

# Populated Printable COP Without TBD Partners

2008

Ethiopia

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**Table 1: Overview****Executive Summary**

File Name	Content Type	Date Uploaded	Description	Uploaded By
PEPFAR Ethiopia FY08 COP Executive Summary.doc	application/msword	9/28/2007	PEPFAR Ethiopia FY2008 Country Operational Plan Executive Summary	JHeffner2

**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:

In 2007, Ethiopia's Ministry of Health developed two national HIV plans. The Accelerated Access to HIV/AIDS Prevention, Care, and Treatment: Road Map 2007-2008/10, delineated the steps necessary for Ethiopia to reach universal access goals for HIV services by 2010. Multisectoral Plan of Action for Universal Access to HIV and AIDS Prevention, Treatment, Care, and Support (2007-2010), builds on the health-sector-focused Road Map, adding intersectoral linkages that support overall Ethiopian HIV/AIDS efforts. The plans represent a major achievement. They demonstrate macro-level planning in support of an ambitious effort to provide universal primary healthcare to all Ethiopians. That effort is now written into the third five-year phase of the Health Sector Development Plan, and it supports the larger national poverty eradication effort, the Program for Accelerated and Sustained Development to End Poverty.

While the plans are blueprints for creating universal access to HIV services, they also present major challenges, particularly with respect to the human and financial resources needed to achieve the objectives. Two costing exercises—a detailed exercise on the costs for commodities necessary to reach the Road Map targets and a larger, overall costing exercise—revealed large gaps between available resources and projected needs. For commodities alone, this gap is \$159M for Calendar Year 2008, increasing to over \$400M by 2010. Increases in infrastructure (from 650 health centers in 2007 to 3,153 nationwide by 2010) represent an investment of at least \$445M for construction, renovation, and equipment. Increased unit costs are a possibility, since an initial analysis of facility designs indicate that current designs do not include adequate space for storage and administration.

Even more challenging is the projected increase in human resources necessary to support universal access. Currently, personnel turnover in Ethiopia's public sector is very high. Salaries are low relative to the private and nongovernmental sectors, to say nothing of international levels. This, combined with challenging working conditions, results in substantial attrition. The number of physician specialists, in particular, is decreasing, and major task-shifting efforts to move responsibilities to nurses are underway. New cadres of nonprofessional healthcare workers are also being developed and trained, and this is helping ease the crisis.

PEPFAR made large contributions of staff time from multiple agencies to develop the Road Map. The MOH and the Federal HAPCO were very receptive to the extensive feedback PEPFAR provided on the multiple drafts of the plan. PEPFAR raised the issue of the major gaps in financial and human resources that are challenges to meeting the universal access goals, particularly in the short period of four years. During discussions while the plan was being developed and finalized, MOH staff indicated that the Road Map did not include analyses on the human and fiscal resources necessary to reach the targets, and that detailed planning based on available resources would be required when implementation was underway. Now that this process has begun, PEPFAR looks forward to supporting this planning process and supporting the achievement of the goals to the degree resources permit.

PEPFAR has indicated that, while it strongly supports the Road Map, it is merely one of many contributors, and its resources are inadequate to fund the totality, or even the great majority, of the activities needed to reach the goals. Efforts to reach the targets have been under an umbrella motto of "Speed-Volume-Quality" and while PEPFAR has supported all those elements, it has emphasized its interest in supporting quality, as particularly important for the Ethiopian population. It is hoped that the efforts of PEPFAR and other partners, in support of the MOH, will result in achieving the universal access goals -- the objective of all joint efforts.

**Ambassador Letter**

File Name	Content Type	Date Uploaded	Description	Uploaded By
Ambassador Yamamoto's Letter.pdf	application/pdf	9/28/2007	Letter from Ambassador Yamamoto	JHeffner2

**Country Contacts**

Contact Type	First Name	Last Name	Title	Email
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Ambassador	Donald	Yamamoto	Ambassador	YamamotoD@state.gov

**Global Fund**

What is the planned funding for Global Fund Technical Assistance in FY 2008?	\$850000
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

