding the need for a referral.

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 have been frequent calls in all direction in the last two years, particularly after January 2004, when the free ART program was launched. Sometimes providers have not been able to get a response as calls have not always reached the appropriate target or source of information and there has been some frustration as a result. Creation of a user-friendly center, that will adequately overcome such problems, will support the PEPFAR implementation activities. In FY07, the call center will be upgraded in terms of hardware, software and human resource to accommodate all PEPFAR supported ART hospitals as well as all health centers selected for ART provision. This activity will also support web site development for knowledge and information sharing as well as piloting teleconferencing technology using existing infrastructure among service outlets and the call center.

In COP07, PEPFAR Ethiopia expects the following activities will be undertaken: (1) deliver services to an additional 131 hospitals and 393 health centers; (2) provide telephone and e-mail consultation; (3) provide training to health care provider and other staff; (4) pilot teleconferencing and video conferencing system between the call center and selected service outlets; (5) generate knowledgebase on the information gathered; (6) produce easily accessible online and offline (such as CD-ROM) which will be utilized by service providers; (7) produce and disseminate materials (on PMTCT, VCT and ART) to fill the information gap for health care providers based on the knowledgebase including public consumable website content from the knowledgebase; and (8) document cases with digital images, audios and videos for research and other purposes.

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

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building:	524	☐
Total number of patients receiving advanced clinical monitoring		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS):	10	☐
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Doctors
Nurses
National AIDS control program staff
Policy makers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10611
Planned Funds: $ 885,000.00

Activity Narrative: Pre-service Education in Medical and Nursing Schools

During COP06, CDC funded JHPIEGO to initiate a process of strengthening quality and content of HIV/AIDS education for physicians and nurses at three Ethiopian universities, namely Addis Ababa, Gondar and Jimma. As medical and nursing schools are separate faculties, the total number of university-based schools reached is six. At the time of writing, the process to undertake detailed needs assessment and implementation plan has just begun. It is anticipated that, in FY06, a core group of faculty from each of the six schools will be given training to update their HIV/AIDS knowledge and will be taught effective teaching skills. Core competencies in HIV/AIDS for nurses and general practitioners will be defined and curriculum teams established. A process for introducing/strengthening the content provided to students will be initiated. Teaching equipment needs will be assessed and some essential equipment provided.

Among PEPFAR partners, JHPIEGO is taking the lead on pre-service education, and university partners are supporting the effort, through their established relationships with each university as well as in contributing technical expertise in the HIV context. Each US university has a different mode of operation with their Ethiopian counterparts, so it in not yet clear how uniform the experience will be in each setting. JHPIEGO's role will be to provide an element of standardization so that similar results can be achieved across schools as well as to provide a forum to exchange ideas across the group. By the end of FY06, these mechanisms will be formalized and guide FY07 work. It is expected that each regional partner will either work hand-in-hand with JHPIEGO to follow-up and strengthen the HIV clinical content of teaching, perhaps even providing complementary teaching to what the universities offer, while JHPIEGO's expertise will focus on strengthening the skills in high quality teaching and structuring pre-service education to focus on skills acquisition.

In FY07, the activity will continue with the development or adaptation of teaching materials and teaching methods for use in the pre-service context, supporting the core group of faculty to develop plans for and train their colleagues in essential teaching skills, strengthening the practical learning opportunities for students and ensuring effective clinical mentoring and feedback systems from practice/clinical instructors to classroom where evaluation and assessment methodologies monitor students' performance in HIV knowledge and skills acquisition over their educational careers.

Depending on interest and infrastructure available, JHPIEGO will also explore the feasibility of using innovative information technology tools to expand student and faculty access to updated information and resources in HIV/AIDS, such as internet-based tools, computers, PDA, or other technologies. Such efforts may link with the JHU School of Medicine, Center for Clinical Global Health Education, should resources be sufficient (this will probably require an increase in funding).

Universities in any countries have an organizational structure and culture of their own. Smaller universities are likely to have a multi-disciplinary faculty who provide teaching in several schools (Jimma seems to fit that model in Ethiopia), while other, perhaps larger universities) have very compartmentalized schools and faculties who rarely interact with each other unless there is a special project or initiative. Depending on progress of activities and a better sense of the linkages within a given Ethiopian university between faculties of various health disciplines, JHPIEGO will organize seminars to explore opportunities for expanding activities within universities to affect the teaching of certain disciplines, such as laboratory and pharmacy cadres. This model has been used in Egypt where a core group of educators took on responsibility of upgrading the teaching skills of their colleagues. The difference in this case would be to make this collaboration extend across faculties rather than only within. We must recognize the possibility that the medical/nursing faculties may already be overburdened and teachers understaffed and unable to take on additional efforts and responsibilities. In any case, JHPIEGO will also explore opportunities of working with new partners with content expertise in laboratory services for a more structured approach to strengthening pre-service education of new cadres in FY08.

Several technical assistance visits from Ethiopia staff and international experts will be conducted to schools to provide ongoing support and targeted assistance where it is most needed. These external visitors will observe teaching in practice as well as review student

performance measures. This is in addition to supporting focal persons for each university.

*Note regarding targets of individual trained in HIV/AIDS content - these are gross estimates of medical and nursing students in a single academic year (as it is not yet known which year has the most ART specific content) and is dependent on the number of students enrolled in target schools, thus is not a reflection of funding allocated for this activity.

Plus ups: JHPIEGO-E, in collaboration with the US universities and the federal Ministries of Health and Education, conducted institutional needs assessment for strengthening pre-service HIV/AIDS education in three Ethiopian Universities (Gondar, Jimma, and AAU). Based on the findings and discussions with deans and faculty instructors, the critical factors limiting effective teaching emerged as lack of qualified staff, lack of teaching materials and audiovisual aids, and large numbers of students in the classroom and during clinical skills trainings. The key recommendations from the seven targeted medical faculties, nursing and midwifery schools in the three universities were: technical and material assistance to develop simulated environments to enable large numbers of students to develop skill competence before practice on patients, audiovisual aids to enable large numbers of students to watch video counseling sessions, minor operations and procedures recorded from the actual service provision with informed consent. A dermatologist faculty from AAU said, " I had a lot of patients with classical skin manifestations of HIV but I use very obsolete slides and pictures to teach my students due to lack of modern recording equipment.
If I had a digital or even an analog video camera, I could have shown my students a classic skin manifestation on local people, which they can understand better". Concerning problems related to large classes in lecture halls lacking sound amplification, another faculty member from Gondar University said, "I teach 300 students in a lecture hall; however loudly I speak, students in the middle and at the back cannot hear what I say. If we had good sound, which a wireless microphone would provide, I could give better lessons." Therefore additional funds for activity 10611 in COP07, dealing with HIV/AIDS knowledge update and effective teaching skills, trainings, supply of educational materials and equipment like LCD projectors, procurement and supply of critical teaching aids like anatomical manikins, cameras and sound system equipment directly to faculties and nursing schools will assist universities to improve the quality of teaching and learning.

Continued Associated Activity Information

Activity ID:	5680
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	University of Washington
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 800,000.00

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building:	27	☐
Total number of patients receiving advanced clinical monitoring		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS):		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	410	☐

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	IntraHealth International, Inc
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10616
Planned Funds:	$ 400,000.00

Activity Narrative: Linking Pediatric Clients to Treatment

This is a continuing activity. The vulnerability of a child commences much earlier than has been recognized previously. To date, the partner received 100% of the FY06 funds and is on track according to the original targets and workplan.

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.

HIV exposed 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 a parent(s); distress and emotional trauma following the death of a parent; difficult to access food, shelter, health, clothing, education, responsibility for their siblings; social isolation due to stigma resulting in denied access 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+ causing even greater stigma, reducing their future opportunities, and affecting their access to health care.

There is little explicit recognition that children, in particular OVC, are in need of screening for pediatric ART. These children, exposed to HIV, face additional barriers and often lack access to adequate primary health services due to their parent's illnesses. This activity will enable PEPFAR Ethiopia to further increase pediatric HIV case detection and treatment through family focused approaches by linking with existing partners working in ART and palliative care services.

Ethiopia has over 800,000 orphaned due to 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 and the need those who are HIV positive, Intrahealth will expand their FY06 activities to solicit new partners, specifically, indigenous grassroot 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 proceeding
PEPFAR Ethiopia COP, they are now recognized as a critical service to be provided. The treatment will be provided in the health centers and hospitals that are USG supported sites.

Intrahealth will utilize NGO, FBO and CBs to ensure the training of staff in the identification of exposed children and to refer those children for care and treatment services. It is with this understanding that the selection and involvement of indigenous organizations is key in facilitating ART services to pediatric cases.

NGOs, FBO and CBO will not provide pediatric services; rather, because of close ties with communities, they will identify children in vulnerable situations and households with a high probability of HIV and AIDS and refer them to social and facility-based services psycho-social and HIV screening. The nascent pediatric ART experience in Ethiopia and the COP07 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 communities in which the children reside.

Continued Associated Activity Information

Activity ID: 5688
USG Agency: U.S. Agency for International Development
Prime Partner: IntraHealth International, Inc
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 500,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building:		☑
Total number of patients receiving advanced clinical monitoring		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS):		☑
Number of service outlets providing antiretroviral therapy	100	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	780	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	750	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	520	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	240	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Nurses
Traditional birth attendants
Street youth
HIV/AIDS-affected families
Infants
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
Volunteers
Children and youth (non-OVC)
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Out-of-school youth
Other Health Care Worker
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Twinning

Volunteers

Wrap Arounds

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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10623
Planned Funds: $ 0.00

Activity Narrative: Public Awareness on ART

This is a continuing activity from FY06 and relates to ART Program Implementation Support 5658; 5661; 5664; 5666)

CDC/E with ARC and Walta Information Center will be undertaking public awareness activities at national regional level in collaboration with ART implementing partners. Implementation of plans during the first three months of COP06 is well on track. The funding level for FY07 is the same as for FY06 and the current objectives are consolidation of gains , and further scale up to enhance the demand for ART services with particular emphasis on rural settings.

With the fast scale-up of ART services in Ethiopia and the rapid decentralization of the national program, awareness generation among the general public as well as selected high risk groups is becoming a critical intervention to enhance and optimize the use of the services at various outlets. PEPFAR Ethiopia has successfully initiated collaboration with the media, mainly with Walta Information Center, a leading media center in the country, to undertake public awareness activities through the media and regional symposia at national and regional levels targeting policy makers, program managers, religious leaders, care providers and clients. PEPFAR Ethiopia and its partners are working on scaling-up awareness generating activities on ART and, by end of FY06 plan period, include various forms of promoting public awareness activities related to ART services in Ethiopia. These will be evaluated at the end of the plan period and required adjustments made.

In FY07, public awareness activities will be consolidated and further scaled up to enhance the demand for ART services as well as increase ART service uptake, with particular emphasis on rural settings. This will immensely contribute to national regional efforts to break the epidemic from expanding from urban and peri-urban areas to rural areas where 85% of the Ethiopian population resides. Experience gained in generating general awareness about HIV/AIDS in major cities across the country will be used to organize campaigns and occasions such as workshops and symposia to generate awareness about the ART program

The experience gained by Walta Information center, which received support, as a sub-partner, will be used to scale up media activities though different communication channels using target specific materials and methods. The support to Walta will be strengthened to enable the Center undertake program activities. The AIDS Resource Center, with an enhanced support from PEPFAR Ethiopian, will develop appropriate materials for perusal by Walta and other partners, in awareness generation activities. AIDS Resource Center and Walta will develop detailed work plans for implementation of the ART Communication Strategy Guidelines developed in FY06 through the support from PEPFAR Ethiopia. This will be operational in close collaboration with other partners on the ground and with different Regional Health Bureaus to ensure local ownership and address specific regional contexts. To support the implementation of Guidelines, ARC and Walta will ensure that proper information on ART is available at the regional and woreda levels.

In COP07, the ART sites will increase to 131 hospitals and 240 health centers. This will constitute a huge and rapid scale up of ART services, which are duly complex given the country's context. The scale of service expansion will require concomitant increase in awareness among providers and clients across in the country and, most importantly, among the rural population. Along with the expansion of the ART, intensive work will be done to increase the utilization of the services. AIDS resource center will continue to support material development to meet regional needs, with due consideration give to cultural and language differences. AIDS Resource Center and Walta will link their activities with different USG and non-USG partners, particularly with those working in different regions of the country.

The AIDS Resource Center and Walta Information Center will involve other local organizations with proven experience of developing and disseminating awareness generation activities including mass campaigns. They will collaborate with the US universities and other implementing partners to organize and implement public awareness campaigns on ART. Implementation will be intensified and cover the whole country, including the emerging regions where ART activities are currently started in one or two

hospitals and utilization of ART services is low. Awareness campaigns will involve national and local media, mini-medias and other forms of promotional activities, using various local languages.

As part of their responsibilities in FY07, ARC and Walta will organize and provide training on awareness enhancement in ART programs, build the capacity of MOH and HAPCO at various levels. MOH and HAPCO will be actively supported to lead activities related to this project so that in-country capacity is built to undertake immediate implementation needs as well as sustain the activities in the long term. In collaboration and linked with the Community Planning Project and other partners on the ground, ARC and Walta will build the capacity of leaders at various levels, including community leaders and PLWHA associations to support activities that enhance ART access and up-take. Technical support will also be provided to strengthen ART program activities in hospitals and assist treatment adherence initiatives. The activities outlined above will enhance demand and increase effective uptake of the fast expanding ART services in urban and rural settings. It is estimated to add to ART targets by about 11,000 patients and hence will contribute to overall PEPFAR Ethiopia's ART targets for FY07 and subsequent plan period.

Continued Associated Activity Information

Activity ID:	5658
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	University of Washington
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 3,400,000.00

Activity ID:	5661
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Columbia University
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 3,900,000.00

Activity ID:	5664
USG Agency:	HHS/National Institutes of Health
Prime Partner:	Johns Hopkins University Bloomberg School of Public Health
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 3,400,000.00

Activity ID:	5666
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	University of California at San Diego
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,650,000.00

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building:	144	☐
Total number of patients receiving advanced clinical monitoring		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS):		☑
Number of indigenous organizations provided with technical assistance for HIV related policy	144	☐
Number of individuals trained in HIV-related policy. (This is a subset of the total number trained).		☑
Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment	550	☐
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	WHO-CDC*
Prime Partner:	World Health Organization
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10624
Planned Funds:	$ 900,000.00

Activity Narrative: Integrated Service Strengthening

This is a new activity at hospital level. This activity relates to Integrated Service Strengthening at health centers.

Integrated health service strengthening builds capacity for decentralized HIV services, including chronic disease management, ART and prevention requires good coordination of clinical care with the woreda or zonal health network and appropriate back-up from zonal, regional and university hospitals. The basic network consists of a hospital, health centers, health posts, and community-based health workers. These health networks have already been selected based on MOH national plans for scale-up. Scale-up of HIV prevention, care and ART at health center level is now proceeding very rapidly with efforts to link hospitals and health centers by developing regional clinical mentoring programs. See COP07 proposal for anticipated health center WHO technical assistance.

Doctors and health officers at hospital level need to be prepared for their role with compatible training materials then supported with an ongoing learning program.

Scaling up HIV care and ART requires decentralization and the active strengthening of a woreda or district network, establishment of a consultative referral and back-referral system between community, health center and hospital, and a system of supportive supervision and clinical mentoring. This requires consistent support and understanding of the planned set of interventions and the simplified, operationalized Ethiopia-adapted IMAI guidelines and training materials used at health center level and at the several levels (hospital, health center and community). Inconsistencies in approach will cause confusion and undermine attempts to extend HIV prevention, care and ART. These new clinical teams need reinforcement of what they have just learned, not contradiction due to differences in guidelines such as when to require CD4 or other laboratory testing; frequency of follow-up; or different empirical approaches to the management of common OI or STI.

Many doctors and health officers at hospital level will need to serve as clinical mentors at health center level. In this role, they will need to reinforce what has been learned in IMAI HIV care/ART training. Later, they will need to introduce any new guideline changes or additional HIV interventions, as HIV global normative guidelines then national policies changes.

The WHO IMAI/IMCI Second Level HIV Clinical Learning Program consists of an introductory training course and materials to support ongoing learning after initial in-service training, supporting both their own progressive expertise and accommodating new updates.

WHO will (1) provide technical assistance to work with the Ethiopian and the US universities to adapt and support the IMAI/IMCI Second Level HIV Clinical Learning Program. This will be done by supporting adaptation and further development of the training program with partners in Ethiopia, training of trainers, training program for clinical mentors, technical supervision of the clinical mentoring program to assure quality development of functional woreda/zonal networks (mentors and additional hospital HIV care/ART will be provided by the university contractors or quality assurance for the training and ongoing learning program; (2) provide technical assistance with career development and retention schemes for doctors and medical officers; and (3) develop clinical training videos to support both improved initial and ongoing learning.

This learning program begins with the second level in-service course (or adapted pre-service training). This course is based on initial training with the IMAI Basic Course then covers material designed specifically for district doctors. It is designed as an initial in-service training in ART and OI. It is an interactive approach to learning that includes interactions with expert patient trainers and hospital and clinic visits. The second level course does not produce HIV expert physicians or pediatricians, but doctors and medical officers competent at handling first and second line ART, OI, and TB-HIV co-infection in adults and children, and their common complications. The course focuses on the most common conditions that require management at the district hospital.

The second level learning program is framed in the public health approach to scaling up access to high quality HIV care and treatment. There are already more than 30 organizations and 15 countries involved in the iterative development process, including the US universities working at hospitals in Ethiopia- I-TECH, JHU, Columbia University, and UCSD.

Mentoring and follow-up training are integral to the IMAI approach to doctor training. Other components of the learning program include follow-up short courses, preparation for clinical mentoring and ongoing support as a mentor, clinical case book exercises, and video case presentations. These support doctors to further develop their HIV care skills and expand their knowledge. The follow-up courses help solidify existing experience and training as well as expand knowledge around a particular topic, such as pediatric ART, or TB/HIV. This will harmonize with the national approach to training with substantial benefit for the zonal/ woreda district network and the speed and efficiency of scale-up. This will lead to wider access to higher quality HIV care which can be sustained.

Each potential mentor will undergo a week's training course including how to be an effective mentor, adult participatory education skills (communication skills, active listening, giving nonjudgmental feedback), how to review cases and care effectively. They will also be provided with a set of standardized mentoring tools, including reporting forms and log books. Mentors will be expected to participate in the two-week basic IMAI clinical course in order to become completely familiar with the clinical and operational protocols used at district hospital and health centre level. Mentors will be trained to use the standardized patient monitoring system (ART follow-up form, ART and pre-ART registers) to find and review interesting cases, and to calculate simple indicators which can easily be calculated by the clinic staff or a clinical mentor during an on-site visit in order to identify, change and improve inefficient or ineffective clinical practices.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building:		☑
Total number of patients receiving advanced clinical monitoring		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS):		☑
Number of indigenous organizations provided with technical assistance for HIV related policy		☑
Number of individuals trained in HIV-related policy. (This is a subset of the total number trained).		☑
Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment		☑
Number of service outlets providing antiretroviral therapy	131	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	141,758	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	129,300	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	32,129	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	262	☐

Coverage Areas:

National

Table 3.3.11: 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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10626
Planned Funds: $ 0.00
Activity Narrative: moved to TB per program review

Emphasis Areas	% Of Effort
Targeted evaluation	51 - 100

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Tulane University
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10627
Planned Funds:	$ 0.00
Activity Narrative:	deleted per PHE and program reviews

Emphasis Areas	% Of Effort
Targeted evaluation	51 - 100

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10628
Planned Funds: $ 50,000.00
Activity Narrative: HIV Treatment and outreach needs of young married women

A very small proportion of the pregnant women offered HIV counseling and testing in hospital-based PMTCT settings in Ethiopia in FY 2005 accepted the service, resulting in a significant missed opportunity for HIV prevention. Informal polling of PMTCT clinicians suggests that clients' fear of stigmatization if identified HIV-positive and misunderstanding regarding the potential for prevention of HIV transmission are important reasons for low uptake. Qualitative data solicited from focus groups could uncover reasons for low PMTCT uptake not previously considered as well as suggestions for framing the messages given to clients by PMTCT counselors.

The evaluation question will be: What are the reasons for low uptake of HIV counseling and testing in hospital-based PMTCT sites in I-TECH's focus regions of Tigray, Amhara, and Afar?

Two hospital-based antenatal care clinics offering PMTCT service in I-TECH's focus regions will be selected on the basis of a history of low PMTCT uptake and high HIV seroprevalence among antenatal care attendees. Pregnant women seeking antenatal care at these two sites will be recruited to participate in focus groups. Focus group discussions will solicit opinions about HIV testing, potential reasons for refusal and acceptance, and other themes that might have bearing on the reluctance to accept HIV counseling and testing. Key themes from these focus groups will be identified and conveyed to PMTCT counselors in the form of suggested themes to highlight when discussing HIV testing with their clients. Participation in focus groups will be voluntary, and take place in private settings where they cannot be overheard. No names or identifying information on any of the participants or participant records will be recorded to assure confidentiality.

The population of interest will be pregnant women seeking antenatal care at hospital-based PMTCT sites in Tigray, Amhara, and Afar.

Funding will be for salaries and training for 2 field-based evaluation coordinators/focus group leaders; regional travel to sites for recruitment activities and conducting focus groups; participant stipends; technical assistance from Addis-based I-TECH Ethiopia and I-TECH/University of Washington staff; miscellaneous supplies.

Emphasis Areas	% Of Effort
Needs Assessment	51 - 100

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Tulane University
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10631
Planned Funds:	$ 2,570,000.00

Activity Narrative: Development of Healthcare Data warehousing and Electronic Medical Record System

These are two continuing activities (5724, 1095) from FY06 and are linked with activities of national HMIS support, strengthening of national M&E (5582), surveillance (5717, 5585) and clinical records (5685). The partner is on track according to the original targets and work plan and has received 100% of FY06 funding. FY07 funding is increased because of performance to date.

In FY06 the National Computer Resources Mapping Survey was conducted to map the districts where the Government of Ethiopia high-speed communications network (funded by World Bank) is located, their human resource capacity, and hardware and software resources. The information gathered will help to identify the availability of Information and Communication Technology (ICT) infrastructure and resources for the implementation of the data warehouse and Electronic Medical Record (EMR).

In this activity there are two sub activities: development of an electronic medical records system to support HIV/AIDS care and treatment-related activities at health facilities, and the design and development of a data warehouse for MOH and RHB that includes strengthening the GIS and spatial analysis in health.

Electronic Medical Record (EMR)
The MOH is expanding ART services rapidly and needs a robust patient information system that improves care and programming. The MOH, facing the challenge of improving the quality of ART services while also rapidly scaling up capacity, is trying to ensure that ART patients are not lost to follow up and their medical information is not lost as they visit various clinics over time and distance. An EMR, a relatively new technology, is a complement to the National Health Management Information System (HMIS), wherein quality medical service provision is made, recorded, and tracked at the individual level. Using an electronic medical record, recording and tracking of each individual's care, as well as collective or aggregate patient information for HMIS purposes, becomes possible. For clinics using an EMR system, many HMIS indicators can be produced automatically, without further burden to staff. It is a system needed to assure continuity of patient care over time, place, across types of service and levels of care. It enables the standardization and collection of health information data that can be used for decision making. It also enables timely data capture at a point of care as well as data access and reuse at a subsequent point of service, hence improving quality of care and reducing costs of repeated tests. Furthermore, it can produce "real-time" reports on indicators such as patient count by sex and age categories and geographic distributions, longitudinal cohort data, health demographics, adherence and cost statistics, which are accurate, valid, reliable and timely. It also helps in de-duplication of patient counts and linking of patient information to currently separate 'vertical' paper systems such as TB, HIV/ART, ANC, PMTCT, VCT, STI, and thus improving the efficiency of decision making. Once individual data are electronic, the subsequent burden of manual aggregation for HMIS reporting, and the subsequent occurrence of human errors is reduced.

This project involves storing personal health information on a secure memory card device (smart card) and giving it to the patient to present to the clinician whenever they seek care. This data is the patient electronic medical record, a copy is kept at facilities visited -- for purposes of backup and HMIS use. Since the patient data is on the smart card it does not require a communication infrastructure to transfer patient information form one point of care to another.

In FYO6, a demonstration of the Zambian experience in system development and implementation of EMR was conducted for MOH and major stakeholders. The system was fully approved for adaptation within Ethiopia. With the involvement of Zambian software development team, customization of the application for Ethiopia was initiated in FY06. Tulane University with guidance from EMR project experts in Zambia, is responsible for building the system.

In FY07, based on the experience from the pilot, the EMR implementation is expected to start at 35 ART networks. The system will cover all patients enrolled in comprehensive ART services as well as mothers attending ANC and receiving PMTCT, and spouses seeking VCT. The inclusion of ANC services is to reduce the possible stigmatization of the smart

card that might occur if the EMR is used only for those patients who are taking ART.

The program requires a significant initial investment in hardware including: computers and monitors; UPS (uninterruptible power supplies); printers (for all 35 facilities and Woreda health offices); and selected servers, and the installation of networks. Consumables budgeted include paper, toner, and smart cards. Adaptation of the software to the Ethiopian context will also continue and will draw technical assistance from other countries which are implementing such a system. Costs related to these activities include: the recruitment and salary of new software programmers, salary for data clerks as needed; training on the use of the system, and a series of staff sensitization interventions at the facilities selected for implementation of the system.

The data flow between the EMR system at facilities and the HMIS system at the facility, Woreda, and regional levels will also be implemented. The continuation of seconded international and national staff to MOH will be a component of this activity.

Data Warehouse and Re-design of MOH Web Sit
The data warehouse is a central data repository that collects, integrates and stores national data with the aim of producing accurate and timely health information that supports evidence based data analysis and reporting on HIV/AIDS care, treatment and prevention.

Relevant sources for the data warehouse include the national M&E program reports, population based surveys, non-identifiable aggregated data from EMR and data from the national HMIS routine reporting.

In FY07 technical assistance will be provided to MOH on the design, data architecture and database development of the HIV/AIDS information system based on the National HMIS strategy. This system includes routine and survey information on HIV/AIDS and other related diseases from various government organizations, NGOs, research institutions and the private health sector. The assistance will also include re-designing the MOH website that links to the data warehouse for data mining, data analysis and report. Training will be conducted to MOH staff to maintain the web site.

In FY07 the national data warehouse and GIS capacity building activity will expand to 5 regions. The support includes human resource capacity building, hardware acquisition, and software licensing and application development.

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

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building:	100	☐
Total number of patients receiving advanced clinical monitoring		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS):	41	☐
Number of indigenous organizations provided with technical assistance for HIV related policy		☑
Number of individuals trained in HIV-related policy. (This is a subset of the total number trained).		☑
Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Doctors
Nurses
National AIDS control program staff
Policy makers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	PCI-USAID
Prime Partner:	Project Concern International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	11156
Planned Funds:	$ 200,000.00

Activity Narrative: Sustainable ART Adherence through Self-Help Groups and Clinic-Community Linkages

This is a new activity designed to address gaps in community and facility linkage within the health network model. It links with ART Service Expansion at Health Center Level; ITECH palliative care (5767), ITECH technical support for ART scale up (5658), PMTCT/Health Centers and Communities (5586), and Care and Support Contract Palliative Care (5616).

Recognizing both the public health benefits and risks of rapid roll-out of free ART in Ethiopia, PCI conducted interviews with key stakeholders to identify barriers to ART adherence. Among the salient barriers identified were those requiring social support, such as lack of sustainable means to obtain money for food, shelter and other necessities such as transportation to ART sites; stigma and misconceptions regarding ART; and cultural and religious beliefs that lead to misconceptions about HIV and AIDS.

According to stakeholders, these challenges are due to a complete overload of the health system. In the face of growing caseloads and a severe shortage of health care providers, the traditional clinic-centered model of ART adherence support is clearly insufficient. The task of ensuring adherence will be more comprehensive and successful if shared with the community. Unfortunately, most communities and civil society organizations currently lack the capacity, as well as systematic and sustainable strategies, to address this challenge effectively.

As the first site in Ethiopia to distribute free ART, the All African Leprosy and Rehabilitation Training Center (ALERT) is an example of the clinic-community linkages to be supported by this project. ALERT practitioners discovered that over 70% of ART patients needed social support, the absence of which could undermine ART adherence. In response to patients' needs and lack of capacity to meet those needs at the clinic level, ALERT developed links with various Civil Society Organizations (CSO) in its catchment area. Over fifty local CSO joined the ALERT network, but even this extended network faces difficulties in absorbing additional beneficiaries as most CSO have limited capacity and experience in providing HIV/AIDS care and ART adherence support. Clearly, there is a need to support capacity building of the CSO partners to enable them to provide social services to more clients, but also to complement their work by involving clients in mutual support.

Presently, the clinic-community link that characterizes the ALERT model is very important as an effective health network tool replicable in other parts of the country where such support is equally needed. It is vital to enhance the clinic-community link, while simultaneously building community capacity so as to avoid the CSO overload that occurred in the ALERT network.

In response to the needs and context reflected above, this project will improve ART adherence by linking health care services and communities, and by facilitating a community self-help strategy to reinforce adherence. Key elements of this model include:
(1) Identification of CSO (NGO, PLWHA Associations, Idirs, etc.) that are committed to care and support of PLWHA through home-based or other outreach activities.
(2) Placement of "Linkage Coordinators" in ART sites to screen ART clients and link individuals with CSO in their kebeles.
(3) Building the capacity of these CSO by providing training to outreach workers on how to support ART adherence.
(4) Provision of grants to CSO to form self-help groups among interested ART clients, and training groups.
(5) Training of self-help group members as peer educators, able to reach out to new ART clients as well as HIV+ individuals who are not yet on ART, as members grow stronger due to their adherence to the ART regimen.
(6) Mobilize family members of PLWHA to join self help groups and to support ART adherence

The project will be implemented in Bahirdar zone, Amhara region to create an effective network model involving six ART health centers: Estie, Durbete, Dangla, Adet, Wereta and Bahirdar health centers and the Bahirdar regional referral hospital.

During the "linkage" phase, CSO with existing home-based care programs will be identified for each of the ART sites. CSO, health center and hospital personnel will be invited to

attend workshops through which participants will better understand the importance of developing and maintaining community-clinic linkages. ALERT representatives will be invited to share their experiences with networking; participants will learn about the self-help strategy for economic empowerment and psychosocial support among PLWHA; and all will contribute to the development of action plans for establishing and maintaining community-clinic links. To support these linkages, PCI will hire and train a "Linkages Coordinator" for each of the three ART sites. These will be trained PLWHA who will receive referrals from the hospital, and link the PLWHA to CSO.