**Table 2: Prevention, Care, and Treatment Targets**

**2.1 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
<b>Prevention</b>				
<b>End of Plan Goal</b>	810,202			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	260,100	0	260,100
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	10,000	0	10,000
<b>Care (1)</b>				
<b>End of Plan Goal</b>	1,050,000	810,500	0	810,500
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	338,000	0	338,000
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	25,000	0	25,000
8.1 - Number of OVC served by OVC programs	0	472,500	0	472,500
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	1,097,000	0	1,097,000
<b>Treatment</b>				
<b>End of Plan Goal</b>	210,000	111,000	0	111,000
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	111,000	0	111,000
<b>Human Resources for Health</b>				
<b>End of Plan Goal</b>	0			

## 2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
<b>Prevention</b>				
<b>End of Plan Goal</b>	810,202			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	341,950	0	341,950
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	15,613	0	15,613
<b>Care (1)</b>				
<b>End of Plan Goal</b>	1,050,000			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	557,970	0	557,970
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	29,489	0	29,489
8.1 - Number of OVC served by OVC programs	0	805,014	0	805,014
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	1,386,300	0	1,386,300
<b>Treatment</b>				
<b>End of Plan Goal</b>	210,000			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	168,600	0	168,600
<b>Human Resources for Health</b>				
<b>End of Plan Goal</b>	0			

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Private Sector Program**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 645.08

**System ID:** 7471

**Planned Funding(\$):** \$4,017,031

**Procurement/Assistance Instrument:** Contract

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** Abt Associates

**New Partner:** No

Sub-Partner: IntraHealth International, Inc

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVTB - Palliative Care: TB/HIV, HTXS - ARV Services

Sub-Partner: Population Services International

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Banyan Global

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing, HTXS - ARV Services

**Mechanism Name: Presidential Malaria Initiative Wraparound**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 7590.08

**System ID:** 7590

**Planned Funding(\$):** \$840,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** Academy for Educational Development

**New Partner:** No



**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Development of Model Voluntary Counseling and Testing Services in the Democratic Republic of Ethiopia**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 651.08

**System ID:** 7508

**Planned Funding(\$):** \$1,950,360

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** Addis Ababa Regional HIV/AIDS Prevention and Control Office

**New Partner:** No

Sub-Partner: Organization for Social Services for AIDS - National and Addis Ababa Branch

Planned Funding: \$1,564,466

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Zewditu Memorial Hospital

Planned Funding: \$153,644

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

**Mechanism Name: Strengthening HIV/AIDS, STI & TB Prevention, Control & Treatment Activities**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 494.08

**System ID:** 7507

**Planned Funding(\$):** \$530,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** Addis Ababa University

**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 7600.08

**System ID:** 7600

**Planned Funding(\$):** \$400,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** African network for Care of Children Affected by HIV/AIDS

**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Implementation Support for HIV/AIDS ART Program through Local Universities in the Federal Democratic Republic of Ethiopia under PEPFAR**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3802.08  
**System ID:** 7510  
**Planned Funding(\$):** \$170,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Alemaya University  
**New Partner:** No

**Mechanism Name: Twinning Initiative**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 3806.08  
**System ID:** 7517  
**Planned Funding(\$):** \$2,967,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Health Resources Services Administration  
**Funding Source:** GHCS (State)  
**Prime Partner:** American International Health Alliance Twinning Center  
**New Partner:** No

**Mechanism Name: Supporting Laboratory Training and Quality Improvement for Diagnosis and Monitoring of HIV/AIDS Patients in Resource Limited Countries through Collaboration with ASCP**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 677.08  
**System ID:** 7511  
**Planned Funding(\$):** \$425,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** American Society of Clinical Pathology  
**New Partner:** No

**Mechanism Name: HIV/AIDS ART prevention and TA collaboration for public health laboratory science**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 678.08  
**System ID:** 7512  
**Planned Funding(\$):** \$600,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Association of Public Health Laboratories  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7614.08  
**System ID:** 7614  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** CARE International  
**New Partner:** No

Sub-Partner: Amhara Women Association  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HKID - OVC

Sub-Partner: HUNDEE, Oromo Grassroots Development Initiative  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HKID - OVC

**Mechanism Name: EPHTI**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 3819.08  
**System ID:** 7472  
**Planned Funding(\$):** \$700,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Carter Center  
**New Partner:** No

**Mechanism Name: Track 1**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 609.08  
**System ID:** 7462  
**Planned Funding(\$):** \$715,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Catholic Relief Services  
**New Partner:** No

Sub-Partner: Catholic Secreteriat of Ethiopia  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful

**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: Ethiopian Catholic Church Social and Development Coordination Office  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful

**Mechanism Name: \***

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 637.08  
**System ID:** 7494  
**Planned Funding(\$):** \$1,244,050  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Catholic Relief Services  
**New Partner:** No

Sub-Partner: Medical Missionaries of Mary  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Missionaries of Charity  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Organization of Social Services for AIDS, Ethiopia  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Alem Tena Catholic Church  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Progress Integrated Community Development Organization  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Ethiopian Catholic Church Social and Development Coordination Office  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

**Mechanism Name: Laboratory Standards Improvement**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 8273.08

**System ID:** 8273

**Planned Funding(\$):** \$300,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** Clinical and Laboratory Standards Institute

**New Partner:** No

**Mechanism Name: Rapid Expansion of ART for HIV Infected Persons in Selected Countries**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 3784.08

**System ID:** 7498

**Planned Funding(\$):** \$12,950,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** Columbia University

**New Partner:** No

Sub-Partner: Oromiya Regional Health Bureau

Planned Funding: \$120,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HTXS - ARV Services

Sub-Partner: Dire Dawa Regional Health Bureau

Planned Funding: \$40,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HTXS - ARV Services

Sub-Partner: Harari Regional Health Bureau

Planned Funding: \$40,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HTXS - ARV Services

Sub-Partner: Association of Ethiopian People Living with HIV/AIDS

Planned Funding: \$100,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: CDC-Ethiopia Public Affairs Services**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8270.08  
**System ID:** 8270  
**Planned Funding(\$):** \$123,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Danya International, Inc  
**New Partner:** No

**Mechanism Name: IS for HIV/AIDS ART Program through Local Universities in the FDRE under PEPFAR**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3799.08  
**System ID:** 7513  
**Planned Funding(\$):** \$90,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Debub University  
**New Partner:** No

**Mechanism Name: IS for HIV/AIDS ART Program through Local Universities in the FDRE under PEPFAR**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3805.08  
**System ID:** 7514  
**Planned Funding(\$):** \$140,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Defense University  
**New Partner:** No

**Mechanism Name: Development Alternatives Inc.**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3795.08  
**System ID:** 7496  
**Planned Funding(\$):** \$2,285,536  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Development Associates Inc.  
**New Partner:** No  
  
Sub-Partner: Integrated Service for AIDS Prevention & Support Organization  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HKID - OVC

**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: Mulu Wongel Believers Church
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Hiwot HIV/AIDS Prevention Care and Support Organization, Ethiopia
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Pro Poor
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Common Vision for Development Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Medhanealem Orphans and Destitute Families Support and Training Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Bridge to Israel
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Organization of Social Services for AIDS, Ethiopia
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Welfare for the Street Mothers and Children Organization
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Progress Integrated Community Development Organization
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Area Programs: HKID - OVC

Sub-Partner: Social Welfare Development Association

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Addis Hiwot PLWHAs and AIDS Orphans Rehabilitation and Reintegration Association

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Association of Netsebrak Reproductive Health and Social Development Organization

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Family Guidance Association of Ethiopia

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Ethiopian Kale Hiwot Church

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

**Mechanism Name: ACQUIRE**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 6125.08

**System ID:** 7526

**Planned Funding(\$):** \$630,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** Engender Health

**New Partner:** No

Sub-Partner: Hiwot Integrated Family Services

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful



**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Expansion of HIV/AIDS/STI/TB Surveillance and Laboratory Activities in the FDRE**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 673.08

**System ID:** 7490

**Planned Funding(\$):** \$9,534,280

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** Ethiopian Health and Nutrition Research Institute

**New Partner:** No

Sub-Partner: Regional Health Bureaus

Planned Funding: \$1,596,861

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HLAB - Laboratory Infrastructure, HVSI - Strategic Information

**Mechanism Name: HHS/CDC/Ethiopian Health and Nutrition Research Institute/Public Health Evaluation/GHAI**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 8558.08