During the "capacity-building" phase, assessments of strengths and needs will be conducted with the partner CSO. Training will be provided on ART and adherence issues, as well as self-help methodology.

CSO will be supported to incorporate ART-adherence counseling into their routine outreach work, and selected CSO will be provided with mini-grants to form and provide ongoing technical assistance to self-help groups, a strategy which forms part of PCI's present PEPFAR Ethiopia-funded OVC project. "Self-help groups" will consist of 15 to 20 ART clients who will meet weekly to discuss aspects of positive living, including: living with HIV and AIDS, ART adherence, prevention of further infection, proper nutrition, exercise, etc. Groups will also participate in an economic empowerment strategy, in which they will begin to save existing financial resources, however small they may be, rather than receive external material resources. This financial discipline will eventually enable the group to provide loans to its members for micro-enterprises.

Experience in Ethiopia has shown that this self-help model fosters community self-reliance and collaboration among very poor participants. The formation of self-help groups is an ideal solution to ART adherence-barriers for many reasons, including self sustainability once established; self-help groups provide a social network of self reliance, in which members develop positive attitudes and proactive solutions rather than falling into a sense of fatalism; they are excellent forums for transmission of key messages, elimination of misconceptions about ART, and adoption of new practices because of strong mutual support and positive group peer pressure.

PCI will closely monitor the implementation self help groups and its impact on ART adherence, self reliance, stigma mitigation and involvement of family members of PLWHA in adherence support.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building:		☑
Total number of patients receiving advanced clinical monitoring		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS):		☑
Number of indigenous organizations provided with technical assistance for HIV related policy		☑
Number of individuals trained in HIV-related policy. (This is a subset of the total number trained).		☑
Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

HIV/AIDS-affected families

People living with HIV/AIDS

HIV positive pregnant women

Public health care workers

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Amhara

Table 3.3.11: Activities by Funding Mechanism

Mechanism: FMOH
Prime Partner: Johns Hopkins University Bloomberg School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 12229
Planned Funds: $ 200,000.00
Activity Narrative: PLUS UP FUNDING:
Many Ethiopians are infected with HIV and many of these do not know their status. Health facility personnel are at increased risk of exposure and infection while caring for patients with known or unknown HIV status. Victims of sexual assault are also at high risk of being infected. It is scientifically established that a short course of prophylactic treatment with combination ARV drugs markedly reduces risk of transmission to these people if administered soon after exposure. So far, there is no established protocol and arrangement for providing PEP in health facilities. This is one reason for health workers to be reluctant to provide necessary medical care for PLWHA, and subtly contributes to stigma and discrimination by health care workers. Sexual assault is common in Ethiopia; and victims have no access to information and HIV/AIDS preventive services. There is a critical need for appropriate current information on available services as well as access to services. Through the plus up fund, PEPFAR Ethiopia will support development of required PEP guidelines concerning procedures and commodities for testing and prophylactic treatment. Such arrangements must eventually be routinely available in all health facilities so that exposed health workers and victims of sexual assault will have access to immediate prophylactic treatment. This will be provided at ten selected health facilities using the plus up funds and scaled-up in COP08.

Emphasis Areas	% Of Effort
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building:		☑
Total number of patients receiving advanced clinical monitoring		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS):		☑
Number of indigenous organizations provided with technical assistance for HIV related policy		☑
Number of individuals trained in HIV-related policy. (This is a subset of the total number trained).		☑
Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Key Legislative Issues

Gender

Increasing women's legal rights

Table 3.3.11: Activities by Funding Mechanism

Mechanism: FMOH
Prime Partner: Johns Hopkins University Bloomberg School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 12230
Planned Funds: $ 0.00
Activity Narrative: PLUS UP FUNDING: PEPFAR Ethiopia supports in and pre-service training to develop human capacity essential for the HIV/AIDS program. Training of trainers, clinical mentors and care providers is done at various venues through ad hoc arrangements. The lack of a national training center with capacity to support standardized, comprehensive and practical HIV/AIDS training is a major gap in Ethiopia. Consequently HIV/AIDS training has largely been didactic and specific-area focused, not linking care, treatment and prevention, nor facility with community-based services. Creation of a national center with the primary goal of providing quality and comprehensive training is a priority of the Ministry of Health. The ALERT hospital-health center-community network has been designated for this purpose. ALERT's established ART and care services are well linked with community services. ALERT has training facilities and is affiliated with Addis Ababa University. It is co-located and linked with an international center well prepared for operations research. Overall it is well suited for HIV/AIDS training and technical support activities. Providing this critically needed support for the national HIV/AIDS care and treatment program scale-up requires expansion of the ALERT training facility. PEPFAR Ethiopia, with other partners like the World Bank and GFATM, will support plans to strengthen ALERT's training capacity and will use the ALERT Hospital HIV/AIDS services network extensively to provide in-service and pre-service training to physicians, counseling nurses, pharmacy personnel, lab technologists, home-based care volunteers and community counselors. Given its network of clinical services, laboratory infrastructure and community between the hospital and its catchment health centers, ALERT can easily be transformed into a national center of excellence to provide TOTS and all central training activities. All in-service training in care and treatment, and possibly others, which have been provided in various (usually costly) venues will be provided at this center much more cost-efficiently; and it will help in standardizing training.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Training	10 - 50

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Federal Ministry of Health, Ethiopia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 12231
Planned Funds: $ 0.00
Activity Narrative: PLUS UP FUNDING: In recent years, the HIV/AIDS program has expanded to a large number of sites and patients. The pace of acceleration has exerted great stress on the health system, especially in relation to human resources. Retention of trained staff in HIV/AIDS services is a serious issue affecting both expansion and quality of the program in general. Recently the country has embarked on a campaign to expand the program substantially to achieve highly ambitious targets. The human resource issue is a huge challenge as scale up builds momentum, and it needs to be addressed by multiple innovative approaches. One major factor in attrition is the extremely low remuneration in the government health sector. To support sites to retain trained staff, PEPFAR Ethiopia will support retention schemes including remuneration for weekends, holidays and after duty hours linked with HIV/AIDS program scale up. Other schemes might include scholarships for children of health workers located in more remote areas. The numbers to be trained and how they would be supported will be determined with each implementing partner. Other innovative ways of human resource retention are needed and should be adapted to regional/local situations. Thus plus up funds will support ART sites to retain trained staff and continue providing quality service while ensuring rapid program expansion. The Ministry of Health/HAPCO will implement these strategies in close collaboration with JHPIEGO and other implementing partners.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Table 3.3.11: Activities by Funding Mechanism

Mechanism: jhu-ccp
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 15746
Planned Funds: $ 500,000.00
Activity Narrative: None provided.

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Family Health Int
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	15755
Planned Funds:	$ 3,250,000.00
Activity Narrative:	This is a continuing activity from the COP06 Supplemental. The Government of Ethiopia has prioritized the expansion of ART to primary care centers on a National scale. To support the Government's priorities, PEPFAR Ethiopia supported ART services in 115 health centers in 2006/2007 through Family Health International in Addis Ababa, Amhara, Oromia, SNNPR and Tigray . In underserved regions, US Universities provide ART services in 11 health centers. During 2007, PEPFAR Ethiopia envisions approximately 240 health centers to be supported with comprehensive HIV/AIDS services including ART. The purpose of this reprogramming request is to facilitate expansion of ART at health centers, and to support the transition of technical assistance from Family Health International to a TBD contractor under the Care and Support Contract. This activity will be coordinated through RHBs, Zonal Health Departments, where available and Woreda Health Offices. US Universities will support Health Center laboratory needs including the transportation of specimens, training, supportive supervision and stocking labs with appropriate supplies.

Emphasis Areas	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
Number of pregnent women who have received HIV counseling and testing for PMTCT and received their tests		☑
Number of health workers trained or retrained in the provision of PMTCT services		☑
Number of service outlets providing the minimum package of PMTCT services		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building:		☑
Total number of patients receiving advanced clinical monitoring		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS):		☑
Number of indigenous organizations provided with technical assistance for HIV related policy		☑
Number of individuals trained in HIV-related policy. (This is a subset of the total number trained).		☑
Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment		☑
Number of service outlets providing antiretroviral therapy	120	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	10,500	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period	6,500	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	1,495	☐

Target Populations:

People living with HIV/AIDS

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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 19263
Planned Funds: $ 50,000.00
Activity Narrative: None provided.

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Federal Ministry of Health, Ethiopia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 19264
Planned Funds: $ 500,000.00
Activity Narrative: PEPFAR Ethiopia supports in-service and pre-service training to develop human capacity required for HIV/AIDS program. Training of trainers, clinical mentors and care providers is done at various venues and through ad hoc arrangements. A national training center with the capacity and set-up that will support standardized, comprehensive and practical HIV/AIDS training is a major gap in Ethiopia. As a result training in HIV/AIDS has largely been didactic and specific area focused, not providing the links among care, treatment and prevention services as well as the links between facility and community based services. Creating a national center with a primary goal of providing quality and comprehensive training is a priority of the Ministry of Health. ALERT hospital-health center-community network has designated for this purpose. ALERT has well established ART and care services that are well linked with community level services. ALERT has training facilities and is affiliated with Addis Ababa University. It is collocated and linked with an international center well prepared for operations research. It is well suited for HIV/AIDS training and technical support activities.
ALERT requires expanding its training facility to strengthen the training in HIV/AIDS. PEPFAR Ethiopia will, along with other partners like the World Bank and GFATM, will support the plans to strengthen ALERT training capacity and will extensively use the ALERT Hospital HIV/AIDS services network to provide in-service and pre-service train to physicians, counseling nurses, pharmacy personnel, lab technologists, home based care volunteers and community counselors.

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	19265
Planned Funds:	$ 750,000.00
Activity Narrative:	In the last few years, the HIV/AIDS program has markedly expanded to a large number of sites and patients. The pace has accelerated while it has exerted huge burden on the health system especially in relation to human resources. Retention of trained staff in the HIV/AIDS services is a serious issue as this affects the expansion and quality of the program in general. Recently the country has embarked in a campaign to expand the program substantially to achieve the highly ambitious targets. The human resource issue is a big challenge as the scale up builds momentum and it needs to be addressed using multiple innovative approaches. One of the major factors for trained human capacity attrition is very low remuneration in the government health sector. To support sites retain their trained human capacity, PEPFAR Ethiopia will support retention schemes including supporting through remuneration for weekends, holidays and duty hours services linked with HIV/AIDS program scale up. The number of health workers to be trained and how they would be supported will be determined with each implementing partner. Other innovative ways of human resource retention are needed and should be adapted to regional/local situations. Thus, the plus up funds will be used to support ART sites to retain trained staff and continue providing quality service ensuring the rapid expansion of the program.

Table 3.3.12: Program Planning Overview

Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12

Total Planned Funding for Program Area: $ 18,884,494.00

Program Area Context:

The organizational and physical infrastructure, procurement systems, supply availability, equipment, and trained staff are critical for the implementation of PEPFAR Ethiopia's plan. To improve the quality of services and achieve the targets, there is a need to strengthen the laboratory infrastructure from national to regional, district to health center laboratories.

PEPFAR Ethiopia in collaboration with MOH is working to strengthen the regional and hospital laboratories to support HIV/AIDS prevention, care, and treatment programs. Comprehensive renovation at national, regional and hospital laboratories are being supported.

During COP05 and COP06, standardized curricula for in-service training on chemistry, hematology, CD4, laboratory management, and quality systems were developed. More than 800 laboratory technicians, technologists, supervisors, and directors were trained in HIV, TB, STI, laboratory quality systems, and laboratory monitoring (chemistry, hematology and CD4 count) of ART. The trainings were conducted at national, regional and site levels.

Essential laboratory equipments including automated clinical chemistry analyzers, automated hematology analyzers, BD FACS-Count machine, Gene Amp PCR machines, and other basic equipments for supporting diagnosis and Antiretroviral treatment (ART) monitoring were purchased and distributed to regional and hospital laboratories. In addition, PEPFAR Ethiopia provided technical and logistic support for transportation and installation of GF/MOH purchased medical equipments for 62 ART hospitals.

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. Laboratory requisition, documentation, and reporting forms were standardized. Early infant diagnosis of HIV was established at the National HIV Reference Laboratory. Procedures for HIV pro-viral DNA PCR detection from dried blood spots has been validated and piloted at selected ART sites. Preparations are underway to set up testing at six regional Reference laboratories and scale up of diagnostic services to all regions.

In COP07, PEPFAR Ethiopia will continue supporting the implementation of quality assurance program, complex diagnosis including drug resistance monitoring, and laboratory management and information system. Tiered, quality-assured laboratory network will be strengthened. Policies and strategic planning developed at national level will be implemented across the network. Integrated laboratory services, referral linkages will be implemented from heath centers to district hospitals, district hospitals to regional hospitals/regional laboratories from regional laboratories to National reference laboratory. This network will provide an efficient mechanism for providing integrated services to expand ART programs.

In COP07, PEPFAR Ethiopia will continue the support and coordinate all laboratory trainings, external quality assessment (EQA) and site supervision at all 131 ART health networks (131 hospitals and 240 health centers). More than 800 laboratory professionals will be trained on HIV rapid testing, diagnosis of tuberculosis, opportunistic infections, laboratory monitoring of ART and laboratory quality, information, and management systems. The national "TOT based" trainings will be conducted by EHNRI in collaboration with CDC, ASCP, and APHL. Regional laboratories and US universities will be involved in regional and site level trainings. ASCP and APHL will assist in developing, customizing, and standardizing different training modules.

PEPFAR Ethiopia will support the implementation of the National Mater Plan for laboratory services and logistic management. Logistics support for transportation and distribution of all laboratory commodities (test kits, reagents, other lab supplies, and equipments) to all 131 ART hospital networks will be provided through Supply Chain Management System (SCMS). Reagent management needs, inventory and

forecasting of supplies will be coordinated.

The Ethiopian Health and Nutrition Research Institute (EHNRI) with the support of CDC, will provide the national leadership in strategic planning, laboratory policies, guidelines, integrated services and testing, and ensure the implementation of laboratory standards. With the support of EHNRI, Regional reference laboratories will also be involved in coordinating activities including regional training, reference testing, and EQA services. The Association of Public Health Laboratories (APHL) and American Society for Pathology (ASCP) will provide technical assistance to support quality improvement, networking, referral linkages, developing and standardizing training modules, lab policy, guidelines, accreditation, and certification of clinical laboratory services.

For provision of standard clinical laboratory services for HIV/AIDS prevention, care and treatment programs at regional levels, the regional laboratories will work closely with US universities involved in site level support. US universities will provide technical assistance (site level training, laboratory management, and follow up of implementation of standardized laboratory services) within their respective regions and health networks (hospitals and health centers). University partners will also be involved in coordinating referral linkages between hospital and health centers including, specimen management and transport, sample tracking, recording and reporting systems.

By the end of COP07, diagnosis of HIV/TB/OI, and laboratory monitoring services (hematology, biochemical, and CD4 profiles) will be provided to more than 300,000 pre-ART patients on care and 138,300 patients on ART as per the "National Guidelines for use of ARV drugs". The revised National rapid HIV testing algorithm and QA/QC program will be operational at all Voluntary Counseling and Testing (VCT) sites. DNA-PCR based early virologic tests will be provided to about 13,800 infants. All major regional specialized referral hospitals and regional laboratories will be networked and the laboratory information system will be operational for effective implementation of QA, monitoring and evaluation of services.

With PEPFAR Ethiopia partners, CDC Ethiopia will coordinate and follow up of laboratory related services for HIV/AIDS care, treatment, and prevention activities. The services will also be coordinated with GF/MOH including providing technical and logistic support.

As part of the local capacity development and sustainability, ASCP and APHL will work closely with the local organizations including the National Reference and regional laboratories. APHL will support the Ethiopian Public Health Laboratory Association (EPHLA) and regional reference laboratories. ASCP will work with the Ethiopian Medical Laboratory Association (EMLA). PSCMS will also work closely work with the national supply chain management system and ensure the local capacity is developed to take over the services.

Program Area Target:

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	907,983
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	371
Number of individuals trained in the provision of laboratory-related activities	854

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:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	10459
Planned Funds:	$ 1,500,000.00

Activity Narrative: Laboratory Quality Assurance Program

This is a continuing activity from COP05 and COP06. As of April 2006, EHNRI received 100% of COP06 funds and is on track according to the original work plan. We have increased funding based on the achievements from COP05 and partially COP06.

ENHRI is the technical arm of the MOH responsible for providing guidance to laboratory services; the lead institution in coordinating laboratory programs in Ethiopia with a national plan to support HIV laboratory services.

In COP05 and 06, EHNRI focused on improving laboratory services through support to the National HIV surveillance program, establishing laboratory methods , developing standard training curricula, training laboratory personnel in HIV testing and treatment monitoring conducting related research on TB/STI/HIV drug resistances and evaluation of diagnostic technologies. These activities have been implemented in collaboration with MOH, CDC, APHL, and ASCP. EHNRI played a major role in improving the quality of the 2005 National ANC based HIV and Demographic Health Survey (DHS). Implementation of the quality assurance program for HIV serological screening was a further success. The National HIV drug resistance survey was accomplished in partnership with CDC and the Israeli National HIV Reference Laboratory. Because of this effort, Ethiopia was one of the few African countries to complete national HIV drug resistance threshold survey.

Early infant diagnosis of HIV was established at the National HIV Laboratory, EHNRI. Procedures for HIV pro-viral DNA PCR detection from dried blood spots has been validated and piloted at selected ART sites. Preparations are underway to set up testing at six regional Reference laboratories.

The National HIV Laboratory renovated by PEPFAR Ethiopia is intended to serve as the national model and center of excellence, and has started the preliminary laboratory work. To maximize the support and implement the national quality assurance program, to track HIV drug resistance and TOT based training, EHNRI is working closely with PEPFAR Ethiopia, ASCP, and APHL.

In COP07, EHNRI will provide the national leadership in strategic planning, laboratory policies, guidelines, SOPs, training, integrated services and testing, and ensure implementation of laboratory quality assurance, including the National External Quality Assurance Scheme (NEQAS) program to Specialized Referral Hospital Laboratories (SGRHL), Regional Laboratories (RL) and Regional Hospital Laboratories (RHL). The national HIV laboratory will be internationally accredited and will serve as a national center of excellence and the East African regional reference center in drug resistance monitoring, evaluation of appropriate testing technologies, provision of specialized and advanced diagnostic services. It will also serve for TOT based in-service training of laboratory science professionals.

The COP07 activity plan will also focus on the continuation and expansion of COP06 programmatic areas: quality assurance program; training; diagnosis; establishing tiered laboratory services and referral linkages. Support to the eight regional laboratories; (Addis Ababa, Adama, Nekmet, Bahir-Dar, Dessie, Awassa, Mekele and Harar).will be technical and financial (50% of EHNRI's budget). Funding will be divided between the eight laboratories depending on the the relative volume of work performed ,, especially the number of ART Hospital Laboratories under each Regional laboratory. With EHNRI support the regional labs will also support complex tests that hospital labs cannot perform, and provide suitable referral based on test results.

The Institute will continue supporting the establishment and strengthening of laboratory standards and closely work with the eight regional laboratories Together they will strengthen the tiered laboratory services from health center to district hospitals, from district to zonal/ regional hospitals, to reference laboratories. Regional laboratories will support routine the quality assurance and control plan for VCT, diagnosis of OI and laboratory monitoring of ART at hospital and health centers. The regional laboratories will report on all hospital and health centers every three months. Quality control materials (proficiency panel) will be distributed to sites twice yearly. External quality assessment including site visit reports and proficiency panel test results will be regularly communicated

to sites. Regional laboratories will also report their activities to EHNRI quarterly.

EHNRI will continue its training activities, with more emphasis on TOT of laboratory personnel on rapid HIV diagnosis, monitoring of ARV therapy, laboratory equipment maintenance and laboratory quality management system, TB and OI diagnosis and HIV surveillance. EHNRI will ensure that standardized training modules are used for regional and site-level training programs supported by Regional Reference laboratories and US universities.

The National HIV Laboratory will provide referral diagnostic services for HIV/TB/STI drug resistance and EQA including HIV DNA PCR for infant diagnosis, CD4, hematology, and chemistry tests. The regional laboratories will also provide referral-testing services (CD4, Viral load and DNA PCR) and EQA services to hospital and health center laboratories including EQA for HIV rapid testing.

EHNRI will support National ANC based HIV surveillances in 2007. The HIV drug resistance survey conducted in Addis Ababa in 2005 will also be expanded to include other major regional cities in the country. Following on to earlier achievements in the drug resistance threshold survey, EHNRI will formalize its relationship with the Israeli National HIV Reference Laboratory for establishing HIV drug resistance and genotyping technologies, technology transfer and optimum local capacity development. EHNRI will also collaborate with Hadassah University in Jerusalem and the University of California, San Diego (USCD) for sentinel viral load and HIV drug resistance monitoring associated with treatment failures in hospitals and health centers.

PLUS UP FUNDING: The Ethiopian Health and Nutrition Research Institute (EHNRI) supports laboratory trainings, external quality assessment (EQA) in HIV diagnosis and monitoring of treatment at hospitals and health centers which provide HIV care and treatment services. WHO/CDC developed HIV rapid testing training modules to be implemented at all levels through regional and decentralized training schemes. A total of 800 counselors/lab technicians and other mid-level health professionals involved in HIV testing and counseling will be trained. To ensure HIV testing quality, EQA schemes will be implemented at all HIV testing sites. Support will include the following major activities: (1) roll out of regional and facility level trainings in partnership with regional laboratories, covering all primary health care centers providing HIV testing; (2) on-site follow up and supervision of 800 testing sites; (3) preparation and distribution of proficiency testing panels by EHNRI and regional laboratories to all testing sites; (4) retesting selected specimen samples in a reference laboratory to assess testing quality; and (5) evaluating and monitoring the training effectiveness and EQA program in improving the HIV testing. EHNRI will implement the scale up of training and EQA program at all levels in partnership with eight regional laboratories (Addis Ababa, Adama, Awassa, Harar, Bahir-Dar, Dessie, Nekemt, and Mekele). Overall, the national roll out training on HIV rapid testing and EQA program will significantly contribute to scaling up the HIV/AIDS care and treatment program, to achieving national targets , and to improving the quality of HIV testing services at all levels.

Continued Associated Activity Information

Activity ID:	5610
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ethiopian Health and Nutrition Research Institute
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 800,000.00

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

Targets

Target	Target Value	Not Applicable
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	1,500	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	771	☐
Number of individuals trained in the provision of laboratory-related activities	1,076	☐

Target Populations:

Laboratory workers

Implementing organizations (not listed above)

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:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	10556
Planned Funds:	$ 556,725.00

Activity Narrative: Standardization of Clinical Laboratory Services

This is a continuing activity from COP05 and COP06. As of August 2006, ASCP received 95% of COP06 funds and is on track according to original workplans. We have increased funding based on the achievements from COP05 and COP06 thus far. The 200% budget increase reflects the activity's increasing support for clinical laboratory education including development/revision of training modules, SOPs, fostering linkages, twinning partnerships between US Medical Laboratory training programs and Ethiopian Schools of Medical Laboratory Technology.
The ASCP began a collaborative relationship with the Ethiopian Association for Public Health Laboratories (APHL) and with the CDC in Atlanta to develop and implement laboratory-training programs. The project was in response to PEPFAR. Ultimately this program will serve to enhance laboratory-testing practices and services, in order to improve the effectiveness of HIV/AIDS prevention, care and treatment services, and interventions in Ethiopia.

Since 2004, the ASCP has conducted assessment on current clinical laboratory practices and the educational needs within the areas of hematology and chemistry. ASCP developed standard modules for clinical chemistry, hematology, and CD4 in-service trainings and supported training of more than 200 laboratory personnel in collaboration with PEPFAR Ethiopia and the Ethiopian Health Nutrition and Research Institute (EHNRI).

In FY07 ASCP will be involved in expanding the COP06 activities and supporting new activities as outlined below.

ASCP will collaborate with senior laboratory leadership in the development and updating of standard operating procedures (SOP) in the areas of clinical chemistry, hematology, CD4 count, laboratory operations, and quality assurance and control. ASCP will develop TOT curriculum for chemisty and hematology and conduct a "Training of Trainers" of senior laboratorians from across Ethiopia. The main objective of the TOT is to immerse the laboratorians in one of the three specialty areas, i.e., chemistry, hematology, or CD4, which will give the participant a level of expertise and ability to provide training to other laboratorians throughout Ethiopia. The first week of training would consist of extensive didactic lectures during morning sessions and hands-on instrument training during the afternoons. The second week of training would focus on providing participants with an opportunity to "Teach-Back." This methodology provides the participants with opportunity to exercise their knowledge and skills.

ASCP will develop Curriculum for Clinical Laboratory Management at hospital and health center levels: ASCP will collaborate with senior laboratory leadership (PEPFAR Ethiopia and EHNRI) in the development of curriculum for laboratory management. Two individuals from Ethiopia attended a six week laboratory management course at Howard University and will be instrumental in working with ASCP consultants on development of the curriculum. It is envisioned that a "Train the Trainer" format will be utilized, i.e., train senior laboratorians who will then have the knowledge and expertise to train laboratorians on best practices (Quality Systems) in the laboratory. ASCP will seek input from PEPFAR Ethiopia and EHNRI on recommendations for trainees.

ASCP will provide technical assisitance to standardize clinical laboratory services: ASCP will assign technical experts for one to two months who will work with laboratories identified by PEPFAR Ethiopia and EHNRI to support the transition to adaptation of best laboratory practices. Areas to be addressed may include: further development of SOP for services provided in various health care settings (hospitals to health centers), mentoring in laboratory mangement, and development of specimen transfer and referral systems.

ASCP will assign technical experts for two to three months who will work with laboratories identified by PEPFAR Ethiopia and EHNRI to support the transition of adapting best clinical laboratory practices (Quality Systems). The expert will work with local institutions in improving specimen management, quality control, equipment management and document and records in clinical laboratories.

ASCP will establish "Twinning Partnerships" of US Medical Technology training programs with Ethiopian Schools of Medical Technology. This is a new activity for FY07. As a result

of ASCP assessments and training experiences in PEPFAR countries, staff and volunteer faculty have quickly realized that the sustainability of ASCP's training efforts could be strengthened if initiatives are taken to support 'pre-service training.' Pre-service training refers to the educational experience received by laboratory medicine students prior to entering the work force. A process by which ASCP could contribute to the strengthening of pre-service training is through "Twinning Partnerships," a formal and sustainable partnership between two or more similar organizations established to collaborate in providing human and organizational capacity development in HIV prevention, care, and treatment through exchange visits, training, and ongoing communications and information support. Activities that twinning partners may engage in are professional exchanges, training and mentoring; development of curricula and other educational/training materials; and scaling up or replicating successful care, treatment and support programs. ASCP will collaborate with PEPFAR Ethiopia to identify schools in country and prepare a plan of action.

Accreditation of Laboratory Services : This is a new activity for COP07. The ASCP will partner with Joint Commission International (JCI) to work with local partners and PEPFAR Ethiopia to develop and pilot an accreditation program that supports a sustained quality improvement and assessment infrastructure for participating laboratories. The project uses JCI laboratory standards to improve laboratory services for HIV/AIDS patients. While ASCP and other Cooperative Agreement Partners have provided the basic tools by which laboratories can meet PEPFAR goals, standards-based strategies are needed to assure that initial investments result in sustained and increased performance rather than decay for lack of ongoing support. Having a set of standards that can be uniformly applied to PEPFAR laboratories will provide a "roadmap" to assuring high quality and then an infrastructure and program to sustain quality performance. The focus for the accreditation program would involve the recently built, PEPFAR funded EHNRI laboratory.

Activities to be implemented in the first year of the plan include: 1) Building Awareness and forming consensus with national stakeholders; 2) Meet with partners; review country mechanisms and processes relating to monitoring HIV/AIDS patients using clinical lab results; 3) Adapt Laboratory Standards based on assessment findings; 4) develop an evaluation and impact methodology; 5) Develop training materials; 6) Recruit and train ten individuals that will participate in the evaluation; and 7) Build Capacity and Support the Implementation in the Pilot Sites.

As part of sustainability and local capacity development, ASCP will support and closely work with Ethiopian Medical Laboratory Association.

Continued Associated Activity Information

Activity ID:	5613
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	American Society of Clinical Pathology
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 150,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of laboratory-related activities	30	☐

Target Populations:

Laboratory 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:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	10557
Planned Funds:	$ 500,000.00

Activity Narrative: Technical Support for Public Health Laboratory System and Networking

These are continuing activities from COP05 and COP06. As of August 2006, APHL has received 100% of COP06 funds and is on track in terms of program implementation according to original targets/work plan . Funding has been increased by 233% for COP07 based on technical assistance needed to support the expansion of laboratory information system (LIS) and regional laboratories through collaboration with US state public health laboratories.

The Association of Public Health Laboratories (APHL) has provided technical assistance to the MOH and the Ethiopia Health and Nutrition Research Institute (EHNRI) for the development of a National Public Health Laboratory System, improving testing quality and in-service training to strengthen laboratory capacity.

APHL will provide TA in four major areas:

1. Technical support in the implementation of QA program to EHNRI and regional labs;

2. Support the establishment of laboratory information system, referral linkages and networking between clinical laboratories and regional and national reference laboratories;

3. Assist in developing and reviewing training modules in laboratory quality and systems in partnership with EHNRI (other implementing partners -- US Universities and regional labs - will use the modules); and

4. Support organization capacity development including twinning of regional laboratories with US state laboratories, and strengthen the local public health association to ultimately have them replace APHL in the long-term.

In COP07, APHL will continue to provide technical assistance to the MOH, EHNRI, and regional laboratories to strengthen the national public health laboratory system, implement laboratory policies, and provide in-service training. APHL will establish formal collaboration agreements between US state public health laboratories and Ethiopian regional reference laboratories to provide practical expertise and training in a formally structured program, provided on-site in the US, in public health laboratory operations that will transfer skills in technology, planning and implementation. To assure the effectiveness of the program, US public health laboratory directors and APHL staff will provide follow-up technical assistance in Ethiopia.

APHL will provide technical assistance in developing a laboratory information system for the reference laboratory network to support ART program implementation in the country. APHL will assist PEPFAR Ethiopia in the implementation of a LIS that is currently being developed through PEPFAR Ethiopia with PolyTech software, and will provide additional software application modules and options currently under development by APHL for use in ART testing laboratories. APHL will provide in-service training for laboratory and IT personnel in LIS implementation and operation, in training programs in Ethiopia, and training for senior laboratory supervisors at APHL member facilities in LIS management. LIS training modules/CD will be provided to local laboratories to be used as reference material at site
.
APHL will support the expansion of a National Quality Assurance Program. External Quality Assurance (EQA) will be established in centers at the national, regional, hospital, and health center levels. With the support of APHL technical assistance, a Quality Systems Manager will be trained, and charged with implementation of the program in Ethiopia. APHL will support the collaboration between Zimbabwe National Quality Assurance Program (ZINQAP) and National EHNRI to roll out and expand National QA program in by subcontracting technical assistance to work with EHNRI and regional laboratories.

APHL will provide technical assistance for the development of training curricula and train-the-trainer programs on equipment maintenance, laboratory management for managers, regional laboratory heads, and supervisors and laboratory information systems for laboratory heads and team leaders. APHL will support program implementation by

providing follow-up support in laboratory management. APHL will assign technical experts for periods of up to six months to work with the national and regional reference laboratories on the aforementioned tasks.

APHL assistance will be provided for customizing the HIV Rapid Testing and EQA training modules, and, in collaboration with PEPFAR Ethiopia and EHNRI, participate in TOT training and rollout of the EQA Program to Regional Labs.

APHL will continue activities to strengthen laboratory networks in Ethiopia with support for the local laboratory professional association, and assist the development of a strategic plan and a continuing education program. As part of sustainability and local capacity development, APHL will support and closely work with Ethiopian Public Health Laboratory Association.

Continued Associated Activity Information

Activity ID:	5614
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Association of Public Health Laboratories
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 150,000.00

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

Targets

Target	**Target Value**	**Not Applicable**
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		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of laboratory-related activities	60	☐

Target Populations:

Laboratory workers

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: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 10593
Planned Funds: $ 75,000.00
Activity Narrative: Laboratory Capacity Development

This is a continuing activity from COP05 and COP06. As of April 2006, EPHA received 100% of COP06 funds and is on track according to the original work plan. We have increased funding based on the achievements from COP05 and partially COP06. The 50% budget increment reflects expansion of the existing activities.

PEPFAR Ethiopia will achieve its objectives with an efficient laboratory system in place and professional skill in diagnostic as well as quality assurance activities. Implementing effective lab policy, strengthening lab system/networking, establishing the Ethiopian Public Health Laboratory Association (EPHLA) and enhancing the capacity of laboratory professionals are also critical high laboratory standards. These activities will in turn contribute to the maintenance of optimum laboratory provision and this in turn to high quality of ART services in the Ethiopia.

In COP06, the EPHLA constitution has been finalized and approved by the Ministry of Justice. Support has been provided to technical working groups on drafting national laboratory policy and QA development. The draft laboratory policy is in place. Guidelines for establishing public health laboratory services in the country have been drafted.

During FY07, EPHA will continue supporting the local organizational capacity development, through laboratory education, workplace HIV/AIDS interventions, publications, dissemination of research findings, organizing laboratory related conferences. EPHA will continue supporting laboratory policy and national guidelines for their implementation. It will also provide technical assistance in local laboratory capacity development including strengthening of public health laboratory systems in Ethiopia. All these activities will be implemented in partnership with EPHLA.

The EPHLA will work closely with APHL for further development of public health laboratory that support HIV/AIDS program and continuing education to upgrade and accredit laboratory professionals. EPHLA will also closely work with Joint Clinical International (JCI).

Continued Associated Activity Information

Activity ID: 5612
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ethiopian Public Health Association
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 50,000.00

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of laboratory-related activities	25	☐

Target Populations:

Laboratory workers

Laboratory 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:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	10599
Planned Funds:	$ 750,000.00

Activity Narrative: Laboratory Infrastructure

These are continuing activities from COP05 and COP06. As of April 2006, CDC Ethiopia has received 100% of COP06 funds and is on track regarding program implementation according to the original targets/work plan for Ethiopia. In COP07, funding has been decreased by 40% because some activities have been transferred to other sections and other prime partners.

CDC Ethiopia, in collaboration with major stakeholders, is working to strengthen the regional and hospital laboratories to increase capacity to support new efforts towards care and treatment and scale up of ART. Comprehensive support including, training, furnishing with major laboratory equipment, lab supplies and renovation works at national, regional and hospital laboratories is being provided. CDC Ethiopia successfully supported comprehensive renovation and furnishing of laboratory, ART, VCT, and PMTCT sites in four ART hospitals and one regional laboratory. In addition, the renovated HIV laboratory at EHNRI has been furnished with equipment, a laboratory information system and made ready to serve as a national center of excellence to support HIV care and treatment,

During COP05 and COP06, CDC Ethiopia played a major role in coordinating all laboratory-related activities for HIV/AIDS prevention, care, and treatment programs. Among other activities, the HIV drug resistance threshold survey was successfully accomplished in partnership with EHNRI and Israeli National HIV Reference Laboratory. Because of this effort, Ethiopia became one of the few African countries to complete the national HIV drug resistance threshold survey. Survey results showed no major drug resistance in Addis Ababa where ARV treatment was initiated more than five years ago.

To improve the performance of laboratory services, laboratory monitoring and evaluation tools have been developed in collaboration with MOH/EHNRI and US universities. Standard laboratory request, reporting, and referral forms were developed and are being used at all levels.

For supporting diagnosis and monitoring of ARV, essential laboratory equipment (chemistry, hematology, FACS-Count machines, fridge/freezers, incubators, sterilizers, PCR machines and accessories, biosafety hoods and other minor equipment and supplies) were purchased and distributed to ART sites. CDC Ethiopia coordinated activities with GF/MOH and supported distribution and installation of laboratory equipment purchased by GF/MOH for 62 ART hospitals.. Logistic and technical support were provided to all ART hospital laboratories and laboratory monitoring service provided to more than 100,000 Pre-ART patients in care and more than 40,00 patient on ARV therapy at 88 hospitals.

In COP07, the following activities will be accomplished.

(1) Supporting the co-management of National HIV laboratory at EHNRI. CDC co-management of Ethiopia's National HIV Reference laboratory is planned to achieve the following objectives: maximize results for the CDC-EHNRI collaborative activities; establishment and maintenance of a national laboratory that meets international standards in Ethiopia; use of this laboratory as the model to demonstrate, train for, and accelerate the establishment of national laboratory quality system nationally and regionally including quality assurance; effectively coordinate and implement the laboratory support to the national antiretroviral treatment program; enhance the country's capacity for disease surveillance, outbreak investigation, and drug resistance monitoring; develop local laboratory capacity and promote technology and knowledge transfer; and sustain targeted evaluations in critical health issues of interest to Ethiopia

For improving the effectiveness and quality of laboratory services the following activities will be supported: evaluation of new diagnostic and monitoring tools; simple and point of care technology for CD4 count, introduction of simple HIV viral load assay for monitoring treatment failures; and development of in-house method for cost effective monitoring of HIV drug resistance. This primarily is accomplished in collaboration with Israeli National HIV Reference laboratory. The initial collaboration was successful and resulted in completion of HIV drug resistance threshold survey.

(2) Technical assistance. CDC Ethiopia will provide technical assistance to MOH/EHNRI to establish a quality-assured network of tiered laboratory services nationwide. CDC will be closely involved with implementing partners (ASCP, APHL and EHNRI) in providing and following up national, regional, and site level trainings. Support will be provided in

development and distribution of guidelines, SOPs, and laboratory monitoring and evaluation tools including laboratory requisition and referral forms and overall assessments of laboratory services.

(3) Supportive supervision and QA program at regional, hospital and health center laboratories. Through periodic supervision of regional reference laboratories, hospital and health centers, PEPFAR Ethiopia will closely follow the progress, monitor and evaluate the laboratory performance. The activities will be linked with Ethiopian Health and Nutrition Research Institute (EHNRI) and regional reference laboratories.

Added February 2008:
CDC-Ethiopia provides support for the national laboratory infrastructure development. Technical assistance will be provided to EHNRI
to establish a quality-assured network of tiered laboratory services nationwide. CDC will work for establishment and maintenance of a national laboratory that meets international standards in Ethiopia. This laboratory will be used as the model to demonstrate, train for, and accelerate the establishment of national laboratory quality system nationally and regionally including quality assurance; effectively coordinate and implement the laboratory support to the national antiretroviral treatment program; enhance the country's capacity for disease surveillance, outbreak investigation, and drug resistance monitoring; develop local laboratory capacity and promote technology and knowledge transfer; and sustain targeted evaluations research in critical health issues of interest to Ethiopia. Small amount of budget was reprogrammed to CLSI to initiate important gap filling activities for the laboratory program in Ethiopia.

Continued Associated Activity Information

Activity ID: 5628
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 700,000.00

Emphasis Areas	% Of Effort
Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of laboratory-related activities	75	☐

Target Populations:
Laboratory workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	PSCMS
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	10602
Planned Funds:	$ 11,030,919.00

Activity Narrative: Laboratory Reagents, supplies and equipments

These are continuing activities from COP05 and COP06. As of April 2006, PEPFAR Ethiopia has received 100 % of COP06 funds and is on track in terms of program implementation according to the original targets/work plan. In COP07, the funding has been increased by 100% because of increasing number of patients to be monitored and the procurement of laboratory equipments for hospitals and health centers. The demand and cost of laboratory monitoring will increase substantially. To meet the demand and provide the services to all sites, substantial amount of budget allocation was necessary.

PEPFAR Ethiopia supported the ART program by purchasing laboratory equipments, test reagents for diagnosis and treatment monitoring of HIV/AIDS patients. In FYO5 and COP06, laboratory reagents and test kits have been distributed and more than 40,000 patients on ART have been provided with the monitoring services (CD4, hematology and biochemical profiles). At the end of COP06, it is anticipated that 80,000 patient will be on ART who will require laboratory monitoring services.

In COP07, activities supported in COP06 will continue and the services will be expanded to additional hospital and health centers that support ART services. The services will expand to 131 hospital networks (131 hospitals and 240 health centers).

Laboratory monitoring (CD4, chemistry and hematology profiles) will be provided to 138,300 patients as per the "Guidelines for ARV use in Ethiopia." The supplies will be purchased and distributed through SCMS.

The following laboratory reagents, test kits and supplies will be purchased and distributed: (1) Chemistry test reagents for monitoring patients on treatment at baseline, week two, week four and eight, thereafter as directed by symptoms: ALT/GPT (907,983 tests), Creatinine (907,983 tests), cholesterol (907,983 tests), BUN (907,983 tests); and Glucose (344,000 tests); (2) Hematology test reagents for monitoring patients on treatment at baseline, week four, and week 12, thereafter symptom-directed determinations (441,763 tests); (3) CD4 test reagents for monitoring patients on treatment twice a year, staging and six months after, pre-art patients including pregnant women (852,012 tests); (4) Pregnancy test kits for 172,875 tests; (5) Syphilis tests (250,000); (6) HIV DNA PCR test kits for diagnosis of 13,830 (10%) pediatric patients less than 18 months; (7) HIV rapid test kits for 110,000 tests; (8) Reagents and staining solutions of microscopic diagnosis of OI (AFB, malaria, stool parasites; (9) Other supplies including gloves, different vacutainer tubes and tubes, pipette tips, gloves, disinfectants to all 131 ART hospitals and 240 health center laboratories.
In addition, the following laboratory equipment to support ART expansion to peripheral hospitals and health centers will be purchased and distributed.
Binocular Microscopes (50); Table top sterilizers (50); Water Distillers (50); Table top Centrifuges Speed 4000-6000 rpm (50); Incubators (50); General purpose laboratory Thermometers range -5 to 105 oC (200); Micropipette capacity 1-20 ul (100); Micropipette, capacity 10- 250 ul (100); Micropipette, capacity 100-1000 ul (100); Cryo Box, PC, 9 x 9 Place for 81 Tubes (20); FACS Count, flow cytometers (10); Clinical chemistry analyzers (20); Differential counter-annual counters with 9 keys (50); Automated Hematology analyzers (20); Laboratory Refrigerator/Freezers (50); ELISA readers (10); ELISA Washers (10); Vortexes (50); UPS (50); Analytical balances (50); Hematocrits (250); WBC counting champers (250); Haemoglobinometers-with two comparison standards of non-fading color glass (50); Alarm timers-With audible signal (100); Ice boxes (200).

Under the auspices of GOE-Pharmid, SCMS will work closely with PEPFAR Ethiopia to oversee the overall laboratory services. SCMS will also closely work with the local system which is in place. As part of the local capacity development and sustainability of services, PSCMS will assist in strengthening of the national and local supply chain management system.

Continued Associated Activity Information

Activity ID: 5655
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 2,550,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Targets

Target	Target Value	Not Applicable
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	907,983	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	371	☐
Number of individuals trained in the provision of laboratory-related activities		☑

Target Populations:
People living with HIV/AIDS

Coverage Areas:
National

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: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 10607
Planned Funds: $ 1,021,300.00
Activity Narrative: Equipment Maintenance and Technical support for Laboratory services

In COP05 and COP06, technical assistance including maintenance of equipments, inventory laboratory management and on-site practical trainings, follow up and supportive supervision were provided to all ART hospital laboratories. In COP07, the technical support will continue and also expanded to new sites which initiated ART services including all health center laboratories.

Maintenance services will be provided for major laboratory equipments at all 131 hospitals, 240 health centers and eight regional laboratories. Preventive maintenance and calibration of major equipments including centrifuges, FACScounts, hematology and chemistry analyzers will be provided quarterly at all sites where the equipments are installed. Broken machines will be repaired and support parts changed to prevent/ minimize service interruption. Technical assistance will include maintenance and troubleshooting of laboratory equipments (fridges, freezers, microscopes, incubators, autoclaves, chemistry analyzers, hematology analyzers and FACScount machines) at all ART hospitals and health centers.

Technical support includes inventory and laboratory management for maintenance of clinical laboratory services and ensures laboratory standards are implemented at all ART hospital, health center and VCT laboratories.

Technical assistance will be provided in the reviewing existing laboratory operating procedures, recording and reporting at facility levels. Assistance will also include production of laboratory stock management tools, disseminated for use at 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 commodities consumption and stock status.

Technical assistance will also include on job training in test procedures, preventive maintenance, and functional and structural organization of laboratory, specimen management, data recording, and reporting.

Emphasis Areas	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	371	☐
Number of individuals trained in the provision of laboratory-related activities		☑

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: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 10608
Planned Funds: $ 60,000.00
Activity Narrative: Expansion of Laboratory Information System

This activity is an ongoing activity from COP06.

In COP06 under this activity support was provided to six regional laboratories and nine PEPFAR supported hospital laboratories with laboratory Information Management System, computer hardware and accessories. PEPFAR Ethiopia will work together with the Association of Public Health Laboratories (APHL) and continue supporting and providing the Implementation and expansion of LIMS.

In COP07, this activity will expand the laboratory information system to 26 sites to support operations and quality assurance activities in EHNRI, regional laboratories and PEPFAR supported ART hospital laboratories. It will also enable sites to have an efficient data and report exchanges. To achieve this, the following expansion work will be accomplished: (1) procurement of additional 78 LIMS software site licenses for 26 sites; (2) procurement of 26 barcode printers, 78 barcode readers and 52 barcode printer papers; (3) training of 52 laboratory technicians and 26 receptionists in LIMS; (4) Procurement and provision of 78 computers and accessories; (5) design and implement peer-to-peer network for selected regional and hospital laboratories; (6) installation and configuration of LIMS in 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; (7) installation of telephone lines into regional and hospitals laboratories for successful implementation of LIMS; (8) provide technical support to COP06 funded LIMS sites; and (9) local travel for technical support and international travel for experience sharing with APHL facilities on LIS.

Added July 2007 Reprogramming:
In COP07, this activity will expand the laboratory information system to 26 sites to support operations and quality assurance activities in EHNRI, regional laboratories and PEPFAR supported ART hospital laboratories. It will enable sites to have efficient data and report exchanges. To achive this, the following expansion will occur: 1) procurement of 78 additional LIMS software licenses for 26 sites, 2) procurement of 26 barcode printers, 78 barcode readers and 52 barcode lables, 3) training of 52 laboratory technicians and 26 receptionists in LISM, 4) procurement and provision of 78 computers and accessories, 5) design and implementation of a peer-to-peer network for selected regional and hospital laboratories, 6) installation and configuration of LIMS in selected regional and hospital laboratories, linking the hospital laboratories via dial-up with their respective regional laboratories, and regional laboratories with EHNRI reference laboratory, 7) installation of telephone lines into regional and hospital laboratories for LIMS successful implementation, 8) continue technical support to COP06 funded LIMS sites, 9) local travel for technical support and international travel for experience sharing with APHL facilities on LIMS.

Continued Associated Activity Information

Activity ID:	5659
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 250,000.00

Emphasis Areas	**% Of Effort**
Infrastructure	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
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		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of laboratory-related activities	78	☐

Target Populations:

Laboratory workers

Coverage Areas:

National

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:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	10612
Planned Funds:	$ 1,565,550.00

Activity Narrative: Specimen Management and Transport Services

During COP05 and 06, CDC Ethiopia supported the laboratory monitoring of ART. Laboratory supplies, including diagnosis and monitoring reagents, were purchased and distributed to laboratories for the diagnostic and monitoring tests. Referral testing services were provided for hospital labs which did not have the required machines. Similar referral testing services where specimens were transported to the next level or central facilities had been effectively used in the initial implementation of ART. Since most health centers lack most basic equipment, referral-testing services are extremely important. In COP06, specimen transport services had been provided to peripheral hospitals; in COP06, health centers will be similarly assisted. In order to offer laboratory-monitoring services (CD4, and other basic tests) for PLWHA, including children and pregnant women a sample referral system will be established. Clinical samples will be transported from the outlying clinics to referral laboratories where equipments and human resources are available.

In COP07, the service will expand and include all peripheral hospitals and health centers that initiated ART. To improve the quality of care and treatment, standardized laboratory services must be provided to all patients at hospitals and health centers. The quality of laboratory services rendered should also be maintained. To enroll patients and monitor the efficacy of ART, basic and advanced laboratory tests are required: CD4, biochemical and hematology profiles at specified period of time as per the Guidelines for ARV use in Ethiopia.

To achieve the targets, scale up of ART services at health centers is planned. However, most of the health centers and some peripheral hospitals involved in ART implementation do not have a capacity to support laboratory services. Flow Cytometry for example, to measure CD4 cell counts, is beyond the scope of what can be implemented at health centers. In addition, some clinics do not have the basic equipment for routine CBC, differential, clinical chemistry tests.

The logistic support for referral testing services will be a major undertaking. The specimen transport and transfer system will be supported through courier system. This activity will be contracted to a non-governmental agency that has a track record in the management and transport of clinical sample from primary health centers to regional hospital or referral laboratories. This includes transport of specimens and results to and from health centers to the next level hospital or regional laboratories and/or to National HIV Reference laboratory
The lab tests done at the hospital laboratories are returned within two days. It is anticipated that the turn-around time from health center to test site back to the clinic will be 2-3 days. Special transport services will be organized in transporting samples. The agent and the clinic personnel will fill patient tracking numbers and tracking sheets during receipt and delivery.

Samples will be collected in test-specific containers that already contain any necessary preparation reagent. After the samples are collected, the laboratory request form is included in the collection container, placed in a cooler, and transported. All the regular samples are transported in cool gel packs in a temperature controlled thermacol box. To maintain integrity of samples the local samples are delivered within a day using cargo or courier mode.
The responsible contractor or agent will receive the samples from the peripheral clinics and transport to the nearby hospital and/or regional laboratories following guidelines and regulation on specimen management and transport. The samples for testing CD4, chemistry and hematology tests will be coordinated and transported at a regular time interval.
Clinical samples will be transported from 240 health centers and 25 peripheral hospitals once or twice a week and transported to the testing site (zonal/woreda or regional hospital laboratories). The results will be returned within two day of the tests done. Tunaround time will be 2-3 days

Sample transport from the clinics to hospitals will be coordinated with health center clinics and laboratories on specific days in order to make the most efficient use of limited laboratory equipment and staff. Specific training on specimen management, transport, and storage, recording and reporting will be provided. The specimen management,

transport, and referral system will be followed using the strict guidelines and Standard Operating Procedures (SOPs) developed by the National Reference laboratory, EHNRI and PEPFAR Ethiopia.

Emphasis Areas	% Of Effort
Logistics	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	371	☐
Number of individuals trained in the provision of laboratory-related activities		☑

Target Populations:

People living with HIV/AIDS
HIV positive pregnant women
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 10613
Planned Funds: $ 300,000.00
Activity Narrative: Site-level laboratory Support

In 2007 I-TECH will assume the responsibility of supporting laboratories at all hospitals, health centers and regional labs to provide technical assistance, and refresher trainings for all staff. This approach will consist of problem-solving for the various issues that hamper capacity development and quality assurance in all 131 hospitals and additional regional laboratory sites. To accomplish this charge I-TECH will add a laboratory expert to each of its three Regional ART teams to work in collaboration with the primary laboratory expert who was employed in 2006 and works at the main offices of I-TECH. Duties of these new staff positions would include:
(1) Assess the level of training needs for each laboratory for both primary and update training;
(2) Provide routine instruction for specific testing required for ART implementation and monitoring (i.e. CD4; chemistry; hematology; liver function) as well as more regionally required testing such as viral load; (3) Complement the expertise and capacity building by the PEPFAR Ethiopia and EHNRI
(4) Identify and address issues that create barriers to providing ART care and follow up of treatment such as periodic CD4 testing.
(5) Troubleshoot laboratory problems such as maintenance of equipment, supplies of reagents, handling and transportation of specimens; routine reporting; adherence to laboratory quality assurance protocols; addressing bio-safety issues; staff turnover for needed training; develop the proper liaison with the key laboratory experts at the regional and national levels (MOH; EHNRI); and to notify the central I-TECH offices in situations where additional national or international expertise might be required (such as the American Society of Clinical Pathologists)
(6) Visit and provide technical assistance to site laboratories. The support will also include laboratory management, internal re-organizational lab set up, specimen management, test procedures, documentation, reporting, and inventory management. The services will also support inventory and stock management of laboratory supplies at each health facility
(7) Understand the laboratory testing and training needs of those ART and ancillary programs such as TB, STI and HIV testing in order to identify, supply and advocate for the technical assistance needed within those laboratory components
(8) Support regional laboratory trainings including HIV serology-rapid test, CD4, hematology/chemistry, TB smear microscopy and OI diagnosis. A total of 100 laboratory personnel will be trained in collaboration with regional laboratories.

These responsibilities will expand I-TECH's capacity to provide a much more site-specific approach to all of its 35 hospital networks in its three regions. These additional staff positions also fit in to the model of the regular physician/nurse clinical teams that will routinely (at least twice a month) visit the hospital sites in each region. In addition the lab technical expert will be expected to work as a liaison with the newly initiated health center staff that are, or will be, initiating ART treatment.

I-TECH will technically assist in referral laboratory services; specimen collection at health centers or peripheral hospitals and transport to next hospital laboratory and/or regional laboratory for diagnosis and monitoring ART. Technical support will be provided in specimen collection, transportation, patient sample tracking, reporting of results and implementing standard guidelines/procedures are followed.

This expanded laboratory expertise will strengthen the public health laboratory system within each region as well as assist in the overall ART scale up by reducing the barriers found some laboratory sites.

Emphasis Areas	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	35	☐
Number of individuals trained in the provision of laboratory-related activities	100	☐

Target Populations:

Laboratory workers

Coverage Areas

Afar

Amhara

Tigray

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Columbia University
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	10619
Planned Funds:	$ 400,000.00

Activity Narrative: Site-level laboratory Support

In COP07, CU will support provision of comprehensive high-quality HIV/AIDS services, including ART, at 42 public and private hospital networks in Oromia, Somali, Harari and Dire Dawa regions. The availability of consistent and quality laboratory services at all these sites is critical to ensure the provision of quality comprehensive HIV/AIDS services. In COP07, CU is planning to provide a comprehensive site level laboratory support to 42 hospital networks in CU supported regions. Procurement and distribution of laboratory equipments and supplies for all these sites will be handled by CDC /MOH/EHNRI.

CU will work directly with the regional lab, hospital labs and health center personnel to implement and monitor these QA and QC measures at the sites. Implementation of QA and QC guidelines will be expanded to all sites. CU will support the national programs of QA for blood safety, VCT, PMTCT, TB prevention, HIV and OI surveillance by disseminating the guidelines to the regional level and assuring uninterrupted links between hospital, regional and national laboratories.

The support of CU will focus on site-level support. The following are the specific activities included in CU comprehensive site-level laboratory support at the 42 Hospital Networks.

(1) Initiation and improvement of the site level laboratory quality system with main emphasis on initiation of quality assurance programs in partnership with EHNRI and respective regional reference laboratories in CU supported regions: preparation and provision of standard operational procedures for HIV disease monitoring (Hematology, Clinical Chemistry, and CD4), specimen management, laboratory safety, and QA/QC program; and preparation and provision of standard documentation and recording formats including QC forms, lab request forms and registers, to facilitate the implementation and monitoring of quality assurance program at all sites.

(2) Ensuring uninterrupted quality laboratory services at all 42 Hospital Networks. This includes: ensure continued and sufficient reagent supply to the sites, ensure timely provision of preventive and troubleshooting maintenance services, assist in regional capacity building to have essential laboratory equipments maintenance capability, assist in developing and use of laboratory inventory system at the hospital networks, and ensure the availability of adequately trained laboratory personnel at all sites.

(3) Capacity building of site laboratories: conducting site assessment and addressing gaps as appropriate including supportive minor renovations; provision of laboratory accessories important for the day-to-day delivery of HIV/AIDS related laboratory services; facilitate maintenance of essential equipments important for the over all HIV/AIDS laboratory support; on-site visits and technical assistance to site laboratories; the support will also include laboratory management, internal re-organizational lab set up, specimen management, test procedures, documentation, reporting, and inventory management.; services will support inventory and stock management of laboratory supplies at each health facility; support to the national laboratory reporting systems; conduct regular mentoring on standard record keeping and timely and accurate reporting.

(4) Provision of standard trainings using nationally approved curricula, in collaboration with partners (PEPFAR Ethiopia, EHNRI, APHL, and ASCP) in the following areas: site level and regional trainings on HIV diagnosis (HIV serology testing, rapid test); HIV disease monitoring (Hematology, Clinical Chemistry, and CD4); and OI diagnosis. A total of 100 laboratory personnel will be trained.

(5) CU will technically assist in referral laboratory services, specimen collection at health centers or peripheral hospitals, transport to next hospital laboratory and regional laboratory for diagnosis and monitoring ART, patient sample tracking, reporting of results, and implementing and ensuring that standard guidelines and procedures are followed. CU will also technically assist the rollout of HIV-1 DNA PCR for infant diagnosis.

Emphasis Areas	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	42	☐
Number of individuals trained in the provision of laboratory-related activities	100	☐

Target Populations:

Laboratory workers

Coverage Areas

Dire Dawa

Hareri Hizb

Oromiya

Sumale (Somali)

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	FMOH
Prime Partner:	Johns Hopkins University Bloomberg School of Public Health
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	10620
Planned Funds:	$ 300,000.00

Activity Narrative: In COP06, PEPFAR Ethiopia supported national laboratory infrastructure support and implementation of quality assurance programs. These responsibilities included supporting major laboratory renovations and training of laboratory personnel. In FY07, JHU- TSEHAI will assume responsibility of regionalized laboratory support; at the levels of the regional laboratory, hospital and health center for operational zone 3 (Addis Ababa, SNNPR, Benshangul Gumuz and Gambella).

In FY07, JHU will initiate regionalization of the national laboratory support. With regard to laboratory diagnostics, JHU will continue to work closely with national, regional and site level laboratory services to ensure the highest quality of care. JHU supported development and dissemination of SOP for all nationally purchased machines (CD4, hematology and chemistry). JHU will work with EHNRI, CDC and other laboratory partners to update and train personnel on the SOP at the national level as well as provide regular refresher regional trainings (HIV serology-rapid testing, CD4, chemistry/ hematology, TB smear microscopy and OI diagnosis). A total of 100 laboratory personnel will be trained.

JHU will support the RHB and national programs in forecasting and implementation of its HIV related tests (including rapid tests, CD4, hematology and chemistry tests as part of the national program to monitor ART). The 4 regional laboratories and 45 ART hospitals will be linked with health centers within the regions. Working with local, regional and PEPFAR Ethiopia partners, JHU will support HIV related laboratory testing to support the health centers in(JHU) operational zone 3. New and innovative networking, communication, reporting and supply transport systems will be devised to achieve this goal.

PEPFAR Ethiopia and EHNRI have instituted national level external quality control systems. JHU will work directly with the regional lab, hospital labs and health center personnel to implement and monitor these QA and QC measures at the sites. Implementation of QA and QC guidelines will be expanded to all additional sites including Cohort 3 sites. JHU will support the national programs of QA for blood safety, VCT, PMTCT, TB prevention, HIV and OI surveillance by disseminating the guidelines to the regional level and assuring uninterrupted links between health center, hospital, regional and national laboratories.

JHU laboratory staff will work closely with EHNRI, CDC, ASCP, APHL and other laboratory partners to ensure the regional implementation of national laboratory training. JHU will work with partners to develop on-site training and CME program for lab technicians. All training will require practical components and on-going follow-up to ensure adequate technology transfer.

In JHU supported ART hospitals, there is a lack of simple diagnostic tests and tools that could improve the lives of many HIV patients. Therefore, JHU will seek to improved OI diagnostics by piloting a program to introduce simple laboratory techniques to diagnose common OI such as cryptococcosis, isospora, microsporidia, and cryptosporidiosis. An effort to introduce modified acid fast staining to hospital laboratories will be made with an overall emphasis of increased performance and supervision of regional capacity building.

JHU will technically assist referral laboratory services; specimen collection at health centers or peripheral hospitals and transport to next hospital laboratory and/or regional laboratory for diagnosis and monitoring ART. Technical support will be provided in specimen collection, transportation, patient sample tracking, reporting of results and implementing standard guidelines/procedures are followed.

On-site visit and technical assistance to site laboratories will also include laboratory management, internal re-organizational lab set up, specimen management, test procedures, documentation, reporting, inventory management, and inventory and stock management of laboratory supplies at each health facility.

JHU will support the national laboratory reporting systems and will conduct regular mentoring on standard record keeping and timely and accurate reporting.