**System ID:** 8558

**Planned Funding(\$):** \$0

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** Ethiopian Health and Nutrition Research Institute

**New Partner:** No

**Mechanism Name: HHS/CDC/Ethiopian Medical Association/GHAI**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 8557.08

**System ID:** 8557

**Planned Funding(\$):** \$202,569

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** Ethiopian Medical Association

**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Improving HIV/AIDS/STD/TB Related Public Health Practice and Service Delivery**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 674.08

**System ID:** 7489

**Planned Funding(\$):** \$3,600,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** Ethiopian Public Health Association

**New Partner:** No

**Mechanism Name: Track 1**

**Mechanism Type:** Central - Headquarters procured, centrally funded

**Mechanism ID:** 434.08

**System ID:** 7463

**Planned Funding(\$):** \$3,000,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** Central GHCS (State)

**Prime Partner:** Federal Ministry of Health, Ethiopia

**New Partner:** No

Sub-Partner: Ethiopian Red Cross Society

Planned Funding: \$2,850,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HMBL - Blood Safety

**Mechanism Name: Improving HIV/AIDS Prevention and Control Activities in the FDRE MOH**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 496.08

**System ID:** 7488

**Planned Funding(\$):** \$4,110,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Prime Partner:** Federal Ministry of Health, Ethiopia

**New Partner:** No

Sub-Partner: Regional Health Bureaus

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, OHPS - Other/Policy Analysis and Sys Strengthening

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: MOH-USAID**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 5486.08  
**System ID:** 7486  
**Planned Funding(\$):** \$18,600,000  
**Procurement/Assistance Instrument:** Grant  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Federal Ministry of Health, Ethiopia  
**New Partner:** No

**Mechanism Name: Strengthening HIV/AIDS, TB & STI Prevention, Control & Treatment Activities**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 2249.08  
**System ID:** 7519  
**Planned Funding(\$):** \$210,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Federal Police  
**New Partner:** No

**Mechanism Name: Agribusiness and Trade Expansion**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7610.08  
**System ID:** 7610  
**Planned Funding(\$):** \$600,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Fintrac Inc.  
**New Partner:** No

**Mechanism Name: Track 1**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 608.08  
**System ID:** 7464  
**Planned Funding(\$):** \$529,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Food for the Hungry  
**New Partner:** No  
  
Sub-Partner: Nazarene Compassionate Ministries  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful

**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: Ethiopian Kale Hiwot Church  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Life in Abundance  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Save Lives Ethiopia  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful

**Mechanism Name: New Partner Initiative**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 7593.08  
**System ID:** 7593  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Geneva Global  
**New Partner:** No

**Mechanism Name: Strengthening HIV/AIDS, TB, and STI Prevention, Control and Treatment Activities**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3803.08  
**System ID:** 7515  
**Planned Funding(\$):** \$200,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Gondar University  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Our Father's Kitchen**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8276.08  
**System ID:** 8276  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Grant  
**Agency:** Department of State / African Affairs  
**Funding Source:** GHCS (State)  
**Prime Partner:** Hiwot HIV/AIDS Prevention Care and Support Organization, Ethiopia  
**New Partner:** No

Sub-Partner: Beza Le Wegen  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: Yes  
Associated Area Programs: HKID - OVC

Sub-Partner: Serenade Venture  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: Yes  
Associated Area Programs: HKID - OVC

**Mechanism Name: \***

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 603.08  
**System ID:** 7499  
**Planned Funding(\$):** \$2,465,741  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** International Orthodox Christian Charities  
**New Partner:** No

Sub-Partner: Ethiopian Orthodox Church  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HKID - OVC

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 649.08  
**System ID:** 7516  
**Planned Funding(\$):** \$621,221  
**Procurement/Assistance Instrument:** Grant  
**Agency:** Department of State / Population, Refugees, and Migration  
**Funding Source:** GHCS (State)  
**Prime Partner:** International Rescue Committee  
**New Partner:** No

**Mechanism Name: GIS Support**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7606.08  
**System ID:** 7606  
**Planned Funding(\$):** \$120,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** International Rescue Committee  
**New Partner:** No