Emphasis Areas	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	45	☐
Number of individuals trained in the provision of laboratory-related activities	100	☐

Target Populations:

Laboratory workers

Coverage Areas

Adis Abeba (Addis Ababa)

Binshangul Gumuz

Gambela Hizboch

Southern Nations, Nationalities and Peoples

Table 3.3.12: 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:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	10621
Planned Funds:	$ 450,000.00

Activity Narrative: Monitoring of HIV viral load and Drug Resistance in ART patients

This assessment will monitor the effectiveness of ART in a selected patient population receiving ART using sentinel viral load and drug resistance. This will be achieved through the following activities: (1) determination of the rate of HIV drug resistance in ARV treated patients who have sub optimal CD4 cell count response (defined as < 50 cells/ mm3 increase from baseline after more than 6 months of ARV); (2) determination of the rate of virologic failure (HIV RNA > 400 copies/ mL) in ARV treated patients with sub optimal CD4 response; (3) description of the pattern of genotypic mutations in Ethiopian patients, most of who have clade C virus, with treatment related drug resistance and compare the patterns to clade B virus treated historical control patients; and (4) determination of the factors associated with HIV drug resistance among ARV treated patients who have suboptimal CD4 cell response, which include: age, sex, ethnicity, viral clade (if any are non-clade C), pretreatment CD4 count, history of treatment related toxicity, adherence (self reported and based on pharmacy records) and HIV disease stage.

HIV drug resistance occurs in more than 75% of ARV- treated patients who develop virologic failure to one or more regimens. The first step in defining drug resistance is identifying patients with virologic failure and then performing drug resistance testing. Assessing the prevalence of HIV drug resistance in Ethiopia is complicated by the relative scarcity of HIV RNA and genotype drug resistance testing. Since therapy decisions are guided by CD4 cell count response and immunologic failure is a late consequence of virologic failure (up to several years later), alternative strategies are needed to monitor development of drug resistance. This TE targets a population of patients at higher risk for virologic failure and drug resistance, those who fail to gain more than 50 CD4 cells/ mm3 after 6 months of therapy. In addition to determining the prevalence of virologic failure and drug resistance, this TE will evaluate factors associated with drug resistance in order to inform future monitoring efforts and target therapeutic strategies to limit drug resistance.

This is a prospective, cross- sectional observational cohort study designed to determine the prevalence and risk factors of virologic failure and HIV drug resistance among ARV-treated Ethiopian general and uniformed service patients. Resistance and virologic failure will be evaluated in a subgroup of patients who experience suboptimal CD4 cell count recovery. Suboptimal CD4 recovery is defined as gain of less than 50 cells/ mm3 from initiation of therapy for those who have received at least 6 months of continuous treatment. Studies in resource-constrained settings have shown that a gain of at least 50-cells/ mm3 is a sensitive (but not specific) predictor of having HIV RNA < 500-copies/ mL. A gain of < 50 cells/ mm3 was significantly associated with having a detectable HIV RNA value. Thus, selecting patients with suboptimal CD4 count gains (or those who initially had more robust CD4 increases and subsequently had decrease to < 50 cells) will be more likely to identify those at risk for virologic failure and drug resistance.

Patients will be identified from public and military hospitals and health centers. Records from the ARV clinic will be reviewed to identify patients who meet clinical and laboratory criteria for entry and these patients will be sequentially offered entry into this TE. The TE will be explained and consent obtained prior to any study procedures. After consent, subjects will have a single blood draw of 20 mL in EDTA tubes. Samples will be transported to the EHNRI HIV Reference Laboratory where specimen processing and storage will be accomplished. Approximately five 2-mL aliquots of plasma will be stored at -70 C for batch testing, ideally within 6 hours of blood draw.

Data will be collected from each subject using the Advanced Clinical Monitoring (ACM) forms. For patients already enrolled in the ACM cohort, data will be electronically extracted from the local ACM database. For those not in the ACM cohort, data will be entered into a MS SQL database, using an Access front end, provided by the UCSD team. The UCSD team will also provide data management, quality assurance and training. The clinical data will be merged with laboratory data including the HIV genotype resistance assays. UCSD will provide a database to capture and store HIV genotype data at the cordon level (i.e. FASTA files will be uploaded into the database from the genotype output from the laboratory obviating the need for entry of this data). Clinical data elements will include: age, sex, ethnicity, viral clade (if any are non-clade C), pretreatment CD4 count and serial CD4 count information, treatment regimen, history of treatment related toxicity, adherence

(self reported and based on pharmacy records) and HIV disease stage

A random sample of 10-20% of these populations, approximately 1,000-2,000 patients (after 6-12 months being on ART) will have sentinel viral load determination. End-point will be undetectable viremia. The proportion of detectable viral load will be determined to evaluate treatment failure rates either due to adherence or real virological failure. Those with virological failure will have genotyping for ARV drug resistance. Samples that have HIV RNA values > 500 copies/mL will be tested in batch for HIV genotype including the reverse Transcriptase and protease genes .The targeted evaluation will include a control group of patients treated by physicians at hospital level to compare the difference in the provision of ART service at the two tiers of health care service.

The targeted evaluation proposed will be implemented in partnership with Hadassah University, EHNRI and PEPFAR Ethiopia. UCSD, as a prime partner, will allocate 45% of the fund to Hadassah University. A joint and detail project proposal will be worked out by both UCSD and Hadassah University in consultation with EHNRI. As part of the sustainability and continuity of drug resistance monitoring and genotyping, this activity will be linked with the establishment of the technology at the National HIV Laboratory, EHNRI.

Emphasis Areas	% Of Effort
Targeted evaluation	51 - 100

Table 3.3.12: 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: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 10622
Planned Funds: $ 75,000.00
Activity Narrative: Site-level laboratory Support

In FY 2006 this activity was provided by CDC. As most activities are becoming regionalized in 2007, UCSD will assume this activity for the uniformed services. For 2007 this activity is not being considered a new initiative, but rather a continuation of a 2006 activity.

Scale up of quality ART depends on quality laboratory services. UCSD's 2007 COP encompasses laboratory support activities needed at sites for scaling-up ART, VCT, PMTCT and TB services.

In 2007 supportive activities will include the following four activities.

(1) Assessment of the lab capacity of the sites with regard to the number and educational level of lab personnel at all the sites; training needs of the lab personnel for both primary and refresher and advanced courses; capacity for testing relevance to HIV care and treatment including hematology and chemistry, CD4 counts, diagnostic tests for HIV (rapid tests and ELISA), TB (smears for AFB), and STI (syphilis serology and stains for gonococci) and viral load testing in the central referral hospital; and accuracy and functional status of lab equipment.

(2) Improving laboratory availability and quality through primary and refresher and advanced training courses in assay methods and equipment maintenance supplemented by on-site training and mentoring in collaboration with EHNRI and regional laboratories; ensuring a reliable supply of lab reagents; safe handling and transportation of specimens; employment by UCSD of trained experts who assist sites with identification and trouble shooting of logistical problems in supplies and equipment and serving as liaison between sites and laboratory experts at national level.

(3) UCSD will technically assist in laboratory services; specimen collection at health centers or peripheral hospitals and transport to next hospital laboratory and regional laboratory for diagnosis and monitoring ART; and provide technical support in specimen collection, transportation, patient sample tracking, reporting of results and implementing standard guidelines and procedures.

(4) On-site visit and technical assistance to site laboratories will include laboratory management, internal re-organizational lab set up, specimen management, test procedures, documentation, reporting, and inventory management, and inventory and stock management of laboratory supplies at each health facility.

Emphasis Areas	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	9	☐
Number of individuals trained in the provision of laboratory-related activities	25	☐

Target Populations:

Laboratory workers

Coverage Areas:

National

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: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 15745
Planned Funds: $ 240,000.00
Activity Narrative: In COP07, this activity will expand the laboratory information system to 26 sites to support operations and quality assurance activities in EHNRI, regional laboratories and PEPFAR supported ART hospital laboratories. It will enable sites to have efficient data and report exchanges. To achive this, the following expansion will occur: 1) procurement of 78 additional LIMS software licenses for 26 sites, 2) procurement of 26 barcode printers, 78 barcode readers and 52 barcode lables, 3) training of 52 laboratory technicians and 26 receptionists in LISM, 4) procurement and provision of 78 computers and accessories, 5) design and implementation of a peer-to-peer network for selected regional and hospital laboratories, 6) installation and configuration of LIMS in selected regional and hospital laboratories, linking the hospital laboratories via dial-up with their respective regional laboratories, and regional laboratories with EHNRI reference laboratory, 7) installation of telephone lines into regional and hospital laboratories for LIMS successful implementation, 8) continue technical support to COP06 funded LIMS sites, 9) local travel for technical support and international travel for experience sharing with APHL facilities on LIMS.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100

Key Legislative Issues

Wrap Arounds

Other

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Clinical and Laboratory Standards Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 19266
Planned Funds: $ 60,000.00
Activity Narrative: Clinical Laboratory Standards Institute (CLSI) will provide technical assistance to standardize laboratory layouts and designs for efficiency and proper management. CLSI will assist the development and harmonization of standard operating procedures. It will support dissemination of CLSI standards, guidelines and best practice documents in Ethiopia. In addition, CLSI will develop competency assessment tools for the trainings at different levels. The implementation of clinical laboratory standards will increase efficiency of laboratory services, improve quality of services and leads towards accreditation of laboratory facility. In preparation for the laboratory accreditation, CLSI will work closely with CDC Ethiopia and Ethiopian Health and Nutrition Research Institute (EHNRI) to implement quality management system (QMS) practices through an active gap analysis program. Sites will be selected to pilot a quality management system gap analysis program.
The gap analysis will identify current baseline QMS activities, assess progress in implementing quality management and work practice recommendations and help establish priorities for ongoing implementation. CLSI has the expertise and experience in implementation of the laboratory standards in different PEPFAR supported countries. The support is gap filling an critical in Ethiopia and CLSI will start preliminary activity with the reprogrammed budget and the activities will continue widely in COP08.

Table 3.3.13: Program Planning Overview

Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13

Total Planned Funding for Program Area: $ 10,515,000.00

Program Area Context:

PEPFAR Ethiopia has been providing significant support during FY05 and 06 in the development of various information systems where HIV/AIDS/STITB-HIV prevention, treatment and care intervention related data generation, capture, reporting, processing, storage and utilization through the various strategic information program areas. These have been geared towards integrating into as well strengthen the overall comprehensive Health Management Information System (HMIS) master plan currently being designed and implemented in Ethiopia by the Federal Ministry of Health.

While the term strategic information (SI) is not widely used in Ethiopia, PEPFAR Ethiopia in collaboration with several other major donors (e.g. Global Fund and World Bank) has undertaken several activities which address important elements in a comprehensive SI approach. Several technical working groups (TWG) have been established under the leadership of the Ministry of Health (MOH). The surveillance TWG is well established and has been very successful in fostering collaboration and consensus on data collection methods. The HMIS and M&E Advisory Committee, are recent and is still defining their scope. The TWG are made up of various organizations including government agencies and multilateral and bilateral organizations (including USG). While these TWG are valuable in developing consensus and leveraging resources effectively, there is still a need for more strategic information leadership from the MOH.

In COP06, progress has been made in implementing a coherent national M&E system supporting the "Three Ones" principle. There is a national coordinating organization, HAPCO, as well as functioning regional coordinating offices and district (Woreda) organizations. PEPFAR Ethiopia had been supporting the rollout of an HIV/AIDS prevention and care monitoring system including M&E systems for ART, PMTCT, VCT, TB/HIV, OVC and prevention activities. With PEPFAR's support the country has been able to implement a one national centralized monitoring and evaluation system. Moreover, physical and financial reporting system in M&E, HIV-QUAL/E and HIVQUAL/E software integration with the electronic patient tracking system and aggregated electronic systems at a national level have been supported. This monitoring system will roll out at the national level by focusing on building the capacities of regional, zonal, and district (Woreda) offices to supervise health facilities, collect aggregate data, and use it to improve quality of care at facilities under their supervision. The monitoring and evaluation mentorship program undertaken in the past year in collaboration with MOH and HAPCO regions and national universities to regional ART hospitals in the country need to be extended to include all facilities providing comprehensive HIV care and treatment. Moreover, sharing of data from program implementation needs to be strengthened so that policy makers and program people at different levels make informed decisions.

PEPFAR Ethiopia has assisted the MOH and regional health bureaus (RHB) to bring about significant improvements in the quality and rural representativeness of the HIV sentinel surveillance system. Moreover, it has supported the conduct of the 2005 EDHS+ survey and the systematic collection, analysis and dissemination of surveillance data from TB/HIV, STI and counseling and testing services. The information generated from these activities was used for HIV/AIDS care, treatment, prevention, and control program planning and M&E. However, the findings from these surveillance activities recommend the need to look at the level of HIV infections and risk behaviors in general populations of some rural hot spots and among specific population groups that practice high risk behaviors. In addition, more needs to be done to improve rural representation and quality of data generated through in the ANC-based sentinel site HIV surveillance despite all the improvements seen in the system over the past years.

During COP07, the support for the national monitoring and evaluation framework will continue. Medical records (paper-based as well as electronic) management will also be supported to capture and use the vast amount of clinical data generated from facilities. With the advent of treatment for HIV/AIDS, the country has started to monitor patients suffering from a complex chronic disease. This activity needs to be strengthened and expanded to all ART sites. While there have been efforts to develop standardized monthly reporting forms, the level of data needed for day-to-day patient monitoring must be strengthened

through effective medical records management, which must be supported by an electronic systems. The SI TWG will closely work with others TWG in effective implementation of the health network model between hospitals, health centers and the communities.

The certificate level formal course of study in monitoring and program evaluation supported by PEPFAR Ethiopia has helped to solve some of the problems associated with the lack of trained SI personnel. This program has to be expanded to include post-graduate level program that would involve the five regional medical schools and international partners as required. The one-year leadership in strategic information training program has also to expand in to a two-year field-based, service-oriented Master's degree level training program if the weak SI system of the country is to be strengthened to ensure sustainability.

To enhance the data generation and use at facilities, support will be provided to the hospitals and health centers providing HIV prevention, treatment and care services in data management for program improvement. These activities will be linked with the national M&E support activity.

The government has recently begun installation of a high-speed communications network (funded by World Bank) which is anticipated to reach every district (Woreda) and which is designed to allow shared use by local government, education, health, and agricultural sectors.

Program Area Target:

Number of local organizations provided with technical assistance for strategic information activities	930
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	4,036

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: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10371
Planned Funds: $ 4,000,000.00

Activity Narrative: National Monitoring and Evaluation System Strengthening and Capacity-Building

This is a continuing activity from FY05 and FY06 and it includes activity #5582, 1090, 1094, and 5714. It is linked to prevention, care and treatment programs, as well as development of healthcare data warehousing, electronic medical record system (5724), site level data support (1080, 1082, 1083, 1096 and 1116), health information network, and tel-health centers support (5687). The development of the National HIV/AIDS M&E system is a sub-set of the comprehensive HMIS strategy and master plan being developed by the Ministry of Health. As of August 2006, the partner received 100% of FY06 M&E stream funds and is on track according to the original targets and work plan. With the TA support provided by Tulane University, Ethiopia has become the only Sub-Saharan African country that has implemented one national monitoring system for all ART facilities. Tualane in collaboration with Jimma University (JU), launched the first postgraduate Health M&E post graduate diploma/MSc program in Africa. The introduction of this innovative program is cost-effective in building a sustainable national capacity as opposed to sending students abroad. Brain drain is also minimized as each trainee signs a two year contract to work in the public health system.

In the past, Ethiopia suffered from a poorly functioning manual data collection and reporting that lacked standardized indicators and formats. Reports are untimely and often incomplete. While efforts to improve are being made within MOH, the need for technical assistance and support for an HMIS and M&E system and human capacity development is evident. PEPFAR Ethiopia recognizes this need and supports in its five–year-plan the goal of the Third One i.e. Building One National M&E" system. In FY06, technical assistance was provided to MOH/HAPCO to develop national HMIS/M&E strategies and guidelines with a focus on HIV/AIDS indicators, design/revision of standardized data collection instruments, development of standard operating procedures for health center ART services linked to hospitals, and standardized intra/inter-facility referral forms. Guides on how to use formats and procedures were developed for care, treatment, and prevention service providers. With MOH and partners, Tulane revised HIV/AIDS and related diseases reporting formats. Support also included technical assitance to HAPCO to develop M&E training modules for grassroots level and support to MOH/HAPCO/EHNRI to expand comprehensive HIV/AIDS patient monitoring services to the Woreda health center s to reach into the communities. M&E specialists were seconded to the M&E unit of the MOH/HAPCO. Short-term training programs, e.g. use of data for decision-making and other related trainings, were provided to MOH/HAPCO to improve the M&E knowledge and skills at the national and regional levels.

Major FY07 M&E system development activities were planned after detailed consultation with MOH/HAPCO that are need based and build on previous work by Tulane. Tulane will continue to work with MOH to further develop the "One M&E" system to gather quality data. In FY07 the national M &E system will roll out to the community level and the standard operating procedures for health center ART services linked to hospitals, and standardized intra/inter-facility referral forms will be implemented all the way from community-health centers-hospitals-district-region-national levels. Tulane will continue assisting MOH in identifying core health indicators for HMIS reporting and improving capacity to collect patient level information to assist with service delivery at all levels.

In FY07 HIVQUAL will be extended to 35 HIV service networks. Tulane will provide TOT on HIVQUAL Ethiopia from all regions and link it to the development of the national EMR. Support will be provided to district health teams in four regions to apply tools developed at the national level and institutionalize training and continue to support FMoH and regions by short and long term consultants. Tulane will also integrate HIVQUAL Ethiopia benchmark reports into the annual M&E report. The seconding of M&E specialists to MOH, HAPCO and EHNRI M&E units will continue. The M&E mentorship program will be extended to include the 131 ART networks. The short term M&E training programs will be extended by conducting skill building workshops on data use, analysis, audits, triangulation and advocacy to cover regions. The monthly, quarterly and annual M&E update bulletins will continue to be produced and disseminated to all partners. The scientific writing workshops will be offered to a larger audience (30 people) at MOH/HAPCO and regions. TOT will be initiated and cascaded to all regions. Participants will be supported to publish work in a peer review journal. Technical assistance will be provided to MOH/HAPCO to create a system and link activity and financial monitoring

mechanism to track money spent by HAPCO on HIV/AIDS, based on the national M&E budget road map.

Human Capacity Development (5714) Tulane University in collaboration with Jimma University (JU) had launched the first postgraduate Health M&E Post Graduate Diploma/MSc program in Africa. The first batch of 31 M&E students whose formal class commenced in February 2006 have now completed two out of three blocks of courses required for their first year academic completion. The second class of 40 M&E students is scheduled to start class in January 07. In addition, in FY06 support to Jimma University includes both technical and resource assistance for the training of 100 HMIS cadres, this has exceeded the target set for that year. In FY06, the institutional support to JU included joint appointment of academics, support of course coordinator and administrative staff and support of the program with technical assistance and provision of audio-visual equipment including wireless internet access to M&E teaching staff and students, website development, production of teaching materials and capacity building through distance learning by working closely with Tulane's Payson Center and FIOCRUZ, Brazil. Teaching materials of HMIS/M&E courses at JU are being converted into e-materials to extend coverage to a much larger audience from the government, NGO/FBO community as well as to promote sustainability of the training program including offering M&E courses using distance learning.

The support to JU MSc program will continue in FY07. The graduates will be the basis of the newly forming Ethiopia M&E Network, which provides a forum for sharing ideas and experiences and mentor RHB, NGOs, FBOs and other local stakeholders. Technical assistance and support to JU will continue for the pre-service I year HMIS training program for building sustainable M&E systems at the service facilities (for a combined FY06- 07 total of 200). Support will continue to be given to JU to produce and disseminate M&E training materials required for the delivery of courses. All materials produced for the certificate and diploma HMIS course at JU will be converted into e-materials. In FY07, Tulane will support JU to embark on distance learning course for M&E by learning from experience of such course from Brazil. Organization inside and outside the country will be able to sponsor students to these programs. This preparation will help JU to extend training to a much larger number of students and thus building a state-of-the-art training program for HMIS officers. Tulane will continue integrating M&E training in the pre-service training in the Accelerated Health Officers training program. A summer institute for faculty for training and sharing experience will be established. As JU has critical shortage of teaching staff two assistant lecturers amongst the first M&E cohorts will be recruited as part of staff retention mechanism at JU.

Continued Associated Activity Information

Activity ID:	5582
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Tulane University
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,075,000.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	662	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	☐

Target Populations:

Community-based organizations
Faith-based organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Teachers
Other MOH staff (excluding NACP staff and health care workers described below)
Doctors
Laboratory workers
Nurses
Pharmacists
Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: National HMIS Support
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10413
Planned Funds: $ 800,000.00
Activity Narrative: National HMIS Support

This is a new activity in COP07 and will be linked with other activities, including the National Monitoring and Evaluation System Strengthening, Capacity-Building and the MOH data warehouse (5582, 1090, 1094, and 5714).

A strong and functional Health Management Information System (HMIS) is a fundamental prerequisite for a successful health service infrastructure in Ethiopia. It is essential to ensure the availability of reliable and timely information for evidence-based decision making across all levels of the health system.

The Federal Ministry of Health (MOH) is committed to implementing a comprehensive Health Management Information System (HMIS) and Monitoring and Evaluation (M&E) reform. In FY05/06, JSI conducted an assessment of the HMIS in Ethiopia, and worked with the MOH and other stakeholders to design data collection and reporting tools per the results using UNDP funding. A national consultative meeting was held to analyze the assessment findings and develop an implementation plan. The various new formats will be piloted in 10 selected districts of the country by January 2007. PEPFAR Ethiopia has been providing support to the development of the national HMIS through the various programs in strategic information, such as building the one national HIV M&E system, national surveillance systems, electronic connectivity and networking, the national as well as regional data warehouses and so on. All these activities are being in implemented with the intention of integrating within the to be built comprehensive HMIS in the country.

In FY07, PEPFAR will coordinate with the MOH, Regional Health Bureaus (RHB), and other partners and stakeholders to support the implementation of the HMIS reform through phased expansion to all districts. The partner TBD will work with Tulane University to enhance the quality and usefulness of HIV prevention, care and treatment service information in the HMIS.

This activity focuses on the following areas of support: Evaluation of the pilot implementation; Printing and distribution of final recording and reporting formats; Training of responsible staff in the new system; and Supportive supervision.

This activity will support the evaluation of pilot findings and lessons learned will be incorporated in the final design to further improve the HMIS. The TBD partner will conduct supportive supervision at implementation sites to ensure a seamless transition between the existing HMIS and the newly updated system. The roll-out of the updated HMIS will benefit from other COP07 activities that support pre-service training on HMIS. However, it will also be essential to provide on-the-job-training to health professionals to guarantee complete and appropriate use of the updated HMIS tools at health facilities.

The roll out of updated HMIS across the country will be a major undertaking and it is anticipated that this activity will leverage funding from other sources. It is also believed that a strong unified HMIS will be instrumental in ensuring the sustainability of the various HIV, AIDS, STI and TB information systems developed by PEPFAR in Ethiopia.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	200	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	400	☐

Target Populations:

Host country government workers

Public health care 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: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10419
Planned Funds: $ 0.00

Activity Narrative: Support to the National TB/HIV Information System

This is a new activity for FY07. This activity is linked with the national M&E (5582), the data warehouse (COP ID 5724) and other TB/HIV activities of the partners (5750, 5751, 5752, 5754 and 5749) supported by PEPFAR. This activity will also be strengthening the implementation of the national HMIS.

According to the WHO Global TB Control Report issued in 2006, Ethiopia ranked 8th out of the top 22 High TB Burden Countries in terms of total number of tuberculosis cases notified in 2004, which was 123, 127. The estimated incidence of all forms of tuberculosis and pulmonary tuberculosis was 353 and 154/100,000 populations, respectively. The case detection rate of PTB+ cases was 36%, nearly half the global target of 70%. Cure rate for pulmonary tuberculosis cases on DOTS was 54% in 2004, falling short of the global target by 31%.

Information on prevalence of co-infection in Ethiopia is very limited and is based on very few hospital based surveys. The TB/HIV collaborative work was initiated in Ethiopia as a pilot project at 9 sites at the end 2004. Based on the experience from these sites the collaborative work has scaled up to 61 hospitals in the last one year. The data generated from these TB/HIV implementing sites revealed 47.5% co-infection.

The TB/HIV reporting system is designed by the MOH to follow the tuberculosis reporting system and is separately handled from other diseases. The quarterly reporting of statistics on patients diagnosed with TB/HIV is done at the woreda, zonal, regional level and at central level; epidemiological and operational indicators for monitoring of the program are calculated and compiled. Quarterly reporting is done according to the Ethiopian fiscal year.

Proper monitoring and evaluation of the TB/HIV activities is critical not only for effective management of individuals but also and more importantly to keep track of trends of the co-epidemics and facilitate subsequent planning. The MOH in its revised third edition of the TB/Leprosy guideline and first edition of TB/HIV implementation guideline clearly indicated on how to record and report the TB/HIV data and the monitoring and evaluation mechanisms of the TB/HIV activities. Although M&E activities are implemented to a certain extent a number of challenges that require remedial action are observed in the last one year. PEPFAR assisted evaluation of the TB/HIV implementing sites was conducted a year ago and the following drawbacks were observed 1) poor data recoding and reporting as a result of poorly organized monitoring and evaluation system 2) shortage of human resource 3) inadequate supervision, 4) lack of knowledge and 5) absence of electronic data management system.

This project aims to support the national tuberculosis control program which is functioning as a lead in the TB/HIV collaborative initiative at MOH and is chairing the TB/HIV Advisory Committee.

In 2007, activities will build on what has been started and focused on strengthening the TB/HIV monitoring and evaluation by (1) revising the TB and HIV registers according to feedbacks received from implementing sites and to include any missing indicators; (2) developing a data system at national, regional and district level to systematize the reporting and analyze the TB/HIV surveillance data, which includes training of MOH and regional staff on data management, procurement of IT equipments, recruiting staff, and other logistical support; (3) conducting regular supportive supervision to implementing sites; and (4) conducting review meetings involving all stakeholders on a regular interval, and external evaluations.

Continued Associated Activity Information

Activity ID:	5717
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 100,000.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	12	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	52	☐

Target Populations:

National AIDS control program staff
People living with HIV/AIDS
Policy makers
USG in-country staff
USG headquarters staff
Host country government workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.13: 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: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10427
Planned Funds: $ 150,000.00
Activity Narrative: Site Level Data Support among Armed Forces Health Facilities

This is new activity for FY07. This activity relates and linked to other program areas including counseling and testing, TB/HIV, palliative care, PMTCT in addition to ART services. This activity will also be strengthening the implementation of the national HMIS.

The MOH has established a chronic disease record-keeping system for the national ART program. Standardized tools include intake and follow up forms, pre-ART and ART registers, monthly cohort analysis and reporting forms among others. The national ART monitoring and evaluation system provides the means to collect data in a standardized manner. However, data at site level is currently under-utilized.

The ART program would be strengthened further by increasing the capacity of treatment-providing hospitals, central defense as well as command health departments and defense health science colleges to collect, manage, analyze and utilize ART-related data generated at site level for decision making to improve clinical and program management.

PEPFAR Ethiopia is planning to expand provision of comprehensive HIV/AIDS services to 131 civil and uniformed services hospital networks in FY07. Despite the rapid expansion of HIV/AIDS services all over the country very little attention was given to systematically analyze, document and share the information by stakeholders at all levels (i.e. health care personnel at facility level, health managers at division and command level). Therefore, limited information is available on the quality of services, barriers to utilization of services, and documentations on best practices in PMTCT, HCT, TB/HIV, palliative care and ART services.

UCSD will provide technical support to 43 hospitals in the uniformed services and the two health science colleges in the NDFE and the Federal Police Force to assess and monitor HIV/AIDS services coverage, quality and process. In addition, UCSD will support development of data collection systems streamlined to capture required data for calculation of standard indicators.

Data use will be supported at all levels to enable them to manage data and use data. Sites will be further enabled to appropriately tabulate and visualize their data such as the use of GIS, tables, charts, line and bar graphs and other standard methods. Appropriate options for tabulation include aggregation of data by patient, clinic and command levels.

Specific activities include training of health care providers at facility level in basic computer skills and data management which includes data entry, data analysis, paper writing and presentations, provision of technical support to staff at facility level as well as command heads to systematically collect, analyze and document service related data. The support to the sites will strengthen the national M&E system the MOH/HAPCO and regions are developing with other PEPFAR Ethiopia funds. UCSD will also support documentation of best practices and presentations of findings and experiences both at local and international scientific and programmatic forums for priory setting and decision making.

Implementation mechanisms for this activity will include providing the necessary modeling at site and command levels within the uniformed services.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	43	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	46	☐

Target Populations:

National AIDS control program staff
Other MOH staff (excluding NACP staff and health care workers described below)
Doctors
Laboratory workers
Nurses

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: FMOH
Prime Partner: Johns Hopkins University Bloomberg School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10433
Planned Funds: $ 150,000.00
Activity Narrative: Site Level Data Support

This is a new activity for FY07. This activity relates and linked to other program areas including Counseling and Testing, TB/HIV, Palliative Care, PMTCT in addition to ART services provided in Addis Ababa, SNNPR, Gambella and Benishangul Gumuz regions. This activity will also be strengthening the implementation of the national HMIS.

The MOH has established a chronic disease record-keeping system for the national ART program. Standardized tools include intake and follow up forms, pre-ART and ART registers, monthly cohort analysis and reporting forms among others. The national ART monitoring and evaluation system provides the means to collect data in a standardized manner. However, data at site level is currently under-utilized.

The ART program would be strengthened further by increasing the capacity of treatment-providing hospitals, RHB and regional universities to collect, manage, analyze and utilize ART-related data generated at site level for decision making to improve clinical and program management.

PEPFAR Ethiopia is planning to expand provision of comprehensive HIV/AIDS services to 131 hospital networks in COP FY07. Despite the rapid expansion of HIV/AIDS services all over the country very little attention was given to systematically analyze, document and share the information by stakeholders at all levels (i.e. health care personnel at facility level, health managers at zonal and regional level). Consequently, limited information is available on the quality of services, barriers to utilization of services, and best practices in PMTCT, HCT, TB/HIV, palliative care and ART services.

JHU will provide technical support to 40 hospitals (32 public and 8 private), four RHBand two regional universities, to assess and monitor HIV/AIDS services coverage, quality and supporting processes. In addition, JHU will support development of data collection systems streamlined to capture required data for calculation of standard indicators.

Institutions will be supported to fully and effectively manage and use the data. Sites will be assisted in appropriate ways to tabulate and visualize their data such as through the use of GIS, tables, charts, line and bar graphs and other standard methods. Appropriate options for tabulation include aggregation of data by patient, clinic and regional levels.

Specific activities include training of health care providers at facility level in basic computer skills and data management which includes data entry, data analysis, technical paper writing and presentations, and provision of technical support. The support will include bi-annual regional review meetings which will serve as a forum where facilities will present their data and share experience. The support to the sites will strengthen the national M&E system the MOH/HAPCO and regions are developing with other PEPFAR Ethiopia funds. JHU will also support documentation of best practices and presentations of findings and experiences at local and international scientific and programmatic forums.

Implementation mechanisms for this activity will include providing the necessary modeling at sites and RHB within JHU regions.

Emphasis Areas	% Of Effort
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	40	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	45	☐

Target Populations:

Doctors

Nurses

National AIDS control program staff

Other MOH staff (excluding NACP staff and health care workers described below)

Laboratory workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Adis Abeba (Addis Ababa)

Binshangul Gumuz

Gambela Hizboch

Southern Nations, Nationalities and Peoples

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10437
Planned Funds: $ 150,000.00
Activity Narrative: Site Level Data Support

This is a new activity for FY07. This activity relates and linked to other program areas including Counseling and Testing, TB/HIV, Palliative Care, PMTCT in addition to ART services in Oromia, Diredawa, Harari and Somali regions. This activity will also be strengthening the implementation of the national HMIS.

The MOH has established a chronic disease record-keeping system for the national ART program. Standardized tools include intake and follow up forms, pre-ART and ART registers, monthly cohort analysis and reporting forms among others. The national ART monitoring and evaluation system provides the means to collect data in a standardized manner. However, data at site level is currently under-utilized.

The ART program would be strengthened further by increasing the capacity of treatment-providing hospitals, RHB and regional universities to collect, manage, analyze and utilize ART-related data generated at site level for decision making to improve clinical and program management.

PEPFAR Ethiopia will expand provision of comprehensive HIV/AIDS services to 131 hospital networks in FY07. Despite the rapid expansion of HIV/AIDS services all over the country very little attention was given to systematically analyzing, documenting and sharing the information by and with stakeholders at all levels (i.e. health care personnel at facilities, health managers at the zonal and regional levels). Consequently, limited information is available on the quality of services, barriers to utilization of services, and best practices in PMTCT, HCT, TB/HIV, palliative care and ART services.

In FY07, CU will support the four RHB and the 42 hospitals providing comprehensive HIV/AIDS services in its operational zone to assess and monitor HIV/AIDS services coverage, quality and supporiting processes. In addition, CU will support development of data collection systems streamlined to capture required data for calculation of standard indicators.

Institutions will be supported to fully and effectively manage and use the data. Sites will be assisted in appropriate ways to tabulate and visualize their data such as through the use of GIS, tables, charts, line and bar graphs and other standard methods. Appropriate options for tabulation include aggregation of data by patient, clinic and regional levels.

Specific activities include training of health care providers at facilities in basic computer skills and data management which includes data entry, data analysis, technical paper writing and presentations, and the provision of technical support. The support will include bi-annual regional review meetings which will serve as a forum where facilities will present their data and share experience. The support to the sites will strengthen the national M&E system the MOH/HAPCO and regions are developing with other PEPFAR Ethiopia funds.

CU will also support documentation of best practices and presentations of findings and experiences both at local and international scientific and programmatic.

Implementation mechanisms for this activity will include providing the necessary modeling at site and RHB levels within CU regions.

Emphasis Areas	% Of Effort
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	42	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	47	☐

Target Populations:

Doctors

Nurses

National AIDS control program staff

Other MOH staff (excluding NACP staff and health care workers described below)

Laboratory workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Dire Dawa

Hareri Hizb

Oromiya

Sumale (Somali)

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10440
Planned Funds: $ 150,000.00
Activity Narrative: Site Level Data Support

This is a new activity for FY07. This activity relates and linked to other program areas including Counseling and Testing, TB/HIV, palliative care, PMTCT in addition to ART services in Amhara, Tigray and Afar regions. This activity will also be strengthening the implementation of the national HMIS.

The MOH has established a chronic disease record-keeping system for the national ART program. Standardized tools include intake and follow up forms, pre-ART and ART registers, monthly cohort analysis and reporting forms among others. The national ART monitoring and evaluation system provides the means to collect data in a standardized manner. However, data at site level is currently under-utilized.

The ART program would be strengthened further by increasing the capacity of treatment-providing hospitals, RHB and regional universities to collect, manage, analyze and utilize ART-related data generated at site level for decision making to improve clinical and program management.

PEPFAR Ethiopia will expand provision of comprehensive HIV/AIDS services to 131 hospital networks in FY07. Despite the rapid expansion of HIV/AIDS services all over the country very little attention was given to systematically analyzing, documenting and sharing the information by and with stakeholders at all levels (i.e. health care personnel at facilities, health managers at the zonal and regional levels). Consequently, limited information is available on the quality of services, barriers to utilization of services, and best practices in PMTCT, HCT, TB/HIV, palliative care and ART services.

UW/I-TECH will support Tigray, Amhara, and Afar to assess and monitor HIV/AIDS services coverage, quality and supporting processes. In addition, I-TECH will support development of data collection systems streamlined to capture required data for calculation of standard indicators.

Institutions will be supported to fully and effectively manage and use the data. Sites will be assisted in appropriate ways to tabulate and visualize their data such as through the use of GIS, tables, charts, line and bar graphs and other standard methods. Appropriate options for tabulation include aggregation of data by patient, clinic and regional levels.

Specific activities include training of health care providers at facilities in basic computer skills and data management which includes data entry, data analysis, technical paper writing and presentations, and the provision of technical support. The support will include bi-annual regional review meetings which will serve as a forum where facilities will present their data and share experience. The support to the sites will strengthen the national M&E system the MOH/HAPCO and regions are developing with other PEPFAR Ethiopia funds.

I-TECH will also support documentation of best practices from sites and presentations of findings and experience both at local and international scientific and programmatic forums.

Implementation mechanisms for this activity will include providing the necessary modeling at site and RHB levels within I-TECH regions.

Emphasis Areas	% Of Effort
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	40	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	45	☐

Target Populations:

Doctors

Nurses

National AIDS control program staff

Other MOH staff (excluding NACP staff and health care workers described below)

Laboratory workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Afar

Amhara

Tigray

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Management Sciences for Health
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	10442
Planned Funds:	$ 500,000.00

Activity Narrative: Data Use at Health Centers for Programmatic Improvement

This is a new activity. It also relates to the Care and Support Contract (CSC) Palliative Care (5616), CSC (TB/HIV) (5749), CSC counseling and testing (5654), ART Service Expansion at Health Center Level, PMTCT/Health Centers and Communities (5586), National Monitoring and Evaluation System Strengthening and Capacity-Building (5582, 1090, 1094, 5714), activities. This activity will also be strengthening the implementation of the national HMIS.

Under PEPFAR Ethiopia, access to free ART has markedly increased to become a major component of HIV/AIDS services in addition to the prevention and care efforts. This increase has important implications for data collection and use within and among health networks. PEPFAR Ethiopia is planning to expand provision of comprehensive HIV/AIDS services to 131 health networks in COP07. Despite the rapid expansion of HIV/AIDS services all over the country, very little attention was given to systematically collect, analyze, document and share the resulting health service information by and with stakeholders at all levels (i.e. health care personnel at facilities and health managers at zonal and regional levels). As a result, only limited data are available on the quality of services and barriers to utilization of services. It is, in turn, difficult to document best practices in PMTCT, VCT, PIHCT, TB/HIV, palliative care and ART services.

Besides the logistics, infrastructural and human resource inputs, the availability of appropriate information at these sites is essential for the success of the ART scale up and other HIV/AIDS care services. A huge amount of patient data are generated that need to be reported to various levels through appropriate channels. Most importantly, these data are required in order to improve and maintain quality of service at the health centers. Ensuring data capture and the capacity to effectively use these data at the health center level is a major priority.

In COP07, this activity will provide training to appropriate health center staff on data entry, data cleaning, and data analysis techniques. A recent assessment of health centers for ART readiness revealed that most facilities don't have computer trained data clerks. Hands on training will be provided on basic computer packages for capturing and analyzing patient data. This activity will include training on report writing and data presentation technique to ensure staff are able to successfully communicate accurate and practical status reports that reveal both problems and success stories.

Information should be used for decision making at the point of source. Staff will be trained on how data are used to improve program and service delivery, and how to measure program effects (e.g. service utilization and behavioral outcomes). Data quality issues will also be addressed to ensure the validity and reliability of data coming from the facilities.

Health facility staff will be trained to use the national HIV/AIDS monitoring and evaluation framework, and the associated data capturing and reporting formats. Facilities staff will also be trained to develop their own monitoring and evaluation plans, which will ensure effective communication of information within and outside of the health centers.

Computers, printers and related information communication technology (ICT) equipment will be supplied to the facilities as appropriate for local conditions based assessment findings on existing gaps.

This activity will focus primarily on health centers that are undertaking HIV/AIDS interventions including VCT, ART, and PMTCT. It will work within existing systems, such as the national monitoring and evaluation framework, and link with other health facilities in the network model with the aim of enhancing information sharing for program improvement. District health bureaus will also be supported to build their capacity in data management.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	400	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	800	☐

Target Populations:

Host country government workers

Public health care 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:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	10443
Planned Funds:	$ 300,000.00

Activity Narrative: Strengthening National HIV/AIDS/STI Surveillance Systems

This is an ongoing activity which was started in 2002 and continued to date. This activity is linked to the National M&E System Strengthening and Capacity Building (5582, 1090, 1094, and 5714). No FY06 funds have yet been received. The partner has just finalized the FY05 activities and targets as planned and based on plans of the EHNRI/FMOH/HAPCO for expanding the non-ANC and ANC based HIV surveillance activities, and will extend technical assistance to the government.

The uses of strategic information including data generated from surveillance programs has been crucial for the proper design, planning, implementation and monitoring and evaluation of HIV/AIDS prevention, care and support, and treatment programs supported by PEPFAR Ethiopia. Proper and timely estimations of the incidence, prevalence and impacts of HIV/AIDS and other related opportunistic infections among different geographic areas and population groups would help PEPFAR Ethiopia to influence the design and implementation of relevant policy guidelines; set specific, measurable, achievable, realistic and time bound program targets; and focus its resources on the most productive areas in the fight against the epidemic.

In COP06, PEPFAR Ethiopia supported the regular collection, processing, and analysis of surveillance data from sources including HIV counseling and testing services, TB/HIV and STI treatment clinics using guidelines that were developed in 2005. PEPFAR Ethiopia also continued to assist regions and the MOH in their use of surveillance data for planning, implementation and monitoring and evaluation of prevention, care and support and treatment programs. National HAPCO/ MOH and RHB were also assisted in planning their surveillance activities for the 2007 round of sentinel site HIV surveillance and making procurements including equipment and supplies for all the sites.

Moreover, PEPFAR Ethiopia supported EPHA with supplemental funds for the collection, compilation, processing, analysis, reporting and dissemination of data from the AIDS Mortality Surveillance in Addis Ababa. The determination of HIV incidence using BED and ARV drug resistance surveillance was also finalized in 2006 in close collaboration with the laboratory team.

In COP07, support will be provided to conduct the 2007 round of the ANC based HIV surveillance. The activity will be conducted in 100 ANC sentinel sites. The additional 21 sites will be selected from underrepresented rural areas in consultation with the RHB. The systematic collection, analysis and utilization of data from PMTCT services that are being supported by PEPFAR Ethiopia will also be supported to strengthen the surveillance system. This activity will help to generate strategic information on HIV/AIDS from PMTCT programs in health institutions that are fairly distributed all over the country. Available data capturing and reporting tools and mechanisms will be reviewed and improved.

PEPFAR will continue to support the collection, processing and utilization of surveillance data from sources including HIV counseling and testing, as well as TB/HIV, STI and blood donor services.

From the 2005 round of ANC based HIV surveillance and the 2005 EDHS+ survey, we have learned that the epidemic in the country consistes of very different sub-epidemics in terms of rural-urban and regional distributions. There are regions that seem to be driving the country's epidemic and that have rural sites with persistently high HIV prevalence rates over the last surveillance rounds. The 2005 ANC surveillance also revealed that the prevalence of syphilis among the ANC attendees showed an increasing trend unlike that of HIV. Moreover, both the Behavioral Surveillance Survey and EDHS+ did not provide data on the level of HIV and HIV related risk behaviors among the most at high risk groups. In COP07, a biological (both HIV and syphilis) and behavioral surveillance survey will be conducted among population groups including commercial sex workers, long distance truck drivers, prisoners, street people, out of school youth, men having sex with men and intravenous drug users. The objective of this activity is to look at the situations of the epidemic in regions with rural sites reporting persistently high HIV and syphilis prevalence rates, and obtain information on the most at high risk groups. The survey will also identify the roles these population groups have played in the high prevalence rates in these areas. The results of these surveys will be used to support the design, planning and

implementation of programs focusing on these population groups. This will help PEPFAR Ethiopia and the government focus their efforts and resources on targeted interventions.

The capacities of EHNRI, HAPCO/FMOH, RHB and surveillance sites will be further strengthened so to enable them conduct the planning, implementation, monitoring and evaluation of surveillance programs effectively and efficiently. To effect this, surveillance program management as well as specific surveillance-related trainings will be provided to national, regional and site level surveillance program officers and coordinators. These interventions will improve the leadership and technical skills. PEPFAR will also support the preparation and distribution of strategic information (international and country) to the EHNRI, NHAPCO/FMOH, RHB, all ART site hospitals and their satellite health centers.

Continued Associated Activity Information

Activity ID: 5717
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 100,000.00

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
HIV Surveillance Systems	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	14	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	700	☐

Target Populations:

Commercial sex workers
Doctors
Nurses
Injecting drug users
Men who have sex with men
Street youth
Truck drivers
Prisoners
Out-of-school youth

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: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10445
Planned Funds: $ 250,000.00
Activity Narrative: Support to the National Surveillance Systems

This is a continuing activity that was started 2002. This activity is linked with the Strengthening National HIV/AIDS/STI Surveillance Systems (5717) as well to all of the PEPFAR Ethiopia supported SI, prevention, treatment and care activities. Due to some ongoing changes in the organizational structure at the Ministry implementation of activities were slowed down, but has now picked up pace and the partner is on track with implementation. No funds from FY06 have so far been utilized, and thus the funding level has been kept flat lined.

Building the capacities of, the National HIV/AIDS Prevention and Control Office and RHB to enable them to extend their support to Zonal Health Departments (ZHD), Woreda Health Desks (WHD) and health facilities will directly benefit HIV/AIDS, TB/ HIV and STI surveillance programs. PEPFAR Ethiopia has been supporting NHAPCO for these activities over the last several years. In 2006, NHAPCO, with PEPFAR Ethiopia funding, extended its support to RHB's tals of selecting health facilities and staffs to be trained in the collection, compilation and reporting of surveillance data from HIV counseling and testing, TB/HIV and sexually transmitted infection treatment services. Communication between and among the NHAPCO, RHB, ZHD, WHD and health facilities was also enhanced. The capacity of RHB for providing supportive supervision to all the health facilities involved in surveillance activities was also strengthened. NHAPCO also provided support to RHB to conduct their annual surveillance planning and review meetings with their respective surveillance site staffs.

During FY07, PEPFAR Ethiopia plans to build upon the activities and lessons learned from the previous year. RHB, ZHD, WHD and health facilities will be supported through the NHAPCO in their preparations for the planning and the execution of the 2007 ANC based HIV surveillance and the other surveillance activities through the provision of technical guidance in the selection of staff for trainings, selection and preparation of sites, supportive supervision, and facilitation of inter-organizational communications. This activity complements the activities of PEPFAR Ethiopia described in COP ID 5717 through which PEPFAR Ethiopia will provide technical assistance to the NHAPCO.

Continued Associated Activity Information

Activity ID: 5585
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Federal Ministry of Health, Ethiopia
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 100,000.00

Emphasis Areas	% Of Effort
HIV Surveillance Systems	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	12	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	700	☐

Target Populations:

Doctors
Nurses
Host country government workers
Laboratory workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	FMOH
Prime Partner:	Johns Hopkins University Bloomberg School of Public Health
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	10446
Planned Funds:	$ 200,000.00

Activity Narrative: Longitudinal Surveillance of HIV/AIDS Treatment under the Emergency Plan (L-STEP)

This is an existing activity from FY06. This activity is linked with the various surveillance support activities (5717, 5585) and HIV care and treatment programs supported through PEPFAR Ethiopia. We have kept the funding flat lined because the exact implementation modalities are being clarified and refined by various stakeholders in this project. No funds from FY06 have been received by the partner as of September 2006.

A strong standardized national patient monitoring system establishes the critical foundation for routine ART program monitoring as well as more advanced evaluation activities. When the national monitoring system is fully functional, group-level cohort outcome information from all sites will be reported to the national program on a quarterly basis. Group cohort information will be critically valuable data source for the national program on aggregate ART program outcomes such as program retention. But, this aggregation information has limitations such as it does not allow further investigation of variations in quality and outcomes by individual level characteristics, (e.g.age, sex, and health status) at start of ART. In the absence of widespread site-level capacity to record, process, automate and analyze individual longitudinal patient data, additional ART program evaluation activities will benefit national ART program planning and implementation.

L-STEP annually abstracts a limited number of data elements from existing medical records from a sample frame of new patients on ART in the last 6-12 months at a representative sample of ART sites. This retrospective cohort methodology will yield several advantages: (1) rapidly establishes a way to evaluate and improve treatment efforts; (2) can be repeated annually to reflect the changing and expanding patient population; (3) draws upon the existing standardized national monitoring system; (4) complements the ACM by drawing information from a representative sample of ART sites (whereas the ACM is 7 selected university-supported ART sites); (5) yields information on additional measures (additional outcomes, quality of care, and behavioral measures) not collected on the national aggregate group cohort form; (6) collects individual-level information, which implies that individual characteristics such as age, sex, health status at start of ART, etc. can be associated with the study outcomes of interest; (7) incorporates site-level review of record quality, by including site-level personnel in the data collection exercise; and (8) builds monitoring and evaluation capacity at participating ART sites by including site-level personnel in the data collection exercise.

The primary objectives of this proposed evaluation project are to describe the quality and outcomes of ART services among a representative sample of individuals on ART for 6 and 12 months, and to analyze the variation among these measures by sub national, facility, and individual-level characteristics. Since most of the quality and outcome measures will be abstracted from the standardized patient monitoring system, there is a finite set of potential variables from which to choose. Sample indicators to prioritize from this list include: (1) point of entry into HIV care and source of referral to ART; (2) time from eligibility to treatment initiation; (3) proportion retained in ART program and reason for loss (stop, transfer, death); (4) adherence to ARV drugs; (5) regimen switch (from first to second line) and timing of switch; (6) change in health status as measured by weight, functional status, CD4 count; (7) incidence and duration of hospitalizations; and (8) prevalence and incidence of active tuberculosis (TB).

The existing patient monitoring system should be reviewed by all interested stakeholders to decide upon the evaluation priorities (i.e. the extractable, useful indicators to be measured in this type of periodic national evaluation).

In addition, the core evaluation activity could be supplemented by a prospective interview component to measure additional outcome measures not extractable from the medical record, such as: (1) sexual and alcohol/drug risk behaviors; (2) receipt of prevention services as part of HIV care and treatment; and (3) development of HIV drug resistance (as special topic in a limited number of sites, in collaboration with the WHO HIV drug resistance working group.

This additional component could either involve selecting a random subsample of the retrospective cohort and interviewing them at several points in time, or selecting a cohort

of newly enrolled patients and interviewing them at several points in time. This interview component would complement the ACM behavioral extension (that is proposed and under consideration) by providing similar behavioral information from a representative sample of treatment sites rather than the selected university treatment sites.

The evaluation seeks to compare outcomes by facility; a short facility survey on all participating sites will facilitate this analysis. The domains of the facility survey might include the availability of HIV-related services, capacity of the laboratory and pharmacy, and specific aspects of ART services (staffing, infrastructure, characteristics of service provision, etc.) at the facility.

Continued Associated Activity Information

Activity ID:	5721
USG Agency:	HHS/National Institutes of Health
Prime Partner:	Johns Hopkins University Bloomberg School of Public Health
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 0.00

Emphasis Areas	**% Of Effort**
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for strategic information activities	10	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	50	☐

Target Populations:

Doctors
Nurses
National AIDS control program staff
Other MOH staff (excluding NACP staff and health care workers described below)

Key Legislative Issues

Stigma and discrimination

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:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	10450
Planned Funds:	$ 1,650,000.00

Activity Narrative: Capacity Building for Evidence-based Decision Making, Generation and Dissemination of SI

This narrative consists of three merged activities to be performed by EPHA. This is a continuing activity from FY06. This activity is linked with National HMIS, M&E capacity building activity (5714), and Strengthening National Surveillance Systems (5717 and 5585). The partner received 50% of FY06 funds and is on track according to the original targets and work plan. We have raised the funding based on the partner performance and a major expansion of the activity planned for FY07.

In order to successfully develop and interpret SI and implement evidence-based HIV/AIDS programs and policies, Ethiopian HIV/AIDS program managers and policymakers must be able to generate, analyze, interpret quantitative information, critically evaluate and use data generated by epidemiologic studies, surveillance, program monitoring, targeted evaluations, and similar efforts. Additionally, it is essential to develop expertise in the country in field-based epidemiology and laboratory management practice as an integral component of developing an integrated public health system that develops sustainable public health and HIV/AIDS practices. Because of its investment in HIV/AIDS programs, PEPFAR Ethiopia and its partners are uniquely positioned to assist with this type of human capacity development. This activity ensures that USG investments in data collection and programs are amplified through the critical use of data for program planning.

In COP06, EPHA was provided with supplemental funds to conduct a one year Leadership in Strategic Information (LSI) training program. The objective was to enable program managers to critically evaluate and use data for decision making and for designing and implementing evidence-based programs. A diploma-granting program was conducted to train 30 program managers in a series of 5 one-week courses per year, based on distinct quantitative modules including: HIV/AIDS strategies and interventions, descriptive and analytic epidemiology, surveillance and monitoring and evaluation. This activity includes the provision of intensive follow-up support to the trained individuals.

In COP07, EPHA will continue working with PEPFAR Ethiopia to support the LSI training program. In addition, EPHA will develop a two-year field-based, service-oriented Master's degree program to teach greater analytic and management skills to potential leaders. This program, in addition to expanding on the components of the one-year program, will incorporate courses in advanced analytic epidemiology, public health program management, laboratory management, and communications. The masters program will train 10-20 medical epidemiologists and laboratory management personnel in a series of 5-6 courses over the two year period that will incorporate a total of 12 weeks of didactic training evaluated through a traditional examination process. The students will then be attached to field-based activities which include specific investigations, evaluations, and research as a part of a thesis project. The program will be coordinated with university courses but relies on a field orientation that provides practical experience and service to the ministry.

AIDS Mortality Surveillance ($450,000)
This is a continuing activity from FY06. This activity is linked with the Strengthening of the Surveillance Systems activities (5717 and 5585). We recently transferred 25% of its FY06 funding. However, the partner is on track in the preparatory works according to the original targets and work plan. The funding for FY07 is raised to support a major expansion based on the very good performance of the partner in other activities.

Registration of deaths by age, sex and cause, and calculating mortality levels and differentials are fundamental to evidence-based health policy, monitoring and evaluation. With the expansion of ART programs, vital registration data are essential for monitoring HIV/AIDS, not only because prevalence data will gradually lose informative value, but because the system is necessary for monitoring the impact of treatment regimes. AIDS mortality trends are the ultimate outcome measures.

In COP06, with the supplemental received from PEPFAR, EPHA has started to support the Addis Ababa Mortality Surveillance Project (AAMSP) to monitor population level impact of ART via analyses of age and sex specific trends in AIDS mortality in Addis Ababa City.

In COP07, EPHA will continue to support AAMSP. The activity will expand to three

additional semi-urban sites which are collecting vital statistics for other purposes. On expansion of the project, mortality data will be collected from burial sites and compared with those from the already existing and ongoing demographic surveys in the sites with a focus on monitoring AIDS mortality and the population level impact of ART. The potential benefits of the vital events registration extends beyond monitoring the effect of ARV therapy on AIDS related mortality rate. Data collected from these sites will inform policy makers, program managers and the society at large on the affect of AIDS on deaths and on the affect of ART on delaying such deaths. The project will be implemented in collaboration with the EPHA regional chapters at Addis Ababa, Jimma and Gondar Universities. Building the capacity of these organizations will assist in in impriving their sustainability after PEPFAR.

Generation and Dissemination of Strategic Information ($400,000)
This is a continuing activity started in FY05. Although the partner had a good track in the past we have kept the FY07 funds flat lined. In COP06, EPHA supported the generation and dissemination of strategic information by supporting postgraduate theses in areas of HIV/AIDS, STI and tuberculosis to enhance M&E. The dissemination of surveillance data, best practices and study findings through the EPHA annual conference and publications were the major accomplishments during that fiscal year. EPHA also provided support to postgraduate M&E program at Jimma University.

In COP07, EPHA will continue supporting the generation and dissemination of SI through its annual conference, Master's theses and publications. Additional activities will concentrate on developing the association's capacity to manage systems for the generation, utilization and dissemination of strategic information. An aspect of the capacity building will be improving staffing and providing training to it. The following programmatic investigations will be supported to permit post-graduate students to carry out their graduate thesis work. These include: (1) reasons for first intercourse among Ethiopian youth; (2) HIV test results among premarital couples; (3) comparative situation analysis of PMTCT in Ethiopia using ANC with PMTCT data; (4) pre-martial testing results and discordant rates; (5) barriers to and facilitators of behavior change among the armed forces; (6) the impact of malnutrition on survival in HIV+ patients starting antiretroviral therapy; (7) organizational assessment to measure human capacity and needs in terms of organizational structure; (8) factors contributing to increase in the uptake of VCT among the youth; and (9) factors that increase risk behaviors in the work place.

Continued Associated Activity Information

Activity ID: 5611
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ethiopian Public Health Association
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 400,000.00

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	17	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	255	☐

Target Populations:

Adults
Most at risk populations
HIV/AIDS-affected families
Infants
National AIDS control program staff
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Pregnant women
USG in-country staff
USG headquarters staff
Children and youth (non-OVC)
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care 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:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	10477
Planned Funds:	$ 150,000.00

Activity Narrative: EDHS dissemination and further analysis

This is a continuing activity from FY06. By end of September 06, ORC Macro will receive 100% of FY06 funding and is on track according to the original targets and work plan. Funding is increased based on the achievements from FY06.

The 2005 Ethiopia Demographic and Health Survey (EDHS) was conducted in COP05 within the framework of Ethiopia's ongoing Health Sector Development Program. The survey provided resources 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 HIVAIDS 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 EDHS 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 Government of Ethiopia, USAID, UNFPA and other development partners.

In FY06 the 2005 EDHS was completed, and the final report was released in September 2006. A total of 535 enumeration areas were covered by 30 field work teams. The response rate for the household questionnaire was 93.5%, with 95.5% and 88.0% response rates for the female and male questionnaires, respectively. Data from 14,620 households, 15,300 female and 7,350 male questionnaires were 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 was 81% and 73.6% for women and men, respectively.

During COP06 the analysis of the EDHS was expanded to include an in-depth assessment of risk factors, such as cross generational marriage and sex, transactional sex and the impact of gender and vulnerability on HIV prevalence in specific regions. In addition, an HIV fact sheet was prepared for distribution at the national EDHS dissemination workshop. Three trips to Ethiopia were made to consult and discuss HIV prevalence and related EDHS findings with Ethiopian counterparts.

In COP07, this activity will support dissemination workshops with key government and non-government personnel to ensure a clear understanding of the HIV results and the relationship between knowledge, attitude and behavioral variables and HIV prevalence. This understanding will inform the formulation of effective programs to prevent or reduce HIV transmission and to address the problems associated with HIV. In addition, this activity will support region-specific fact sheets to address HIV prevalence and related issues. Media-specific workshops will be held to educate the key media representatives and the public about the EDHS findings. The workshops will ensure participation by senior program managers and policy makers at the national and regional levels to transmit findings from the EDHS and, most importantly, enhance their capacity for data utilization.

Further analyses will be undertaken on critical factors that emerge from the COP06 analyses. All analysis will be done in collaboration between Macro and relevant GoE ministries and local universities. It is anticipated that the results will be published in peer reviewed journals. This activity will also include multiple TA to MOH, CSA, and EHNRI in analysis and the dissemination of findings to different levels with the primary aim of ensuring use of the generated information for programmatic improvement and determining strategic directions.

Continued Associated Activity Information

Activity ID: 5621
USG Agency: U.S. Agency for International Development
Prime Partner: Macro International
Mechanism: N/A

Funding Source: GHAI
Planned Funds: $ 100,000.00

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of indigenous organization provided with technical assistance for HIV-related institutional capacity building;	14	☐
Number of local organizations provided with technical assistance for strategic information activities	3	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

Target Populations:

Host country government workers
Other Health Care Workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	10482
Planned Funds:	$ 300,000.00

Activity Narrative: Production of HIV care, treatment & prevention related electronic materials

This is a new activity for FY07. This activity is linked various capacity building activities (5714, 5611) and HIV care, treatment and prevention activities of PEPFAR Ethiopia. With PEPFAR Ethiopia, Global Fund, and other international funding, HIV/AIDS services are rapidly expanding in Ethiopia. In order to achieve the targets of PEPFAR Ethiopia, the Ministry of Health is engaged in strengthening and expanding HIV/AIDS related services including HIV Counseling and Testing (CT), ART and PMTCT at healthcare facilities throughout Ethiopia. Training of healthcare providers in all HIV/AIDS services has been a major focus of this intervention. Beyond the direct cost of training, pulling healthcare providers out for training affects the continuity of services at already understaffed health facilities. The situation is further affected by high staff turnover of trained physicians and nurses within government health facilities. The result is a seemingly endless need for training in order to ensure a critical numb er of quality HIV/AIDS service providers. Because information related to ART, PMTCT, and CT constantly changes, refresher trainings are required, further complicating the situation.

With over a decade of experience addressing these challenges through innovative applications of education technology, JHPIEGO continues to adapt its approaches to the changing environment of healthcare and technological advances. Following is a list of examples of JHPIEGO's accomplishments.
In 1999, JHPIEGO developed the ModCAL™ CTS, a self-paced computerized clinical training skills learning package that prepares clinical trainers to conduct skills training for providers. Created as a cost-effective workshop alternative with minimal technological requirements, ModCAL CTS includes interactive audio and video presentations with knowledge assessments. Participants complete the modules and assessment on their own and must bring their results to the complementary skills training. Reducing training time by almost 50%, ModCAL has been used in several countries in the Caribbean and Africa.

In 2001, with funding from the Health Resources and Service Administration of HHS, JHPIEGO developed a series of tutorials on the clinical care of women with HIV. These tutorials include presentation graphics to support audio presentations and a knowledge assessment questionnaire.

In 2002, JHPIEGO developed a 14 week e-mail course, Meeting the Family Planning and Reproductive Health (FP/RH) Needs of Clients with HIV/AIDS in Low-Resource Settings, to help providers better meet the needs of clients with HIV/AIDS. It focused on practical solutions based on current scientific knowledge. 37 healthcare professionals participated in the first course, which resulted in a 30% increase in their knowledge as compared to the baseline.