**Mechanism Name: Capacity Project (HCD)**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 593.08  
**System ID:** 7523  
**Planned Funding(\$):** \$1,800,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** IntraHealth International, Inc  
**New Partner:** No

**Mechanism Name: University Technical Assistance Projects in Support of the Global AIDS Program**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3746.08  
**System ID:** 7473  
**Planned Funding(\$):** \$9,148,448  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** JHPIEGO  
**New Partner:** No

Sub-Partner: National Network of Positive Women Ethiopia  
Planned Funding: \$150,000  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HTXS - ARV Services

**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: PACT Ethiopia  
 Planned Funding: \$100,000  
 Funding is TO BE DETERMINED: No  
 New Partner: No  
 Associated Area Programs: HTXS - ARV Services

Sub-Partner: Family Guidance Association of Ethiopia  
 Planned Funding: \$750,000  
 Funding is TO BE DETERMINED: No  
 New Partner: No  
 Associated Area Programs: HTXS - ARV Services

Sub-Partner: Addis Ababa University  
 Planned Funding: \$40,000  
 Funding is TO BE DETERMINED: No  
 New Partner: No  
 Associated Area Programs: HTXS - ARV Services

Sub-Partner: Jimma University  
 Planned Funding: \$40,000  
 Funding is TO BE DETERMINED: No  
 New Partner: No  
 Associated Area Programs: HTXS - ARV Services

Sub-Partner: Gondar University  
 Planned Funding: \$40,000  
 Funding is TO BE DETERMINED: No  
 New Partner: No  
 Associated Area Programs: HTXS - ARV Services

Sub-Partner: Addis Ababa Counselors Support Association  
 Planned Funding: \$150,000  
 Funding is TO BE DETERMINED: No  
 New Partner: No  
 Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Initiatives, Inc.  
 Planned Funding: \$100,000  
 Funding is TO BE DETERMINED: No  
 New Partner: No  
 Associated Area Programs: HTXS - ARV Services

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
05-HVOP	18237.08	This request for \$50,000 in early funding will allow this important new activity to begin as soon as possible.	\$50,000	\$200,000

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Implementation Support for HIV/AIDS Anti-Retroviral Therapy Program through Local Universities in the Federal Democratic Republic of Ethiopia under the President's Emergency Plan for AIDS Relief**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3801.08  
**System ID:** 7521  
**Planned Funding(\$):** \$90,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Jimma University  
**New Partner:** No

**Mechanism Name: Track 1**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 619.08  
**System ID:** 7465  
**Planned Funding(\$):** \$3,032,417  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** John Snow, Inc.  
**New Partner:** No

**Mechanism Name: Support for program implementation through US-based universities in the FDRE**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3787.08  
**System ID:** 7485  
**Planned Funding(\$):** \$12,933,436  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Johns Hopkins University Bloomberg School of Public Health  
**New Partner:** No

**Mechanism Name: Expansion of the Wegen National AIDS Talkline and MARCH Model Activities**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 655.08  
**System ID:** 7474  
**Planned Funding(\$):** \$5,773,750  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Johns Hopkins University Center for Communication Programs  
**New Partner:** No



**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: HCP**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 1210.08

**System ID:** 7582

**Planned Funding(\$):** \$1,900,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** Johns Hopkins University Center for Communication Programs

**New Partner:** No

Sub-Partner: Ministry of Youth, Sports and Culture, Ethiopia

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Ethiopia Muslim Development Agency

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Ethiopian Orthodox Church, Development Inter-Church Aid Commission

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Ethiopian Youth Network

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Family Health International

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Save the Children US

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Academy for Educational Development

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7601.08  
**System ID:** 7601  
**Planned Funding(\$):** \$1,116,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Land O'Lakes  
**New Partner:** No

**Mechanism Name: GFATM Technical Support**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7613.08  
**System ID:** 7613  
**Planned Funding(\$):** \$2,028,884  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Management Sciences for Health  
**New Partner:** No

**Mechanism Name: RPM Plus**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3798.08  
**System ID:** 7500  
**Planned Funding(\$):** \$4,130,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Management Sciences for Health  
**New Partner:** No

**Mechanism Name: Care and Support Project**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7609.08  
**System ID:** 7609  
**Planned Funding(\$):** \$19,444,911  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Management Sciences for Health  
**New Partner:** No