To address challenges faced by Ethiopia and to quickly address the need for increasing the number of trained healthcare providers to support HIV/AIDS services, the following activities will be implemented in FY07.

Learning Platform. Making use of state-of-the-industry MS Windows® compatible technology appropriate to low resource settings, JHPIEGO will adapt and use a free and open-source Learning Management System (LMS), such as Moodle (Modular Object Oriented Dynamic Learning Environment), as a framework to manage and deliver learning materials related to specified competencies. This virtual classroom will support a community of users by providing concurrent access to multiple computer workstations delivered by the LMS located on the hospital server. The LMS will ensure consistent access to emerging evidence-based knowledge, skills and practice consistent with training materials approved by the MOH. The LMS will also facilitate educational collaboration by the users within each hospital. The proposed system is scalable to allow growth in the number of users accessing the content and is replicable to multiple facilities in the absence of Internet connectivity. The locally-hosted LMS will also support distribution of stand-alone learning activities and job aids to various mediums, such as CD/DVD, print-based tools, mobile MP3 players, PDA or mobile phones to support off-line learning and sharing. Using a LMS format will permit more flexibility for adding content topics and modifying specific learning tools as needed and determined locally.

Though the LMS is not an Internet-based tool, Internet connectivity will be desirable to

extend the reach of the LMS, provide additional means to connect healthcare experts and learners in different facilities, and to provide additional means to distribute new or updated curriculum content. The LMS will thus be designed to function in a facility LAN environment, with consideration to having limited or no Internet connectivity.

Initially, the LMS will be installed at hospitals attached to Gondar, Jimma, and Addis Ababa Universities. These three sites have been identified based upon their involvement in the strengthening of preservice education efforts under PEPFAR Ethiopia.

Content development and Learning Activities. In order to standardize training within the country, MOH has played a key role in overseeing and approving training materials developed and adapted for national use. Such training packages include ART, PMTCT, VCT, PIHCT, Infection Prevention, and several others. Using the approved training materials, a variety of innovative e-learning activities supporting the development of knowledge, skills and clinical decision-making important to several areas based upon priorities set by the MOH and key stakeholders will be embedded within the LMS. Pod casts, narrated presentations and study questions will be used to promote mastery of knowledge objectives.

Monitoring and Evaluation: The LMS will monitor the number of providers accessing the learning modules, completing the learning activities and demonstrating mastery of HIV/AIDS competencies. Competency for each module will be measured using electronic quizzes and gaming activities. Feedback will be gathered and used to adapt the LMS as needed to improve its supportive capabilities and also to expand curriculum content. Based upon the feedback received from the users during the first year, appropriate revisions will be made in the LMS.

Scale Up: The revised and updated LMS will be installed in all first cohort hospitals by the end of the project year.

Emphasis Areas	% Of Effort
Information Technology (IT) and Communications Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	3	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	25	☐

Target Populations:

Doctors

Nurses

Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Oromiya

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	FMOH
Prime Partner:	Johns Hopkins University Bloomberg School of Public Health
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	10489
Planned Funds:	$ 150,000.00

Activity Narrative: Clinical Simulation Technology (TheraSim) to support training on ART

This is a new activity for FY07. This activity is linked to the various HIV treatment services activities supported by PEPFAR. The capacity for rapid scale-up of ART is severely limited by the rapid turnover of trained and experienced HIV clinicians. To reduce the turnover of ART clinicians and to improve the knowledge base of both urban and rural clinicians, JHU will introduce continuing medical education and clinical decision support.

The success of the PEPFAR Ethiopia ART program depends on the skills and stability of the ART team -- doctor, nurse, pharmacist and lab personnel. Clinicians who are trained often quickly find better-payig positions outside of the public sector. After graduating from medical school, general practitioners are expected to spend 2-4 years in public hospitals with many placed in isolated regions. These clinicians report feeling cut-off from learning and desireing increased support in clinical decision-making. Consultations with more experienced clinicians are often impossible due to lack of communication technology.

To improve the clinical skills of rural clinicians, increase their capacity for appropriate decision making, and address there desire for professional growth, JHU will continue to implement a distance learning program making use of the initial ART training implementation platform and infrastructure developed with JHU - TSEHAI in FY06 and commercial products such as "TheraSim", a computer and handheld based program for clinical decision support. For physicians in urban settings, JHU will continue to provide the training centers and ART clinics with access to the training programs via CDs or the worldwide web. PEPFAR Ethiopia believes that improving information transfer regarding HIV will reduce turnover of geographically isolated clinicians as well as overwhelmed urban clinicians and hence will improve the total quality of HIV/AIDS care.

TheraSim, Inc. is a US-based company that provides software and services internationally to measure and improve the quality of clinical practice for HIV/AIDS and a variety of chronic and infectious diseases, including malaria, TB, hepatitis and diabetes. The prevalent system of capacity-building in Ethiopia has several challenges, including the need for rapid scale-up of clinical capacity and expertise in treating patients with HIV/AIDS, high cost and slow response of classroom-based learning; an ongoing need for clinically-based mentoring following didactic training; and the general absence of empirical data after drug distribution. TheraSim monitors and addresses gaps in clinical competency following existing classroom-based training and helps to improve patient outcomes in the ever-changing therapeutic environment.

The TheraSim Clinical Quality Assurance System has four key components: simulation-based assessment and intervention, EMR, Decision Support and Dashboard reports. The System is both internet- and CDROM-based, providing simulation of hypothetical patients in various stages of HIV/AIDS. The simulated cases can be adapted for use by nurses, basic-level physicians (those who see few HIV/AIDS patients) and expert level clinicians. TheraSim uses WHO-approved guidelines, or country-specific guidelines where they exist, and regionally-appropriate pharmacology and treatment modalities with authentic "virtual" case studies for diagnosis and treatment of HIV/AIDS and co-morbidities. It complements other training methods such as formal training, bedside teaching and case discussions. The System uses simulated cases for which healthcare choices on diagnosis and treatment need to be made, then gives feedback on these choices and refers to the country guidelines as well as relevant international guidelines. TheraSim can be adapted for training nurses and allied health professionals as needed.

To achieve the next phase of support, TheraSim will expand its deployment of they System in Ethiopia through its innovative mentoring and clinical decision support system for an additional 700 health care professionals beyond the 500 already being supported under a separate grant to efficiently advance existing capacity building efforts by improving and measuring the quality and outcome of clinical practice, including ART delivery for HIV/AIDS and the treatment of TB, in compliance with published national treatment guidelines.

TheraSim will seamlessly augment efforts that it has implemented with the CDC and with other programs that have already been developed and deployed. For example, I-TECH has

developed training curricula for ART, management of OI, and PMTCT with the support of international partners and has organized numerous trainings. These training programs primarily reached health professionals in the public sector. Various institutions have organized two to five-day basic training workshops on HIV/AIDS management, one-day advanced courses for clinicians, and evening seminars on specific topics, usually attended by clinicians of both the public and private sectors. So far, however, no reliable and accessible system exists to assess the skills of individual health workers or the overall effect of existing training activities, provide ongoing mentoring and support, provide clinical support to reduce medical error, nor to report clinical skills and patient outcomes.

TheraSim and JHU-TSEHAI will deploy TheraSim's field-tested Clinical Performance Management computer-based decision support ("TheraSim CPM") system for rapid and effective ongoing mentoring of healthcare workers throughout Ethiopia and PEPFAR Ethiopia goals. The system will continue to use regionally appropriate pharmacology and treatment modalities with authentic case studies for diagnosis and treatment of HIV/AIDS and TB.

Emphasis Areas	% Of Effort
Information Technology (IT) and Communications Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	4	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	700	☐

Target Populations:

Doctors

Nurses

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: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10492
Planned Funds: $ 150,000.00
Activity Narrative: Assessment of Routes of Spread of HIV from Hot Spots

This is a new activity for FY07. The 2005 round of ANC-based sentinel site HIV surveillance had revealed that there are some "hot spots" in rural areas with high HIV prevalence rates. The surrounding rural areas are believed to be affected by the transmission of HIV from the hot spots. The reasons behind these high HIV prevalence rates in the rural hot spots will be investigated. Particular attention will be paid to the sexual networks and other routes that spread HIV infection from the hot spots to the surrounding rural areas.

Two questions will be answered by this investigation. The first is what types of sexual networks and relationships exist among people in these rural "hot spots" and those in the rural areas surrounding the hot spots? The second one is which of the networks are associated with high HIV transmission from the hot spots to the surrounding rural areas?

Cross-sectional studies will be conducted in selected sites and their surrounding rural areas. An attempt will be made to determine the types of sexual networks and association between risk of infection of network members and their position within the sexual networks. Both epidemiological and ethnographic factors will be studied and structural characteristics of the networks identified. Comparisons will be maded of the risk factors in smaller disconnected components (commercial sex workers, in school youth) with a large network of general populations in both areas.

Primary focus will be on the general as well as specific population groups and bridging populations in rural hot spots. Adequate sample sizes will be calculated for each group and for each site involved.

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	15	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

Target Populations:

Adults
Most at risk populations
HIV/AIDS-affected families
People living with HIV/AIDS
Pregnant women
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)

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: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10507
Planned Funds: $ 90,000.00
Activity Narrative: The Effects of PEPFAR Supported Interventions on the Health Sector

The national response to the HIV epidemic has included formulating several policies, establishment of establishing the national and regional HAPCO, and introduction of several types of services in the health facilities. Although many resources have supported the implementation of the multi-sector response to HIV/AIDS, little is known about the effects of all the HIV/AIDS activities in strengthening the health system of the country. This study will attempt to generate information on how the HIV/AIDS activities (including those supported by PEPFAR Ethiopia have strengthened the countriy's health system.

The evaluation question is how the national HIV/AIDS activities and interventions in general, and those of PEPFAR, in particular, have helped in strengthening the national health systems?

The study will use standard and adapted data collection instruments to capture data on national level inputs and outputs of HIV/AIDS related activities through out the period of PEPFAR Ethiopia's existence. Data will be collected by making reviews of documents on program performance and financial and property reports of relevant organizations. A study will be conducted by using qualitative methods such as focus group discussions and interviews with key informants to assess the institutional capacities of these organizations with and with out the effects of HIV/AIDS interventions in the past as well as recent years. The outcomes and affect of these activities on the national health system will be assessed. The level of contributions of PEPFAR Ethiopia towards this will be determined.

Focus will be given to interviewing heads of organizations, administrators, program managers, financial managers and planners in MOH, NHAPCO, RHB and RHAPCO. People in each of the organizations will be interviewed individually or in groups to obtain the required information. Additional data sources and documents will be obtained and reviewed through formal requests by the investigators.

Emphasis Areas	% Of Effort
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	15	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

Target Populations:

National AIDS control program staff

Policy makers

Other MOH staff (excluding NACP staff and health care workers described below)

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:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	10510
Planned Funds:	$ 370,000.00

Activity Narrative: Human Resource Requirement for Meeting Targets by 2010

This is a new targeted evaluation activity in FY07. The roll out of free ART was initiated in January 2005 with the support of PEPFAR and the Global Fund. Ethiopia is committed to the global initiative on Universal Access to HIV/AIDS 2010 and MDG 2015. In 2005 the number of people who need ART is estimated to be 277,757 including 24,201 children, this number is expected to increase to 330,775 people by 2010. To meet this target, MOH is implementing massive ART scale up. The most prominent challenge to this scale up is a human resource shortage. This targeted evaluation will explore the human resource requirements for meeting PEPFAR and Universal Access by 2010.

There are twoo evaluation questions. The first is what is the gap in the human resource requirement for meeting PEPFAR and Universal Access targets by 2010? The second one is what strategies and innovative solutions should be adopted if the country is to meet these targets?

The study will lay out recommendations and possible alternative solutions to meet the human resource shortage in ART scale up and address the health sector workforce crisis the country is facing.

This comprehensive assessment will be based on extensive literature review, documentation of other countries experience and the use of both quantitative and qualitative methods. Representative sample of different categories of decision makers, health workers, trainers, and health managers and will be interviewed. Observations and inventories will be carried out to document the actual workload on health workers and the overall situation at different levels of the health system

The National ART Implementation Guidelines propose that a team of two doctors, a nurse , counselor, one pharmacist, one lab technician administer, and a data clerk are need to manage ART services at a facility. These health care workers will be the population of interest.

Plus ups: PEPFAR Ethiopia will fund Tulane University to support the National AIDS Spending Assessment (NASA) planned for FY07 in coordination with UNAIDS, UNDP and other partners.The main objective of NASA, or HIV/AIDS resource tracking at country level, is to determine what is actually mobilised and spent in the fight against HIV/AIDS and how expenditures were organized, by following the resources flow from origin to final destination (i.e.beneficiaries receiving goods and services). It is systematic, periodic, multiple-vector and exhaustive tracking of actual spending (from international, public and private sectors) that comprises the national response to HIV/AIDS. This data will help PEPFAR to plan and prioritise needs. It establishes standardized reporting on monitoring indicators to assess progress towards achieving targets of the Declaration of Commitment adopted by the United Nations General Assembly Special Session on HIV/AIDS (UNGASS I).
NETWORK MODEL ASSESSMENT - PEPFAR Ethiopia supports the Government of Ethiopia in HIV treatment, care and prevention activities throughout Ethiopia. To do this, a generally horizontal health network model has been followed until now, with CDC and its partners supporting comprehensive interventions at national and hospital levels, while USAID and its partners do so at health center and community levels. In a few situations one partner provides vertical support at the hospital and health centers; therefore currently Ethiopia follows a mixed model. The purpose of the USG network model is to support effectively and efficiently the tier of health facilities by providing comprehensive and quality HIV services. It is therefore crucial that the PEPFAR support network works well. To verify this and improve the coverage and quality of care and support at all levels, it has been deemed necessary to assess and monitor the health network model with the aim of improving its mode of support.
PEPFAR has supported development of the MOH and EHNRI comprehensive information technology network infrastructure including internet connectivity and website development from FY 05/06. All necessary equipment was procured, donated to GOE and more than 95% of the activity completed. Because of the FMOH and EHNRI restructuring and expansion of activities, their existing LAN system should expand to accommodate additional requirements, including connectivity with regional health bureaus, regional HAPCOs, federal and regional referral hospitals, and district hospitals for improved data

exchange, laboratory data quality control and quality assurances as well as data transfer and reporting. This activity will support upgrade of the current ADSL 128kbps Internet broadband connectivity of EHNRI for better data transmission and communication as well as additional data lines installation both for the Ministry and EHNRI. Through this activity items required to complete the overall project will be procured.
"The plus up fund will also be used to conduct requirement surveys and need analyses for regional health bureaus, regional and hospital laboratories and health institutions to identify and document ICT gaps for data-driven capacity-building planning.

The following five sub-activities will be implemented:
1) Procurement of additional IT equipment including servers, software, switches, etc for MOH and EHNRI to enhance their existing LAN/WAN systems to provide regional connectivity 2) ICT related refresher training for relevant existing and new staff including advanced regional ICT training and experience sharing programs for key Ministry and EHNRI SI staff 3) Needs assessment for regional health bureaus, HAPCOs, regional laboratories, and health institutions to produce data for ICT capacity building planning, including human capacity development in the regions. 4) Upgrade of current ADSL 128kbps Internet broadband connectivity of EHNRI to 512kbps 5) Installation and configuration of additional data lines and UPS lines for the Ministry and EHNRI."

PEPFAR Ethiopia will fund Tulane University to support conversion of a spreadsheet-based health program costing tool into database form in order to: 1. Allow rapid costing of kebele, facility, woreda, network, zonal, regional and national HIV/AIDS programs, by multiple parameters; 2. Allow stakeholders to determine total financial needs, amounts committed by partners, and funding gaps, if any; 3. Initially calculate funding needs for HIV/AIDS only; however, the tool will be easily adaptable for use by all portions of the health sector, and should be able to capture community and program level as well as facility-based costs This will assist in determining resource needs for HIV/AIDS decentralization of services, Global Fund and other funding proposals, overall program planning.

Emphasis Areas	**% Of Effort**
Other SI Activities	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for strategic information activities	15	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

Target Populations:

National AIDS control program staff
Policy makers
Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10525
Planned Funds: $ 100,000.00

Activity Narrative: Effectiveness of Training under PEPFAR Ethiopia

This evaluation will provide feedback to PEPFAR Ethiopia regarding the effectiveness and cost of investments to train health care workers at facilities. It will include a descriptive review of training processes and methodologies utilized by PEPFAR implementing partners, a review of costs per trained provider, and the cost of re-training providers due to attrition. A quasi-experimental data collection methodology will also assess the performance of providers (either on the job or in a simulation) on specific knowledge and skills included in the in-service training they receive. Additionally, the evaluation will measure the attrition rates and reasons for attrition.

There are seven evaluation questions.
(1) What proportion of health care workers who have attended at least one training event funded under PEPFAR are still in the post they were in at the time of training?
(2) If trained providers are not at the post they were in at the time of training, where did they go and what was the average time from training to the absence of post?
(3) If still on the job, do health care workers report using the knowledge and skills received during training. If they report not using this knowledge and skills, what are the causes and constraints they report? How have they sought to overcome these constraints and what support is needed to improve the skills?
(4) How effectively are health care workers performing on specific skills imparted during training, as measured through observation or simulation?
(5) What was the average cost per trainee of the training, by category of knowledge and skills of the training event (specifically, laboratory, infection prevention, voluntary counseling and testing, provider-initiated HIV counseling and testing, prevention of mother to child transmission, ART clinical skills, pediatric ART, and others to be determined) and what is the anticipated cost for re-training providers because of attrition. (i.e. money spent on providers that leave and the cost projection for training more replacement individuals)?
(6) How are the PEPFAR trainers being used within the program and how many training events have they conducted? Additionally, how comfortable are these trainers in conducting training?
(7) What is the perceived risk of HIV infection in providers trained versus providers not trained in providing HIV services?
(8) What are the implications of the analysis of the findings in the above questions on future directions in training for PEPFAR Ethiopia?

JHPIEGO will review PEPFAR Ethiopia's Training Information Management Information System (TIMS) for data on providers trained in HIV services to identify the population of health care workers trained in all areas of HIV prevention, care and treatment at hospitals. The study will employ a quasi-experimental design which matches a randomly selected percentage of trained workers to a randomly selected group of untrained workers by gender, age, cadre, work setting, level of professional experience, and type of training and educational preparation.

Assessors will evaluate the skills of trained providers by comparing skills that providers are expected to have post-training versus skills that are displayed at the time of assessment using standardized skills assessment tools. These tools will be developed or gathered from partners who conducted the first training of providers in each particular HIV service area.

Surveys will be distributed to PEPFAR Ethiopia's university partners to determine the methods and costs of training. Questionnaires will be distributed to all trainers trained under PEPFAR to see the extent of their involvement in training providers. The cost elements will include a comparison of the cost of training and forecasting training needs based on attrition across course types given.

The population of interest includes service providers -- doctors, nurses, midwives, pharmacists, lab technicians -- trained to provide HIV services under the PEPFAR Ethiopia program and service providers at the same hospitals not trained to provide HIV services. Thus, the sample will be selected from the 89 hospitals that have PEPFAR trained staff and will be determined to be a statistically significant representation from different levels of hospitals (district, referral, zonal, etc) and regions as well as an appropriate urban-rural sample.

Emphasis Areas	% Of Effort
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	12	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	50	☐

Target Populations:

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

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Rescue Committee
USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 12312
Planned Funds: $ 0.00
Activity Narrative: Plus up: PEPFAR Ethiopia will fund the International Rescue Committee to support specialized geographical information systems and geospatial data analysis by: 1. Supporting PEPFAR to present mapping products and conduct spatial analyses of existing PEPFAR activities and socio-economic, epidemiological, physical and infrastructural variables related to HIV/AIDS;
2. Maintaining updated USG mission activities to determine synergies across technical portfolios (e.g. USAID Basic Education Services, Alternative Livelihoods and Transitions, Business, Economic Growth, Agriculture and Trade and Health, AIDS, Population and Nutrition Offices).
3. Responding to requests for specialized geospatial analyses to ensure programming efficiencies.
This will assist in stakeholder outreach, standardization of program implementation and performance tracking of facility and community services."

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: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 12313
Planned Funds: $ 50,000.00
Activity Narrative: Plus ups: Monitoring and evaluation of palliative care activities is undeveloped in Ethiopia, despite OGAC provision of guidelines. There is currently no standardized method of collecting and reporting palliative care data across partners at national level. This lack ranges from the definition of palliative care indicators, data collection tools, reporting formats to data transfer and use mechanisms. Palliative care services, an essential component of HIV care and treatment programs, must be properly documented, and their impact measured and reported accurately. CDC will assess the current reporting system, pilot test proposed indicators, and based on this evaluation the country palliative care monitoring system will be designed. As PEPFAR reports are aggregated across partners, a standardized way of collecting and reporting indicators is essential to provide an accurate account of reality.

Table 3.3.13: 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: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 15748
Planned Funds: $ 700,000.00
Activity Narrative: None provided.

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: United Nations High Commissioner for Refugees
USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 15749
Planned Funds: $ 80,000.00
Activity Narrative: Monitoring the level of HIV infection and the trend is an integral component of a comprehensive HIV response. Data enables policy makers and planners to appreciate the magnitude of the problem, allocate resources as well as monitor effectiveness of interventions. Unfortunately in refugee setting in Ethiopia, there is a dire lack of HIV prevalence and behavioral data. Refugees have not been integrated in the national HIV sentinel surveillance nor community based surveys. The burden of HIV/AIDS among refugees is not understood.

Under this project, technical assistance and training will be provided to a cross section of implementing partners' staff members in Ethiopia through expert consultation, on site visits as well as meetings among others. On the job training and supervisory support will be strengthened. Fugnido, Teferiber and Kebribeyah will be supported to conduct ANC based sentinel surveillance using the ministry of health protocol and infrastructure. A time limited consultant will be hired to support health care providers and provide technical support to carry out sentinel surveillance.

Monitoring the level of HIV infection and the trend is an integral component of a comprehensive HIV response. Data enables policy makers and planners to appreciate the magnitude of the problem, allocate resources as well as monitor effectiveness of interventions. Unfortunately in refugee setting in Ethiopia, there is a dire lack of HIV prevalence and behavioral data. Refugees have not been integrated in the national HIV sentinel surveillance nor community based surveys. The burden of HIV/AIDS among refugees is not understood. However, data from routine health information system, voluntary counseling and testing services indicate that HIV/AIDS infection contributes to the burden of morbidity and mortality in refugee settings.

In 2007, PEPFAR approved a US$ 892,700 grant to strengthen HIV/AIDS response in refugee settings in Ethiopia. However, surveillance, monitoring and evaluation component of the program was not funded. Due to massive repatriation of refugee to south Sudan and an influx of refugees from Somalia, it has become essential to reprogram US$ 200,000 that was initially allocated for VCT services. We seek to set aside US$ 80,000 for strategic information.

Under this project, technical assistance and training will be provided to a cross section of implementing partners' staff members in Ethiopia through expert consultation, on site visits as well as meetings among others. On the job training and supervisory support will be strengthened. Fugnido and Kebribeya will be supported to conduct behavioral surveillance using the ministry of health protocol and infrastructure. A time limited consultant will be hired to support health care providers and provide technical support to carry out behavioral surveillance.

Targets

Target	Target Value	Not Applicable
Number of indigenous organization provided with technical assistance for HIV-related institutional capacity building;		☑
Number of local organizations provided with technical assistance for strategic information activities	7	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	150	☐

Table 3.3.13: Activities by Funding Mechanism

Mechanism: International Rescue Committee
Prime Partner: International Rescue Committee
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 16058
Planned Funds: $ 75,000.00
Activity Narrative: n/a

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: $ 3,895,000.00

Program Area Context:

PEPFAR Ethiopia will continue to support the Ethiopian Public Health Officer Training II developed and implemented by the Carter Center. In FY07 PEPFAR Ethiopia will round out its support of this ongoing activity by refining the curriculum and audiovisual materials used by both instructor and students.

In November 2006, 2,400 trained students will transition into health facilities and will assist in strengthening links between hospitals, health centers, and health posts. PEPFAR Ethiopia university partners will coordinate the program and new professionals.

Support of MOH's HSEP will continue to leverage resources from other USAID/E funding sources. HEW will continue to be trained and assigned to rural kebeles in rural areas. They are the first point of contact for most Ethiopians attempting to access public health services.

During FY07 the newest members of the healthcare field, the Community Oriented Outreach Workers (COOW) will be placed at ART facilities to support the HEW mobilize communities and ensure service provision to MARP.

Also in FY07 we will focus resources on improving service and facility management with the introduction of the recognized and tested program, SBM-R, and through a new partnership with the US National Alliance of State and Territorial AIDS Directors – some of the world's most seasoned, front-line professionals working on HIV/AIDS today. Another partner will focus on building the capacity of the emerging regional ARC.

The national ARC located in Addis Ababa is a critical element in the growing system of HIV/AIDS-focused organizations serving Ethiopians. In FY07, PEPFAR Ethiopia priorities will be to keep ARC at the forefront of the national response by improving its technological components such as its popular website and expanding IT capacity to regional ARC.

An exciting addition to our Policy/Other/SS program is a new partnership with a consortium of several professional associations serving health care professionals. Long overlooked, PEPFAR Ethiopia recognizes the alternative method of access to health care workers these associations offer. Their growing presence in the Ethiopian healthcare sector, and their relative cost-effectiveness in disseminating cutting edge information are additional reasons for establishing the partnership. The Ethiopian Medical Association will lead the consortium.

PEPFAR Ethiopia recognizes that substantial resources are invested in the education of key stakeholders involved in the planning, delivery and assessment of HIV/AIDS services in Ethiopia, as well as in most PEPFAR-supported countries. In FY07, the Training Information Management System (TIMS) will expand in order to assess the cost-benefit, long-term value, and current challenges to trainings and other educational interventions designed to develop the human resource capacity of Ethiopia.

Finally, though we acknowledge our inability to implement the much-needed Small Grant to Community- and Faith-based Organizations program in FY06, we will utilize it in FY07 to support nascent organizations built by members of affected communities to address specific needs. The PEPFAR Ethiopia Executive Council (the DCM and directors of CDC and USAID) are confident of the value and importance of implementing this program in the coming year.

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	174
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	282
Number of individuals trained in HIV-related policy development	
Number of individuals trained in HIV-related institutional capacity building	50
Number of individuals trained in HIV-related stigma and discrimination reduction	2,712
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	2,725

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: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10380
Planned Funds: $ 400,000.00

Activity Narrative: Ethiopian Public Health Officer Training Initiative II

This is an ongoing activity from COP06. The partner has received 100% of its FY06 funding and is on track according to the work plan and targets set for the activity. This activity is related to the Care and Support Contract (CSC) [formerly called BERHAN] Palliative Care (5616), CSC (TB/HIV) (5749), CSC counseling and testing (5654), ART Service Expansion at Health Center Level, PMTCT/Health Centers and Communities (5586), and Health Service Extension Package (5768) activities.

This activity directly supports the implementation of the MOH's Health Sector Development Plan and the accelerated health officer training program (AHOTP) with main focus being on enhancing the quality and reach of HIV/AIDS services.

As has been noted throughout this plan, HIV/AIDS activities in Ethiopia are significantly hampered by the serious shortage of skilled health personnel with the capacity to handle the public health and clinical aspects of programs. Recognizing the human resource limitations, the MOH is seriously committed to expanding competent cadres of health workers. The emphasis is to address inadequate human resources in HIV/AIDS care and support at health centers through the accelerated health officer training program (AHOTP). In Ethiopia, public health officers provide the majority of health service supervision and are an important cadre for future expansion of HIV care and treatment services. Currently, the rapid decentralization of ART services to health centers requires the training of health officers to ensure the provision of quality care. This activity and the trainings it supports are streamlined with other functions of the universities and health facilities. The activity is instrumental for the sustainability of human resource development. It is highly focused on mid-level health professionals, providing them with the opportunity to develop the skills that will be critical in delivering HIV/AIDS services. Through the Carter Center's training program, 5,000 health officers will be trained in the coming five years in seven universities, twenty hospitals and forty health centers in collaboration with the RHB, the Ministry of Education, affiliated universities and the selected training hospitals and health centers.

In FY06, PEPFAR Ethiopia supported an emphasis on HIV/AIDS as a central component of the health officer training program and 2,400 students began their classroom-based training. Trained health officers provided leadership in HIV/AIDS services in health centers and woreda health offices and worked with health posts and health extension workers to expand and strengthen community-based health care delivery and to strengthen the link between health centers and health posts. The "task shifting" from physicians to health officers enables health centers and woreda health offices in rural and hard-to-reach areas to retain staff and allows physicians to manage more complicated cases in HIV care and treatment services.

During COP06, this activity used resources from PEPFAR Ethiopia to ensure that the health officer training curriculum and other health learning materials were updated to include international guidelines and standards for HIV/AIDS prevention, care and support and treatment. Lecture notes and training modules were revised to make relevant modifications and additions on the HIV/AIDS modules of the pre-service training. Training workshops on various HIV/AIDS topics were conducted for teaching staff and health officer students. To increase access to up-to-date HIV/AIDS related information, reference books and journals were distributed to the teaching facilities, contributing to the quality of training.

In FY07, health officer training will continue to be closely linked with multiple PEPFAR Ethiopia activities in prevention, care and support and treatment and will further facilitate the ART health network expansion. This activity will support practical training in HIV/AIDS care and support including ART for the health officer students. In November 2006, 2400 trained students will transfer to hospitals and health centers for their practical training. Activities will be closely coordinated with the PEPFAR Ethiopia universities currently supporting ART delivery at hospitals.

In COP07, the Carter Center will continue training health officers in universities, 20 teaching hospitals and 40 health centers. Program design and implementation will continue to be conducted in collaboration with the MOH, RHB and MOE. Carter Center will

continue to support health facilities, where the Health Officer practical training is held, to develop their capacity to plan and execute health center-based HIV/AIDS activities as well as outreach activities to the community.

Continued Associated Activity Information

Activity ID:	5763
USG Agency:	U.S. Agency for International Development
Prime Partner:	Carter Center
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 700,000.00

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Training	51 - 100

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	40	☐
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
Public health care workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Internews
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10381
Planned Funds: $ 400,000.00

Activity Narrative: Local Voices

This is an ongoing activity from COP06. The partner has received 100% of its COP06 funding, and is on track according to set work plan/targets. This activity is linked to the AIDS Resource Center (ARC) AB-focused Prevention (5753).

The FY07 program will build on our FY06 Local Voices project targeting local print and radio journalists. The Local Voices program aims to make socially responsible HIV/AIDS coverage a normal part of news and information programming. Reaching Ethiopians through local media will promote the success of HIV/create a more supportive, enabling environment for HIV prevention, care and treatment efforts to succeed. The proposed activities for the COP07 include both new and follow-on training for journalists to enable them to accurately cover complex topics such as ART, OVC, HIV/AIDS Prevention and CT. All trainings and follow up support will be held at the JHUCCP ARC/Internews Local Voices facility in Addis.

In FY07 the project will continue to provide training and support to media in areas outside of Addis, including Adam (Oromiya), Awassa (Southern-SNNPR), Assosa (Benshangul Gumuz), Bahir Dar (Amhara), Dire Dawa, and Mekele (Tigray) by bringing more participants to the Addis facilities for training. In addition, Addis print and radio journalists who have already undergone training and are performing well will be eligible for travel and mentoring trips to investigate and report on the epidemic in other regions of the country.

A major obstacle to combating HIV/AIDS in Ethiopia continues to be the imbalance of power relationships between men and women, as well as social factors such as women's economic dependency and lack of access to education. In working with media outlets, Local Voices will seek to ensure that women's issues and concerns are being effectively addressed in their daily news and programming.

At the same time, the civil society groups that emphasize women's concerns and challenges – from income generation to legal status -- need to add their voices to the public dialogue if any real change is to happen for women in Ethiopia. Women's NGOs typically lack access to media and publicity, and lack the know-how for communicating their messages effectively. The project will continue to work with these NGOs, as well as the local AIDS NGOs, to assist them with more effective media outreach. Training will incorporate the staging of media events to generate press coverage.

Local Voices activities will continue to focus on key HIV/AIDS topics including stigma and discrimination. The media messages will foster positive attitudes towards and increased utilization of different HIV/AIDS services.

Local Voices will continue its collaboration and co-location with the AIDS Resource Center (ARC) to maximize resources and effectiveness.

Specific activities to be accomplished in FY07 are:
1) In-studio training and follow-on support for ten "new hire" radio journalists from Addis Ababa to expand and improve reporting on HIV/AIDS (across PEPFAR thematic areas).
2) In-studio training and follow-on support for ten more radio journalists from outside of Addis to expand and improve reporting on HIV/AIDS (across PEPFAR thematic areas).
3) Two in-studio training sessions for eight radio journalists each on ART issues and Stigma/Discrimination – journalists to be selected previous from reporting courses. This will result in six to 18 news/feature stories aired on OVC and Stigma on radio stations inside and outside of Addis.
4) One week-long training session on gender issues for six talk show hosts and DJs to result in a minimum of five talk shows on women and HIV.
5) Continuous mentoring of six selected radio and six selected print journalists with at least one session per month for each individual, to result in 12 stories per month being aired or printed.
6) Continuous mentoring of the leading Addis Ababa talk show host to create a showcase call-in show for airing public debate on HIV/AIDS issues.
7) Training session and continuous mentoring for Pro Pride HIV radio program.
8) On-site follow-up to 16 radio journalists to produce radio features and talk shows on

Stigma & ART.
9) Follow-up training sessions for 6 FY06 trained print journalists on Discrimination/human rights and HIV issues, resulting in six features targeted at policy makers.
10) Two Mentoring tours one each for three print and three radio journalists to include travel to one or two cities outside of Addis for in depth reporting on HIV, to result in at least six major feature stories for radio/print.
11) A one-week training course in HIV/AIDS reporting for eight non-health specialist radio journalists to make the connection between the epidemic and other areas of social activity..
12) Ten equipment grants to radio journalists for digital recorders.
13) Ten travel grants to enable Addis based journalists to cover aspects of the epidemic elsewhere in Ethiopia.
14) Further workshops for NGOs on outreach through media, including a workshop on women's NGOs.
15) Host an executive lunch for media outlet managers, owners, and editors to sensitize them to the need for effective coverage of HIV/AIDS and their critical role in confronting the epidemic.
16) Stage monthly roundtables to introduce key policy makers to the media and stimulate accurate reporting.
17) Engage in curriculum development with the Schools of Journalism in two tertiary institutions (Unity College & AA University) to include HIV/AIDS reporting workshops for all students.
18) Continue editorial and technical support for JHU CCP/ARC audio diary programs with weekly mentoring sessions.

Continued Associated Activity Information

Activity ID:	5742
USG Agency:	U.S. Agency for International Development
Prime Partner:	Internews
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 400,000.00

Emphasis Areas	**% Of Effort**
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy:		☑
Number of local organizations provided with technical assistance for HIV-related policy development	25	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	25	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	50	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	12	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	25	☐

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:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	10383
Planned Funds:	$ 350,000.00

Activity Narrative: Training Information Monitoring System (TIMS) and Strategies for Human Resources for Health

This is continuation of FY06 activity.

PEPFAR Ethiopia is aware that it is essential to have a training information system in order to make intelligent management decisions regarding the type of professionals to train, in what technical area, and in which geographical region. During COP05, PEPFAR Ethiopia established the Training Information Monitoring System (TIMS), with the purpose of collecting information from all PEPFAR partners supporting trainings for program monitoring. The focus of FY05 was to start the process and sensitize the partners about the database, and reporting into the database.

During FY06, JHPIEGO refined the TIMS program to include more information on evaluation of PEPFAR trainings by using a follow up evaluation format to track trained providers post training activities to determine attrition and forecast future training needs. The evaluation format also captures information on the competence of trained providers, although the format is not yet comprehensive nor is competence clearly defined for technical areas. During FY06, JHPIEGO pilot tested the formats and data collection process for the evaluation component of TIMS. JHPIEGO also expanded the types of reports available for utilization of training information for PEPFAR Ethiopia and MOH program planning. In addition, JHPIEGO assumed management of TIMS for PEPFAR Ethiopia and is currently responsible for data entry and management for all partners, along with running regular reports for PEPFAR Ethiopia and MOH.

During FY07, JHPIEGO will continue to manage TIMS for PEPFAR Ethiopia and will expand the program to conduct further analyses of training and evaluation of data to assist program planning, monitoring and decision making for national prevention, care and treatment working groups and MOH/HAPCO. The program will include data entry and management for all PEPFAR Ethiopia partners, running reports for partners, and performing any software upgrades. JHPIEGO will continue to expand the use of the evaluation format for post-training to expand the competency component. JHPIEGO will conduct a technical review of the methods training partners use to evaluate competency of providers during training and the frequency of monitoring competency during different time intervals after training interventions. JHPIEGO will then craft guidance on various technical areas on how to assess competency, develop formats with partners and suggest systems to ensure that providers trained are actually competent to provide HIV/AIDS services.

JHPIEGO will continually orient staff of new PEPFAR Ethiopia partners on TIMS, the use of the forms and options for specialized reports and revise the formats based on partner comments. JHPIEGO will also begin dialogue with MOH and RHB about managing data regarding training. Although the current system does not allow for data entry from multiple points, there is a need to institutionalize training data management systems with government counterparts. JHPIEGO will develop proposals and options for doing so, at the same time sharing lessons learned from other countries.

Using lessons learned during previous fiscal years, JHPIEGO will also perform additional analyses of TIMS data. JHPIEGO will produce reports regarding the geographic/facility frequencies of providers trained in specific technical areas to national TWGs for PEPFAR program monitoring and planning. Additionally analysis will look specifically at issues of deployment of trained professionals by facilities, regions and topics trained, attrition and estimations and projections of trained manpower needs in relation to PEPFAR Ethiopia and national health goals. With three years of data and figures from other sources on health manpower, JHPIEGO will issue policy briefs on the gaps and potential opportunities for addressing the human resource crisis facing the Ethiopian health system.

Should these policy briefs generate sufficient interest from high-level policy makers, JHPIEGO will be prepared to work closely with other HRH implementing partners to expand its work, by developing specific strategies for human resources planning, production and retention. The areas of engagement include:

(1) Analysis of gaps in HIV/AIDS training provision in specific technical areas and cadres.

With various international partners that are taking leads in specific areas, TIMS can help generate a master list of courses to clarify understanding the comprehensiveness of training by topic and ensuring appropriate geographical coverage. This information will be sent to the various donors and implementing partners to ensure comprehensiveness of the overall PEPFAR and HIV/AIDS program. This strategy will also increase interventions transparency and stimulate need based training, reducing redundancy among partners.

(2) Planning for increasing numbers of trained professionals. This might involve estimating total numbers of health care workers needed at health care facilities, potential for supporting salary levels for additional staff, factoring in attrition, public/private mix and absorption capacity, housing and other staff needs at a worksite. Also, this may involve refining recruitment strategies for pre-service training that emphasizes recruitment of students from under-served geographical areas so as to increase likelihood of deployment to those areas. JHPIEGO could provide estimates of numbers of schools, tutors and other faculty that would need to meet increased health manpower production goals.

(3) Retention of health care workers. Low salaries and benefits mandated for the entire civil service are very difficult to change for one sector and would be beyond the capacity of JHPIEGO to act upon. Depending on interest to advocate for piloting alternative retention strategies, JHPIEGO could work with other partners in this area to propose efforts such as improving workplace conditions, piloting monetary and non-monetary incentives as a means of encouraging deployment to underserved area and increasing retention in those areas. Some examples include: housing for health care workers within or near hospitals, education benefits for school age children in locations where schools are not available, special hardship allowances, provision of medicines for workers and families, workplace safety programs that include a package of immunization, post exposure prophylaxis, protective equipment and supplies (linked with infection prevention activities), reinsertion to the workplace or an alternative career path after an occupational illness.

(4) In-service training will always be a necessity for updating existing providers in new evidence-based guidelines and content. JHPIEGO is working on national training guidelines in FY06. JHPIEGO has advocated and implemented a competency-based approach to in-service training, which emphasized mastery learning for the acquisition of skills and immediate transfer and application of these skills to the work setting. To expand on these activities in FY07, JHPIEGO could work to analyze the number and regional distribution of HIV-specific trainers as well as advanced trainers (i.e. trainers who can develop the training skills of providers) to meet PEPFAR Ethiopia goals and further improve the sustainability of the HIV/AIDS program in the country.

Continued Associated Activity Information

Activity ID:	5735
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	JHPIEGO
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 200,000.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Policy and Guidelines	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		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	25	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	80	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

International counterpart organizations
National AIDS control program staff
Policy makers
USG in-country staff
Host country government workers

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10408
Planned Funds: $ 200,000.00
Activity Narrative: Small Grants Program

This is an ongoing activity. Several factors conspired in FY06 to prevent PEPFAR Ethiopia from offering small grants. However, we feel confident that the program will get underway in FY07 and are aware of the need to reach these organizations in Ethiopia,

During COP07, PEPFAR Ethiopia will craft a granting program that will address the unique needs of nascent community and faith-based organizations in Ethiopia, and allow PEPFAR Ethiopia to provide rapid funding such organizations directly supporting its goals. The granting program will seek C/FBO with new and creative approaches and ones working in targeted areas,

Selection criteria and program parameters will be developed to ensure compliance with USG procurement regulations. Requests will go to the PEPFAR Ethiopia Working Groups for technical review and approval. The PEPFAR Ethiopia Country Coordinator will provide direct oversight and accountability. These grants will be for between USD 5,000 and 30,000 with duration of no more than one year. PEPFAR Ethiopia is aware of the necessity of providing ongoing support to this type of organization and will make every effort to address the organizations' needs. Each grant is expected to contribute to PEPFAR Ethiopia targets.

Continued Associated Activity Information

Activity ID: 5572
USG Agency: Department of State / African Affairs
Prime Partner: US Department of State
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 200,000.00

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 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	20	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

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: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10411
Planned Funds: $ 50,000.00
Activity Narrative: Support to the Global Fund Country Coordinating Mechanism

The Government of Ethiopia has secured $645.16 million from the Global Fund for five years through four grants. In order to oversee, facilitate, support and monitor these funds a Country Coordinating Mechanism (CCM) was established in early 2002.

The 17 CCM members include: MOH (4) including Chair; 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); PEPFAR Ethiopia (1); 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 implementation of the Global Fund. 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 mechanism's Terms of Reference (TOR) are several examples of the depth and scope of PEPFAR's involvement.

During COP05 and COP06, USD 50,000 was provided to support the CCM Secretariat. This funding was supplemented from UNAIDS and the Royal Netherlands Embassy, and managed through the WHO Ethiopia Country Office.

The performance of the four Global Fund grants is of concern within the donor community. Recognizing the Global Fund's operating principle of performance, the CCM's TOR state that it is to submit high-quality proposals and provide oversight of the proper use of the Global Fund through regular monitoring. The TOR explicitly states: ". . . the CCM/E will provide a monitoring report on fund status, 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.

Continued Associated Activity Information

Activity ID: 5620
USG Agency: U.S. Agency for International Development
Prime Partner: World Health Organization
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 50,000.00

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

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	1	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Country coordinating mechanisms
International counterpart organizations
National AIDS control program staff
Policy makers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)

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:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	10416
Planned Funds:	$ 400,000.00

Activity Narrative: Standards Based Management and Recognition (SBM-R)

SBM-R is a practical management approach for improving health service which, as demonstrated in other countries, can increase service uptake to reach PEPFAR targets and improve patient treatment adherence. SBM-R systematically uses performance standards by onsite health care staff teams as the foundational for improving service organization and provision.

After introducing performance standards at a healthcare facility, teams conduct baseline service assessments, which are repeated after two or three months. Using performance standards, the team again measures the service performance. Improvements are measured by the difference in the number and percentage of standards achieved from baseline to internal assessment.

SBM-R follows four basic steps: (1) setting performance standards, (2) implementing those standards through streamlined and systematic methodology, (3) measuring progress to guide improvements to achieve these standards, and (4) recognizing standards achievement..

Performance standards are assessment tools used mainly to assess service delivery but can also be used for self, peer, internal and external assessments in different contexts. Performance standards implementationleads to the identification of performance gaps, which need to be reduced or eliminated. Local health managers and providers can then analyze the causes of the gaps and implement appropriate corrective interventions. Local teams are encouraged to focus on action and begin with simple interventions to achieve early results, create momentum for change, and gradually acquire management skills to tackle more complex gaps. Facilities achieving compliance with standards are acknowledged through recognition involving institutional authorities and the community.

Given the large number of sites in Ethiopia, JHPIEGO used a three-module workshop approach to SBM-R in FY06, rather than focusing on extensive site visits. Hospitals selected teams to participate in the workshops, which taught how to apply the methodology to their sites, assure buy-in and address performance gaps. Internal assessments are then applied by participants to their workplaces in between workshops. Subsequent workshops allow for extensive exchange of results, lessons learned and best practices, as well as resolution of more difficult problems in care quality. Key field staff from IntraHealth (a PEPFAR Ethiopia partner working at health centers and in communities) and PEPFAR Ethiopia university partners at hospitals were also trained in SBM-R modules during FY06.

Standards were developed for PMTCT in FY04 and have been implemented in 55 first and second cohort hospitals. The generic PMTCT performance standards developed by JHPIEGO were adapted during a meeting of stakeholders, including all PEPFAR partners, hospitals and health centers. These standards were later approved by the MOH. By the end of FY06, in close collaboration with the MOH and PEPFAR Ethiopia partners, JHPIEGO adapted standards for ART, HCT and IP services. This created a comprehensive HIV performance standards document that can be used by facilities to improve all HIV service performance. HIV performance standards (including ART, HCT, and IP) are designed to be uniform, yet not overly burdensome to implement. JHPIEGO has applied the SBM-R approach to HIV and other health services in many countries and has demonstrated its ability to improve performance and quality dramatically and long-lastingly within a short period. The implementation of the PMTCT performance standards in Ethiopia has also succeeded in improving performance and quality of those services.

In FY06, national PMTCT performance standards were introduced into 55 first and second cohort hospitals. All first cohort sites will complete all stages and be ready to validate internal assessments through external assessments to verify improvements in service delivery, and will be in the recognition phase. The second cohort sites will pass half way through the process and will work on closing performance gaps based on assessments. In order to streamline the process of service standards implementation, it is critical that sites implement HIV services for a period of at least six to eight months. Thus, JHPIEGO will introduce overall HIV services performance standards at 3rd cohort hospitals in the beginning of FY07.

The national Ethiopian monitoring and evaluation system is functional and new initiatives are in place to strengthen the quality of reporting and analysis of HIV service delivery data. HIVQUAL is the one initiative to improve the quality of individual client care at the facility level and improve the reporting and monitoring systems for HIV services. SBM-R is geared towards improving the quality of overall service delivery, while HIVQUAL is focused on individual client services, thus no overlap is expected. In FY06, JHPIEGO will work with Tulane to harmonize the SBM-R and HIVQUAL approaches at facility, regional and national levels. This collaboration will reduce effort duplication and complement existing monitoring and evaluation systems. In FY07, JHPIEGO will continue to work with PEPFAR partners to harmonize the SBM-R and HIVQUAL initiatives at sites -- both public and private -- providing HIV/AIDS services supported by PEPFAR Ethiopia.

In FY 07, JHPIEGO will accomplish the following for SBM-R: (1) orient first and second cohort sites to the new HIV standards for expansion from PMTCT only to IP, HCT and ART services; (2) conduct workshops for the second cohort sites to finalize implementing PMTCT performance standards and implementing the overall HIV standards (module 3); (3) introduce the SBM-R process and work with PEPFAR Ethiopia partners to implement the comprehensive HIV performance standards for third cohort hospitals and network of health centers (conduct modules one and two out of 3); (4) work closely with PEPFAR Ethiopia partners to ensure the implementation of standards at facilities by orienting staff to the approaches of coaching service providers and to implement standards and close identified gaps identified; (5) continue support to quality assurance body, working closely with the national monitoring and evaluation system and HIVQUAL initiatives, for external verification of standards, including external assessors training and some costs for external assessments; and (6) support the recognition of facilities through coordination of recognition events and items (plaques, certificates, etc.).

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement 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	89	☐
Number of individuals trained in HIV-related policy development	1,263	☐
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Adults
HIV/AIDS-affected families
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Program managers
USG in-country staff
Host country government workers

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Private Sector Program
Prime Partner: ABT Associates
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10417
Planned Funds: $ 200,000.00
Activity Narrative: Sustainable Financing for Institutions and the National ART Program

Building on COP06 activities, Abt Private Sector Program (PSP) will continue in seven regions to ensure improved access to high quality private sector HIV/TB services through fostering public-private sector partnerships.

PSP will assess and provide technical assistance for establishing and/or increasing management and sustainability of the AIDS fund (solidarity fund) in large workplaces, the civil service and national health accounts. Additionally, technical assistance will be provided to MOH/HAPCO and RHB in considering financing mechanisms for the National ART program using cost recovery, solidarity funds, private insurance and re-insurance. Currently work on cost-benefit analysis of HIV treatment has played an important role in mobilization of the private sector.

PSP will also work on risk pooling and sharing of costs with the Association of Ethiopian Insurers and individual insurance companies to ensure possibility of providing cover to the solidarity fund and HAART treatment based on a company specific study and/or the general health insurance market. Creating an enabling management environment for developing a matching fund and /or a cost sharing/financing scheme on ART treatment and care and support to increase number of users supported by the solidarity fund is another component of the intervention.

Furthermore, work with private providers through a "network" of pharmacies, higher clinics and educational institutes will strengthen administrative capacity of HIV/AIDS and TB service delivery and training...

PSP believes that the meaningful involvement of associations for persons living with HIV in program implementation will enhance program success to reduce stigma and discrimination, PSP will therefore build the capacities of these groups to deliver targeted messages, supporting the project level effort and to encourage a sense of professionalism in their approach or communication. To this effect members will receive training on delivery of messages and communication skill.

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

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	4	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	4	☐
Number of individuals trained in HIV-related policy development	25	☐
Number of individuals trained in HIV-related institutional capacity building	25	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

National AIDS control program staff

Policy makers

Host country government workers

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: jhu-ccp
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10422
Planned Funds: $ 200,000.00
Activity Narrative: AIDS Resource Center (ARC) IT and Clearinghouse Systems Strengthening

This project is linked with two others activities in COP07 – AIDS Resource Center-Abstinence/Be Faithful and AIDS Resource Center-Other Prevention – and is designed to expand access to HIV/AIDS information and services by strengthening the ARC's existing systems and through building the capacity of partners and the national and regional HIV/AIDS Prevention and Control Offices to conduct HIV/AIDS programming. These activities were originally submitted under the program areas HVAB and HVOP.

This activity has three interrelated components. The first focuses on strengthening and maintaining the highest quality of a multi-target interactive website, to increase its popularity as part of the ARC's premier virtual information center for HIV/AIDS resources -- including access to AIDS in Ethiopia online database, as well as PLWHA and youth-specific websites.

The website serves the national and regional HAPCO by posting policies and guidelines, data and IE/BCC materials focused on international and Ethiopia-specific HIV/AIDS issues. The website aims to increase the provision of information through the ARC's listerv on specific programmatic and thematic areas such as ART, VCT, and PMTCT.

The second component is ongoing IT support to the national HAPCO and regional HAPCO, including internet and email access, system administration and maintenance, and basic IT trainings.

The third component aims to strengthen the clearinghouse function of the ARC by providing HIV/AIDS, VCT, PMTCT, ART, STI and TB materials (print, electronic and audiovisual) to all PEPFAR Ethiopia supported sites as well as NGO working in HIV/AIDS.

The ARC directly supports and contributes to PEPFAR Ethiopia's objectives and the government's priorities in many ways. The website receives 55,000 hits per month from a wide spectrum of audiences. On average, the clearinghouse distributes 6,830 print and audiovisual HIV related materials per month to organizations throughout the country. The ARC will expand its capacity to provide these critical services in FY07.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy:		☑
Number of local organizations provided with technical assistance for HIV-related policy development	15	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	153	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	89	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	22	☐

Target Populations:

Community-based organizations
National AIDS control program staff
People living with HIV/AIDS
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: jhu-ccp
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10423
Planned Funds: $ 25,000.00
Activity Narrative: Assisting HAPCO with World AIDS Day

This is a new activity.

World AIDS Day (WAD) is marked every year in Ethiopia. WAD provides an opportunity to celebrate and publicly share successes and achievements in the battle against AIDS and to recognize the global and national impact of the epidemic.

JHU/CCP and the AIDS Resource Center (CCP/ARC), supported by PEPFAR Ethiopia, serves as an active member of the World AIDS Day Campaign and provides technical and financial support in conducting the campaign in Ethiopia by developing messages and producing campaign materials (posters, flyers, t-shirts, banners, billboards, press kits, press alert, web page, video and radio PSAs, documentaries, feature stories).

CCP/ARC will coordinate the support of all of PEPFAR Ethiopia's implementing partners for WAD, and will also give direct technical assistance to Federal HAPCO to conduct an effective campaign.

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

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		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Mobile populations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Program managers
Volunteers
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	NASTAD
Prime Partner:	National Association of State and Territorial AIDS Directors
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	10424
Planned Funds:	$ 370,000.00

Activity Narrative: Woreda /Kebele AIDS Program Administration Capacity Building (Community Planning)

This is a new activity. NASTAD, using its previouse experince with woreda and keblele HIV/AIDS committees, will enhance the capacity of HIV/AIDS program coordinators and officers in the woreda and kebeles. The program is directly linked to activity (5636), HIV planning for community ART adherences. It directly supports the country's HIV/AIDS Social Mobilization Strategy and works to promote community ownership of organized responses to the pandemic through capacity building.

The GOE recently developed a National Social Mobilization Strategy that emphasizes the need to promote community ownership of the HIV epidemic, and lays out necessary sequential activities to mobilize the community, including: (1) training of trainers for regional, zonal, and woreda representatives, (2) subsequent training of kebele representatives, (3) kebele community conferences to develop community action plans; (4) integration of community action plans into kebele development plans, and (5) monitoring and supervision of the implementation of the plan by the kebele administration and community associations.

Based on their existing cooperative agreement, CDC and NASTAD are working to respond to these national guidelines. TOTs for HIV activity planning, and specifically for PLWHA support and ART treatment adherence, have been developed and delivered at the regional levels to woreda and kebele representatives. In Addis Ababa most kebeles have developed plans through which to access EMSAP funding for programmatic activities. While initial training activities are well underway for the training and mobilization of kebeles to develop HIV prevention and control activities, NASTAD is now planning to undertake a concerted effort to support kebele administrations in the supervision and monitoring of these action plans. According to the "Ethiopian Strategic Plan for Intensifying Multi-Sectoral HIV/AIDS Response, 2004" support for kebele AHIV/IDS activities is provided by the district (woreda) health desk, which is assigned the responsibility of linking facilities, kebeles, and the community. Its primary role includes supporting ART activities in communities and encouraging community mobilization among community and faith based organizations that are working in OVC activities.

Distric health desks have the responsibility to respond to facility needs and report M&E data to the RHB. There is a need to build the capacity of staff at the RHB and for HAPCO to provide technical assistance and support to the district health desks, and similarly, for the district health desk staff and health extension workers to provide support to kebele administrators. NASTAD proposes strengthening this chain of technical support and expertise by developing and delivering training and ongoing mentorship at all administrative levels to build skills in the areas of AIDS program administration, monitoring and supervision, and training and quality assurance. NASTAD will replicate its successful TOT model for the benefit of regional, district, and kebele administrations an will: (1) design and deliver TOT for regional health bureau/regional HAPCO staff, (2) deliver training with regional health board/HAPCO staff to woreda and district health desks, and (3) provide ongoing mentorship and support to regional and woreda staff in the performance of their duties as technical assistance providers to kebele administrators.

The TOT and ongoing mentorship activities will address the following issues: (1) AIDS activity management (how to design an AIDS activity plan, monitor its implementation, manage budgets, and account for expenditures), (2) training and quality assurance (how to provide training on delivery of effective HIV interventions AIDS to activity implementers, provide technical assistance and oversight to ensure that interventions are being implemented appropriately), (3) monitoring and evaluation needs (what kinds of information to collect from activity implementers, how to collect it, who to report it to, and in what format), and (5) coordination and communication (how to integrate kebele AIDS activity plans into kebele development plans, and assure coordination and communication between multiple activities in the kebele).

A team of US state AIDS directors and state AIDS program staff who have programmatic responsibility for administering HIV/AIDS healthcare, prevention, education and supportive services programs funded by state and federal governments provide technical assistance to the NASTAD program in Ethiopia. This team is able to offer considerable expertise in identifying community needs and responding to the challenges of the HIV/AIDS epidemic

nationwide and throughout the world.

In FY07, NASTAD will replicate its successful technical assistance delivery model, and in addition, coordinate the delivery of the techncial assistance to regions by a team of US state AIDS directors. This will include the following steps: (1) rapid assessment of current regional capacity through one-on-one interviews in person or by telephone which will determine specific training and assistance needs; (2) development of an assistance delivery plan based on findings of the capacity assessment targeting areas that can implement the training through a group setting, and that will the needs of RHB personnel; (3) development and refinement of TOT tools and protocols currently utilized in the US to respond to the identified needs of each region; (4) delivery of one central TOT and five zonal cascade trainings by the larger NASTAD team in collaboration with the three PEPFAR Ethiopia university programs (I-TECH, Columbia, JHU) and other partners responsible for rollout of ART in each region to minimally 15 district health desks and woredas, two RHB staff from each region five staff from each district, and 20 kebele and community members; and (5) one-on-one coaching by NASTAD team members to assure and assist in utilization of methods recommended through the training activities.
"According to the second GOE Road Map, social mobilization is the movement to create community involvement in HIV/AIDS prevention, control, treatment, care and support. It focuses on participation of all possible sectors and civil society in mobilization of local resources, use of indigenous knowledge, and enhancement of people's creativity and productivity through mass campaigns. Real change can be achieved by planning and exerting joint efforts against the current HIV/AIDS epidemic in Ethiopia. Targeted and synchronized social mobilization at grassroots level to promote skills and knowledge development to combat HIV/AIDS requires better coordination, more efficient management and sustainable community empowerment. The strategy aims to increase demand for HIV/AIDS services, which would help fulfill the targets of PEPFAR Ethiopia.

"
There is a gap between support to the social mobilization strategy and guidelines at the required level. Developing the Woreda/Kebele AIDS Program Administration Capacity Building Activity # 10424, the fund will help support the processes by translating to Amharic and printing the two documents, i.e. the strategy and the guideline. Support will be extended to HAPCO/MOH to familiarise the documents and help the implementation process at different levels through plus up funding.

Plus ups:

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	144	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	144	☐
Number of individuals trained in HIV-related policy development	675	☐
Number of individuals trained in HIV-related institutional capacity building	675	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	2,700	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	2,700	☐

Target Populations:

Community-based organizations
National AIDS control program staff
People living with HIV/AIDS
Religious leaders
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	jhu-ccp
Prime Partner:	Johns Hopkins University Center for Communication Programs
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	10428
Planned Funds:	$ 600,000.00

Activity Narrative: Support to Regional AIDS Resource Centers

This is a new proposed activity under the priority area of "Offering Site Level Support."

In recognition of the significant contribution that the ARC continues to make in the fight against HIV/AIDS, HAPCO, in collaboration with PEPFAR Ethiopia as its implementing partner, the Johns Hopkins Bloomberg School of Public Health/Center for Communication Program (JHU/CCP), is proceeding with the scaling up of satellite ARC in the regions. Regional HAPCO have been closely involved in the planning and implementation of the activities. Significant headway is being made in the establishment of ARC in several regions. Currently, regional ARC are up and operating in Oromia, Assosa, Mekele, Dire Dawa and Bahir Dar. ARC is in the process of establishing a VSAT system for the Afar regional ARC.

Given the diversity of culture, language and demographic characteristics within the regions, the regional ARC will be filling a much-needed information gap. By expanding to the regions, the ARC will be able to directly support regional governments, NGO, FBO, media and the public, similar to the way the national ARC serves the national government program, organizations, and the public in Addis. ARC will undertake the following activities in FY07: (1) providing access to accurate and up-to-date information on HIV/AIDS, STI, and TB; (2) providing access to the Internet through high-speed computer terminals for users to conduct research on current health and HIV/AIDS related issues; (3) supporting HIV/AIDS related projects and activities of the regional HAPCO, RHB, and PEPFAR Ethiopia implementing partners; (4) supporting the development of culturally appropriate IE/BCC material specific to the regions population; (5) expanding the information dissemination activities by facilitating outreach and distribution planning in the regions; and (6) promoting the use of other ARC functions such as the National AIDS Talk line in the regions.

In each region, the ARC will be integrated into the regional HAPCO, where regional staff will receive orientation, training, and ongoing technical support from the national ARC. As is presently the case with existing regional ARC, the regional HAPCO will be responsible for managing them, funding procurement of equipment and supplying needed operational materials.

The regional ARC will house comprehensive multimedia materials on HIV/AIDS and other health-related issues that will support and enhance the efficiency, quality and speed of work of implementers of HIV/AIDS programs and activities in their respective regions.

Recently, the national HAPCO and PEPFAR Ethiopia delineated the roles and responsibilities of the ARC and the regional HAPCO. Accordingly, the ARC will continue to provide technical assistance and support to all regional ARC. Specifically, this will include: (1) coordination and oversight of technical activities; (2) assistance in acquisition and dissemination of HIV/AIDS, STI, and TB related print and audio visual materials; (3) establishment of LAN and Wide Area Network for Harari, Somali, Gamble and Addis Ababa; (4) development of a website and database; (5) training staff; (6) equipment procurement support; (7) advanced technical support on IT and center operations; (8) provision of Internet and email services; and (9) maintenance of the IT infrastructure.

Added July 2007 Reprogramming:
Regional Expansion - CCP/ARC will expand ARC regional coverage to four towns in the Amhara and Oromia regions and strengthen existing regional ARCs; Gondor, Dessie, Nekemt and Jimma are the new sites. Specifically, CCP/ARC will: 1) Provide administrative support to manage the expansion; 2) Conduct community outreach efforts through the regional ARCs to increase linkages with community and target audience populations; 3) Disseminate large quantities of HIV/AIDS BCC materials to the new ARCs as well as community partners; 4) Conduct HIV/AIDS trainings and peer education sessions at selected resource centers for youth association members and other HIV prevention partners; and 5) Increase the quality of and strengthen linkages between the national and regional ARCs. These additional activities will contribute to in-country system strengthening as well as to the continued establishment of centers that will provide high quality, accurate HIV/AIDS information and engage community members in on-going BCC activities.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy:		☑
Number of local organizations provided with technical assistance for HIV-related policy development	15	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	275	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	56	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Most at risk populations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
USG in-country staff
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	EMA
Prime Partner:	Ethiopian Medical Association
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	10431
Planned Funds:	$ 200,000.00

Activity Narrative: Human resources capacity building for ART program implementation

In spite of the multifaceted efforts to increase access to and utilization and availability of ART services, the number of eligible patients receiving treatment is still limited to about 15 %. The Government of Ethiopia has set very ambitious targets for scaling up ART and intends to deliver ART services to over 250,000 patients by 2008. Plans for 2006 alone are that 60,000 new patients will be placed on ART and a large number of patients will start receiving treatment in 2007. The scale and complexity of ART program implementation in Ethiopia will exert huge pressure on the already fragile health care delivery system. Establishing and maintaining minimum standards for safe and quality ART services will be a top priority for PEPFAR Ethiopia. This and other priorities, such as the need to scale up ART services in different geographical settings across different age groups, and to consider other socio-demographic determinants will continue to pose major challenges to the health system. Severe capacity limitations, particularly the chronic shortage of skilled human resources, have been a constant problem. Innovative ways of addressing capacity issues is therefore another priority for PEPFAR Ethiopia's ART program.

There is a need to fully mobilize and exploit indigenous resources to achieve ambitious targets for treatment and care. Local partners will have major roles in ART program implementation, but much of the existing potential has not yet been utilized. Indigenous health professional associations, some of which are well established, are partners that have not been given due attention in the fight against HIV/AIDS in general and the implementation of ART in particular. These associations collectively have a significant number of professionals working in various types of facilities and at different levels of the health system throughout Ethiopia. Health professionals can be reached through their respective professional associations and subsequently, their contributions to program implementation coordinated by these associations to achieve maximum affect. HIV/AIDS related activities at hospitals and health centers can be strengthened through these associations, as can be facility management. The possibility of addressing the causes of disconnection between hospitals and health centers and mending the rift between public, private and military HIV/AIDS programs lies with the consortium of these associations.

With support from PEPFAR Ethiopia several associations will join together in a consortium to address pressing HIV/AIDS issues. The consortium will be led by the Ethiopian Medical Association, the oldest health professionals' association in Ethiopia. Additional members will include the Association of Physicians in Private Practice, the Ethiopian Nurses Association, (ENA), the Ethiopian Pharmaceutical Association (EPA) and the Association of Medical Laboratory Technologists.

The consortium will, for example, lead efforts to establish national ethical standards for care and ART services, coordinate PEP services for care providers, certify and promote infection prevention in facilities, strengthen multidisciplinary team approaches, establish chronic care models for HIV/AIDS activities, and ultimately, to integrate ART into primary care services.

The consortium will link its activities with those of various specialty societies and with the Ethiopian Public Health Association. The consortium will command a very large membership of health professionals directly involved in clinical, pharmacy and laboratory services related to ART, VCT and other HIV/AIDS related activities.

In FY07, the consortium will: (1) support the training of physicians, health officers, nurses, pharmacists, druggists and laboratory technologists in the delivery of care, drug services and laboratory support and monitoring of ART implementation; (2) support and provide continuing education in all aspects of ART to those already trained; (3) organize and provide periodic updates to those already trained through continuing education programs to be conducted in various regions of the country; (4) publish updates on new developments, national and regional guidelines in ART and other aspects of HIV/AIDS and ensure that technical materials are properly disseminated and utilized by end users; (5) make experts available for various PEPFAR Ethiopia initiatives such as twinning activities, warm-line services and mentoring activities; and (6) support mobilization and deployment of human resources to support ART service delivery in various regions of the country.

The consortium will work closely with PEPFAR Ethiopia partners across the country.

Members of the consortium will establish mechanisms for efficient communication and coordination for the development of detailed plans and implementation strategies in order to contribute substantially to PEPFAR Ethiopia's activities and targets.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy:	371	☐
Number of local organizations provided with technical assistance for HIV-related policy development	5	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	5	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Public health care workers

Private health care workers

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: MOH-USAID
Prime Partner: Federal Ministry of Health, Ethiopia
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10435
Planned Funds: $ 0.00
Activity Narrative: Strengthening the HIV/AIDS Component of the Health Service Extension Package

This is an ongoing activity from COP06. The partner has received 100% of its FY06 funding and is on track according to the work plan. This activity is related to the Care and Support Contract (CSC) (previously referred to as BERHAN) Palliative Care (5616), CSC -TB/HIV) (5749), CSC counseling and testing (5654), ART Service Expansion at Health Center Level, PMTCT/Health Centers and Communities (5586), and Ethiopian Public Health Officer Training Initiative II (5763) activities.

This activity supports the MOH's Health Service Extension Program (HSEP) and represents a bilateral capacity building activity between the MOH and PEPFAR Ethiopia through an existing Strategic Objective Agreement (SOAg) between USAID and the Ethiopian Ministry of Finance and Economic Development (MoFED). This activity leverages resources from the Health, Population and Nutrition funding of USAID/Ethiopia.

The HSEP, as indicated in the MOH's Health Sector Development Plan III (HSDP III) 2006-2010, will train 30,000 HEW for assignment in 15,000 rural kebeles where they will serve a population of approximately 5,000 per kebele or village. A total of 9,900 HEW were deployed to communities in most of the regions in the country 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 to the community for the formal health care system. The HEW report to public health officers at the health center and woreda health office and are responsible for a full range of primary and preventive services to the community, including provision of basic communicable disease prevention and control activities.

HEW 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 promote 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, HEW functioned as the lead at health posts and in the community to provide social mobilization activities in HIV prevention. In COP07, Community Oriented Outreach Workers (COOWs) placed at ART health network centers, (supported under the CSC activity in Prevention AB and OP and Care and Support CT, TB/HIV and Palliative Care) will enhance the HEWs' impact on community mobilization and service provision to both MARP and the population at large.

HEW 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. This activity will support pre-service and in-service training of HEW in key HIV/AIDS messages and information, the provision of counseling to community members on numerous issues such as stigma, symptomatic screening of patients with opportunistic infections, including active TB, for referral to health facilities for further diagnostic work-up and management, adherance counseling for ART and TB treatment. HEW will also be trained and supported to facilitate the referral and linkage process for various services, and to participate in social mobilization activities for HIV prevention.

Continued Associated Activity Information

Activity ID: 5768
USG Agency: U.S. Agency for International Development
Prime Partner: Federal Ministry of Health, Ethiopia
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 500,000.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy:		☑
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		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	7,000	☐

Target Populations:

Public health care workers
Other Health Care Worker

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: JHPIEGO
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 16342
Planned Funds: $ 500,000.00
Activity Narrative: n/a

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: $ 13,563,095.00

Program Area Context:

MANAGEMENT AND STAFFING: Current Program Context

The Emergency Plan budget experienced an unexpected increase from $120M in FY06 to $210 for FY07.

The USG Team is fortunate to have a very close and productive working relationship with the Ethiopian Federal Ministry of Health.

Within the US Mission, the PEPFAR team, as representative of the Office of Global AIDS Coordinator, leverages the strengths, expertise and traditional relationships of the USG partners to build host nation capacity in both private and public sectors. Of our two leading USG team members, CDC is almost exclusively focused on PEPFAR implementation whereas USAID, with many years in Ethiopia, manages PEPFAR activities as one of several programs in its health portfolio. At DoD, PEPFAR is managed by the security office. With the return of Peace Corps, 40 volunteers will join the team and provide critical support to bridging the literal and figurative distance between hospitals and health centers.

The current Charge d 'Affaires, has delegated PEPFAR oversight to the Deputy Chief of Mission. A country coordinator joined the PEPFAR country team in January 2006.

Construction of a new embassy compound, to house the entire USG mission, will begin in 2007. In preparation, the State Department required the mission to undertake a "rightsizing" exercise". Proposed PEPFAR positions, as all new ones at the mission, must fit within the plan adopted in April 2006. The team will aim to fill existing vacancies before new positions, some of which will be limited appointments.

To improve program management, the PEPFAR Team (1) holds quarterly meetings with all partners to identify shared concerns, improve monitoring, and deepen its commitment to a shared vision; (2) works on transparent management processes, (3) holds monthly meetings of the PEPFAR executive council and quarterly joint meetings of the executive council with the collaborative team; (4) uses www.pepfar.net as a management and communications tool; (5) applies consensus decision-making to improve interagency synergy and nurture team unity; and (6) holds an annual retreat in which challenges are addressed and the team structure is reviewed and updated to reflect changing circumstances and OGAC guidance.

There are excellent coordination mechanisms at technical and policy levels for government and donor relations. The USG team has an excellent relationship with MOH and members sit on various government bodies. The Deputy Director for Programs at CDC is the team representative to the Global Fund's Country Coordinating Mechanism. In FY07, further efforts will be taken to expand on these and donor relationships. Creation of a Government Relations Working Group is under consideration.

A comparative advantage is PEPFAR Ethiopia's operational structure (Executive Council, Coordination Office, Collaborative Team, Technical, Public Diplomacy and Management Working Groups). It consists of the Deputy Chief of Mission who is the Chief of Mission's designee, Country Directors of CDC and USAID, a DOD representative. The Peace Corps director will join the team. The country coordinator serves as its ex-officio secretary.

The executive council serves to (1) provide strategic direction and policy guidance (2) recommend to the COM, the proposed annual Country Operational Plan and Semi-annual and Annual Program Results Reports (SAPR / APR); (3) review recommendations endorsed by the collaborative team; (4) provide review and feedback; (5) arbitrate disagreements from working groups or the collaborative team; and (6) identify and submit appropriate issues for resolution to the COM.

Four technical working groups – Prevention, Care & Support, Treatment, and Strategic Information --

provide the technical leadership and program coordination in their respective areas. Two additional working groups assist in areas of public diplomacy and management. The working group chairs have a clear set of duties: to facilitate COP planning within their technical areas, coordinate with other TWG to address cross-cutting issues; ensure partners' representation through sub-working groups; disseminate information; identify technical assistance needs; represent the TWG on the Collaborative Team; participate in national and regional forums and working groups; ensure their TWG has access to information regarding OGAC and PEPFAR Ethiopia guidance, and provide briefing notes and other TWG documents to the Collaborative Team. All USG agencies are represented on the six working groups.

The Collaborative Team is comprised of the chairs of all working groups, the USAID HIV/AIDS team leader, CDC Deputy Director of Programs, and a representative of the Population, Refugees and Migration Office. The chair is the Country Coordinator. The Team is at the core of PEPFAR in country because the chairs, and by extension, the working group members, are responsible for planning, overseeing implementation, evaluating and confronting challenges, and monitoring the program to maximize its synergy with the government's strategic plan. It meets weekly.

CDC has strong ties to the Ministry of Health and is focused on strengthening Ethiopia's health sector response to the epidemic through science-based technical guidance. CDC has comparative technical advantage in the areas of blood safety, ARV services, laboratory infrastructure, and strategic information. Its care and treatment efforts concentrate on strengthening comprehensive hospital-based services. It also coordinates closely with USAID in many other HIV areas.

USAID's role in the implementation of the network model is focused at the health center and community levels. Its experience working with communities has definite short- and long-term advantages for PEPFAR. USAID has a comparative advantage in the multi-sector approach to HIV/AIDS program development. It provides critical administrative functions including procurement, financial management, donor coordination, monitoring and evaluation, and contracting needed for rapid program scale-up. The USAID PEPFAR team spans a wide range of expertise including child survival, nutrition, training and education, malaria, health economics, and food security.

The proposed Management and Staffing budget is below 7% of the total FY07 budget.

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: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10405
Planned Funds: $ 3,033,735.00
Activity Narrative: Skill sets needed for short and long-term: Based on USAID Ethiopia's experience in the first three years of the PEPFAR Initiative, recommended skill sets for short-term success include: program management, budget, finance, acquisition and contracting management, with capacity for rapid implementation of procurement and programs; project formulation informed by evidence-based best practices; strategic planning based on participatory qualitative and quantitative assessments; effective government and donor relations; large-scale capacity building and training; supply chain management; community/stakeholder involvement, including faith–based institutions; expertise in social/behavioral interventions; private sector engagement; and community level health service expansion in multiple sectors. Skill sets for long-term success and sustainability include: capacity building with indigenous partners; economic development; results-based project management with ongoing monitoring and evaluation; administrative support for USAID PEPFAR team staff retention and continuity, and development of long-term transition strategies for continued funding, close-out and hand-over of projects.

Current COP06 USAID Staffing: USAID Ethiopia has structured its PEPFAR team to optimize economy, productivity and organizational effectiveness to ensure high quality technical expertise, enhanced communication, decision-making and responsiveness to reach the aims set forth in the PEPFAR Initiative. USAID Ethiopia's PEPFAR staff includes Susan Anthony, USDH HPN Office Chief (Non PEPFAR Funded); Melissa Jones, USDH HIV Team Leader; James Browder, USDH Technical Advisor with prime responsibility for PSCMS; Brad Corner, TCN, Private Sector Advisor; and Catherine Hastings, PSC, Prevention Advisor. In addition, six Health, AIDS, Population and Nutrition (HAPN) FSN Team Members contribute to HIV/AIDS activities by providing technical leadership and serving as Cognizant Technical Officers and Activity Managers. The Program, Contracting and Financial Management Offices provide support for procurement, budgeting and M&E services. A full-time PEPFAR supported USDH Contracting Officer was hired in FY06.

As with other USG agencies in Ethiopia, USAID Ethiopia is not fully staffed. Three of the six FSN position noted in the above paragraph (two ART monitors and one VCT Advisor) are waiting to be filled. As noted earlier, staff expansion is constrained by the "rightsizing" numbers of the NEC. Senior staff has developed viable alternate solutions, including greater utilization of other staff on the health team, co-locating, and possibly outsourcing some services. Staff retention has been excellent.

Proposed Positions: USAID has identified the following additional positions (a total of eight full-time equivalents) to round out skill sets that are needed to achieve success and sustainability: a quality assurance coordinator; five monitors (two for care, one for prevention and two for supply chain management); a HIV nutrition advisor, and a pediatric care and treatment advisor. In addition, USAID anticipates a need for technical assistance (TA) from USAID--East Africa for PMTCT and pediatric care and TA from USAID Washington for OVC services.

Continued Associated Activity Information

Activity ID: 5573
USG Agency: U.S. Agency for International Development
Prime Partner: US Agency for International Development
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 2,104,000.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10409
Planned Funds: $ 389,305.00
Activity Narrative: The PEPFAR Coordination Office, located at the Embassy, serves to facilitate development and implementation of a unified Emergency Plan that makes best use of the comparative advantages and competencies of participating USG agencies. The country coordinator reports directly to the DCM. The project support assistant serves as the coordinator's operational, logistical, and administrative assistant. The amount represents the basic costs of managing the Coordination Office including meetings (partners and technical), personnel, and contractors' fees.

Continued Associated Activity Information

Activity ID: 5643
USG Agency: Department of State / African Affairs
Prime Partner: US Department of State
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 110,000.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10563
Planned Funds: $ 135,800.00
Activity Narrative: The DoD has natural partnerships with uniformed services of host nations, an especially high risk population. It has experience building physical infrastructure, including hospitals and laboratories, and experience providing services to communities around military bases. DoD also has the ability to mobilize quickly to fill gaps on an ad hoc basis.

Military HIV/AIDS and STD Program Management Officer, under the direction of The Security Assistant Officer and within the limits of resources allocated, authorization obtained from the Defense HIV/AIDS Pr evention Program (DHAPP), and provides financial and technical support to The Ethiopian Ministry of National Defense, on its HIV/AIDS prevention and treatment efforts.

Continued Associated Activity Information

Activity ID: 5574
USG Agency: Department of Defense
Prime Partner: US Department of Defense
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 166,000.00

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:	GAP
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	10656
Planned Funds:	$ 5,800,000.00

Activity Narrative: Reqs: program management, budget, finance, acquisition and post-award management and supply chain management; project development informed by evidence-based best practices; participatory strategic planning based on sound data; effective interagency, donor, intergovernmental, and partner relations; large-scale TA and capacity building focusing on community and stakeholder involvement, social and behavioral interventions, private sector engagement, and health service expansion.

Reqs: Technical, administrative, leadership capacity building for indigenous partners; results-based project management with monitoring and evaluation; and exit strategies for continued funding, long-term access to TA, close-out and hand-over of projects.

CDC staffing includes management support and technical staff to implement programs and to support implementation of projects by indigenous partners. Direct hires and contracting are used to provide leadership. Local staff have key roles in assisting partners with project implementation and providing administrative support.

Reprogrammed/New Positions: Ten current positions were reprogrammed. The two contract positions for technical officers in BCC and PMTCT were cancelled. These duties will be covered by existing local positions. The PEPFAR Ethiopia team agreed that the CDC USDH for prevention was not needed. The USAID position will provide leadership in this area. In SI, the PSC was cancelled in favor of a direct hire. In the M&S base budget, we reprogrammed 6 local positions to meet skill requirements. We removed the writer editor position; these services will be provided in a communications contract. The duties for the Associate Director for Regional Affairs have been assumed by the US universities as part of the regionalization strategy. An international university has the lead and is working with PLWHA. The PLWHA technical officer position has been removed. We removed three administrative positions. It is cost effective to contract for some lower graded administrative positions.

ART scale-up overwhelms our existing staff. We are requesting a technical officer for treatment. This position requires knowledge of the principles, concepts, methods and techniques medicine to analyze, evaluate and provide expert advice and consultation; knowledge of HIV/AIDS treatment regimens; ability to perform complex analytical studies and interpretation of result to coordinate the evaluation of programs and recommend improvements.

We are requesting a coordinator to assist the technical officers with TB/HIV and palliative care activities. This position requires some knowledge of health care programs, project management skills, and the ability to provide administrative support.

In COP07 a significant number of TE are proposed and there will be several human subject issues to be addressed in all the work related to generation, processing and utilization of data from patients and clients. We are adding a SI technical officer.

The technical officer for science requires knowledge and skills in primary and secondary data collection, processing, analyzing, utilizing and reporting, including publications in peer reviewed scientific journals. The position also requires knowledge in human subject and IRB procedures.

The project coordinator will assist the science officer with the processing and management activities in this area. This position rquires experience in data collection, processing, analyzing, utilization and reporting, and in project management.

The surveillance portfolio of PEPFAR Ethiopia will grow in FY07, including expansion of the surveillance systems into high-risk groups. Per the 2005 ANC/DHS findings, subsequent large scale studies explaining the newer HIV prevalence trends need to be conducted. The surveillance systems in Ethiopia are being heavily supported by PEPFAR. This will continue until capacity is built within the government system. CDC needs to enhance the surveillance unit within PEPFAR Ethiopia to include an additional technical officer.

The technical officer position requires mastery of principles, concepts, and practices of epidemiology; ability to perform complex analytical studies and interpretation of results to coordinate the evaluation of programs and recommend improvements; make clear,

convincing presentation, explain and justify recommendations; and ability to work with government and international partners.

Most indigenous partners require assistance with their management practices. As partners prioritize capacity building of local organizations, we need to coordinate efforts to ensure the sustainability of HIV/AIDS programs. CDC will ensure that USG staff have the capacity to assist in fulfilling USG requirements for contracts and grants monitoring.

The number of directly funded local organizations is increasing. They require extensive management guidance and direction in order to comply with USG requirements. The agreement managers serve as the local point of contact for these awardees on administrative issues. This position requires experience in project management; knowledge of a wide range of qualitative and quantitative methods to review, evaluate, and improve publich health program operations and implementation.

The coordination responsibility of the office of the director has increased significantly. We are requesting a new project coordinator to assist the deputy director for programs with coordination of projects across program areas. This position requires some knowledge of health care programs, and project management skills.

To facilitate collaboration with the MOH, some staff will co-locate with ministry staff on the EHNRI compound. Different skills are required to provide administrative support at that location as well as to enhance our internal management capacity. CDC has responsibility for managing the office building on the ENHRI compound. A facilities manager is needed to address routine issues related to building maintenance. Numerous construction/renovation projects are proposed for COP07. To coordinate the large number of construction projects within PEPFAR, we are requesting a construction engineer position. FY 2007 Supplemental COP Guidance Resource Guide states that where USG involvement in new construction is necessary, funds should be assigned to the DOS with RPSO being the prime partner, and Post must identify someone to be the technical advisor to RPSO for the construction activities. This advisor can be from any PEPFAR USG agencies. CDC and State in-country representatives have agreed that CDC will serve as the in-country COR for the State/RPSO construction/renovation projects. CDC has experience in working with RPSO. The proposed projects will be generated by CDC staff and partners. This position will assist the technical staff by assuming the following duties: reviewing A&E and construction proposals for technical aptness and costs; coordinating construction and renovation projects; advising the CO on the status of projects and approval of requests for payment; assumig the role of COR for the State renovation/construction projects; and serving as a resource to partners undertaking small renovation projects. This position will be filled only for the duration of the activity. The majority of our procurement activities are conducted through RPSO. The number of local procurements has increased significantly. Therefore, we are requesting a program agent to assist our program staff in specifying their program requirements and developing statements of work.

We have made significant progress in financial management. To continue progress and the ability to provide assistance to grantees, a budget analyst position is needed.

Continued Associated Activity Information

Activity ID:	5623
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	CDC GAP
Funding Source:	GAP
Planned Funds:	$ 4,548,225.00

Table 3.3.15: 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:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	10657
Planned Funds:	$ 1,345,000.00

Activity Narrative: This activity only includes direct hire salaries, contractors, and technical support contracts.

Required Skills: Requirements for short-term success: program management, budget, finance, acquisition and post-award management and supply chain management; project development informed by evidence-based best practices; participatory strategic planning based on sound data; effective interagency, donor, intergovernmental, and partner relations; large-scale TA and capacity building focusing on community and stakeholder involvement, social and behavioral interventions, private sector engagement, and health service expansion at all levels and across all sectors.
Requirements for long-term success and sustainability include: technical, administrative, and leadership capacity building for indigenous partners; results-based project management with ongoing monitoring and evaluation; and exit strategies for continued funding, long-term access to TA, close-out and hand-over of projects.

Current Staffing: CDC staffing includes management support and technical staff to implement evidence-based and technologically sound programs and to support implementation of projects by a large number of indigenous partners. Direct hires and contractors are used to provide leadership that otherwise would not be available in the local market. Local staff members have key roles in assisting partners with project implementation and providing administrative support. We have experienced some turnover and difficulty in recruiting due to changes in the job market resulting in increased competition. We are actively recruiting to fill vacant positions.

Reprogrammed and New Positions: To address our current staffing needs, we first reviewed existing positions. Ten existing positions were reprogrammed. The two contract positions for technical officers in BCC and PMTCT were cancelled. These duties will be covered by existing local positions. The PEPFAR Ethiopia Collaborative Team agreed that the CDC USDH for prevention was not needed. The USAID position will provide leadership in this area. In SI, the PSC was cancelled in favor of a direct hire. The associated costs are similar. This was done to enhance recruitment. With regards to local staffing which is included in the management and staffing base budget, we reprogrammed six positions to meet our current skills requirements. We have abolished the writer editor position; these services will be provided as part of a larger communications contract. The duties for the Associate Director for Regional Affairs have been assumed by the US-based universities as part of the regionalization strategy. One of the international universities has taken the lead and is working with PLWHA. The PLWHA technical officer position has been abolished. We also abolished three administrative positions. In the long run, it is more cost effective to contract for some of the lower graded administrative positions. As the need for these services increase, we will consider contracting. This effort also supports our post right-sizing efforts.

In this budget, we are requesting direct hire or contract positions for the following: Laboratory infrastructure-PEPFAR is the only foreign entity supporting Ethiopia technically in the development of the national, regional and facility-based laboratory capacity to support programmatic services including counseling and testing, PMTCT, TB/HIV, and ART programs; surveillance including national antenatal care-based surveillance, ARV and gonorrhea drug resistance surveillance; and monitoring and evaluation including quality assurance programs. We are supporting laboratories at 89 hospitals and over 300 health centers. Therefore, we are including a laboratory technical lead/USDH.

The laboratory USDH will provide leadership to the laboratory team and TA to the National and Regional Reference Laboratories, hospital labs and health center laboratories. The position requires an individual with experience in molecular diagnosis, laboratory program management, quality assurance, excellent interpersonal and communication skills, the ability to work with a variety of professionals from diverse backgrounds, and working knowledge of health care delivery systems in resource-scarce settings.

Partner Management and capacity building: We are increasing the number of indigenous partners directly funded by PEPFAR. Most of these partners require assistance with their management practices. As CDC require our partners to prioritize capacity building of local organizations, There is a need to coordinate those efforts to ensure the sustainability of HIV/AIDS programs. Most of the indigenous partners require assistance with management practices, including their business systems and other USG project

management requirements. We will also ensure that local USG staff have the capacity to assist in fulfilling USG requirements for contracts and grants monitoring. We are requesting a USDH public health advisor to develop and implement the partner management and capacity building aspects of our programs. After two years, the leadership for partner management will transferred to the local program coordinator. This position requres knowledge of HIV/AIDS public health programs and mastery of the theories, concepts, principles, practice, methods, and techniques of public health program administration; knowledge of USG policies, procedures, and regulations to manage and oversee funds and a variety of procurement mechanisms and awards; knowledge of a wide range of qualitative and quantitative methods to review, evaluate, and improve publich health program operations and implementation; the ability to plan, organize, and direct team activities; ability of communicate, both orally and in writing, to make clear, convincing presentation, explain and justify recommendations, represent PEPFAR programs, provide guidance and advise executive leadership, respond to inquiries, and interact with high level officials and representatives from the public and the private sector.

Management: As a whole, PEPFAR Ethiopia lacks a plan for both internal and external communications. We would like to have a comprehensive PEPFAR Ethiopia communications strategy that represents all agencies at post. The strategy will guide us in terms of health communications, media relations, events planning, etc. This strategy will be "owned" by the Public Diplomacy Workgroup and integrated into the mission-wide strategy through collaboration with the Public Affairs Section. In addition, CDC has experience difficulty in recruiting a skilled writer. We are requesting a communications advisor to support the PEPFAR communications strategy and lead the communications activities within CDC. They will develop original documents and serve as editor for documents produced by the technical staff. They will serve on the PD Workgroup and liaise with the Public Affairs Section for both CDC and PEPFAR. This position will reduce the workload that PEPFAR has placed on the Public Affairs Section. The position requires knowledge of principles, theories, practices, techniques, terminology and expressions of health communications; skill in reviewing, editing, and rewriting journal articles, book chapters, training manuals, and other materials for internal and external publications and coordination of production of major length projects; knowledge of effective graphic and tabular display of data; skill in identifying material unsuitable for publication because of poor expression, incomplete coverage, inappropriate style and format, or imbalance of material. This position replaces the Associate Director for Regional Affairs. The duties of that position have been distributed amongst the US university partners.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency:
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10658
Planned Funds: $ 1,980,000.00
Activity Narrative: Cost of Doing Business

This activity includes ICASS and CSCS taxes. CDC subscribes to full ICASS services. The estimated cost of FY07 ICASS charges is $600,000. CSCS charges are included for 78 desk positions and 21 non-desk positions. This tax is approximately $1,380,000.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency:
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10659
Planned Funds: $ 324,255.00
Activity Narrative: Cost of Doing Business

This activity includes USAID's ICASS fee. USAID will not have a CSCS expense in FY 2007.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: pc
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10662
Planned Funds: $ 555,000.00
Activity Narrative: Management and Staffing: Peace Corps
Budget Details

Peace Corps Ethiopia (PC/E) serves as both a USG PEPFAR partner and an implementing partner, with programs in palliative care and treatment. PC/E's Management and Staffing area includes the general and administrative support expenses of ancillary activities required to implement the Peace Corps PEPFAR program and deliver Peace Corps volunteers to the field. These activities include programmatic administration; planning and reporting; budget; accounting; payment processing; procurement; recovery of expenses typically covered by ICASS and other financial and administrative costs associated with implementing the PEPFAR program that Peace Corps provides.

To scale-up capacity to manage several dozen volunteers, Peace Corp will place a Country Director, Medical Officer, and General Services Officer in-country as soon as possible in FY07. Ten additional positions will be filled by FSN/PSC. These positions include and executive assistant, associate country director, administrative officer, safety & security coordinator, IT specialist, training manager, medical secretary, cashier, four drivers, and a janitor.

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2007?	☐ Yes	☑ No
If yes, Will HIV testing be included?	☐ Yes	☐ No
When will preliminary data be available?		
Is an Demographic and Health Survey(DHS) planned for fiscal year 2007?	☐ Yes	☑ No
If yes, Will HIV testing be included?	☐ Yes	☐ No
When will preliminary data be available?		
Is a Health Facility Survey planned for fiscal year 2007?	☐ Yes	☑ No
When will preliminary data be available?		
Is an Anc Surveillance Study planned for fiscal year 2007?	☑ Yes	☐ No
if yes, approximately how many service delivery sites will it cover?	100	
When will preliminary data be available?	6/30/2008	
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 2007?	☑ Yes	☐ No