Sub-Partner: IntraHealth International, Inc

Planned Funding: \$0

Funding is TO BE DETERMINED: No

**Table 3.1: Funding Mechanisms and Source**

New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure
Sub-Partner:	Save the Children US
Planned Funding:	\$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support
Sub-Partner:	Dawn of Hope Ethiopia
Planned Funding:	\$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support
Sub-Partner:	Ethiopian Interfaith Forum for Development, Dialogue and Action
Planned Funding:	\$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support

**Mechanism Name: Implementation Support for HIV/AIDS Anti-Retroviral Therapy Program through Local Universities in the Federal Democratic Republic of Ethiopia under the President's Emergency Plan for AIDS Relief**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3804.08  
**System ID:** 7522  
**Planned Funding(\$):** \$90,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Mekele University  
**New Partner:** No

**Mechanism Name: Improving HIV/AIDS/STI/TB Prevention and Care Activities**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 2250.08  
**System ID:** 7520  
**Planned Funding(\$):** \$1,100,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Ministry of National Defense, Ethiopia  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Civil Society**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 5527.08  
**System ID:** 7509  
**Planned Funding(\$):** \$7,652,040  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: Community Adherence**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7591.08  
**System ID:** 7591  
**Planned Funding(\$):** \$240,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: ENDF Surveillance Survey**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8159.08  
**System ID:** 8159  
**Planned Funding(\$):** \$250,000  
**Procurement/Assistance Instrument:** Grant  
**Agency:** Department of Defense  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: Food by Prescription**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7597.08  
**System ID:** 7597  
**Planned Funding(\$):** \$4,774,225  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Livelihood**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7588.08  
**System ID:** 7588  
**Planned Funding(\$):** \$371,973  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: Media Training**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7608.08  
**System ID:** 7608  
**Planned Funding(\$):** \$480,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: New PHEs**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8863.08  
**System ID:** 8863  
**Planned Funding(\$):** \$50,000  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** Department of State / Office of the U.S. Global AIDS Coordinator  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: Nutrition Technical Assistance**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7589.08  
**System ID:** 7589  
**Planned Funding(\$):** \$750,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Preventive Care Package**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7596.08  
**System ID:** 7596  
**Planned Funding(\$):** \$1,860,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: small grants**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8293.08  
**System ID:** 8293  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: TBD/CDC**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 5483.08  
**System ID:** 7484  
**Planned Funding(\$):** \$1,290,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No  
  
Sub-Partner: Family Guidance Association of Ethiopia  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVOP - Condoms and Other Prevention, OHPS - Other/Policy Analysis and Sys Strengthening

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7603.08  
**System ID:** 7603  
**Planned Funding(\$):** \$465,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: \***

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 683.08  
**System ID:** 7478  
**Planned Funding(\$):** \$2,460,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: APS**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8222.08  
**System ID:** 8222  
**Planned Funding(\$):** \$4,435,153  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: Community School Partnership Program**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7595.08  
**System ID:** 7595  
**Planned Funding(\$):** \$660,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Condom Promotion**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7598.08  
**System ID:** 7598  
**Planned Funding(\$):** \$2,652,314  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: Corridors**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7599.08  
**System ID:** 7599  
**Planned Funding(\$):** \$2,990,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: Health Care Financing**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7612.08  
**System ID:** 7612  
**Planned Funding(\$):** \$1,000,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: Health Center Renovations**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 4067.08  
**System ID:** 7495  
**Planned Funding(\$):** \$10,560,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No



**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Maternal and Child Health Wraparound**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7604.08  
**System ID:** 7604  
**Planned Funding(\$):** \$6,400,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: MOH-USG Ethiopia Partnership**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8040.08  
**System ID:** 8040  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Grant  
**Agency:** Department of State / African Affairs  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: Population Based Survey**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8264.08  
**System ID:** 8264  
**Planned Funding(\$):** \$100,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: Public Health Evaluations**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8245.08  
**System ID:** 8245  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Public Health Evaluations**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8248.08  
**System ID:** 8248  
**Planned Funding(\$):** \$275,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: RFA-COP 08**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8274.08  
**System ID:** 8274  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: State M&S-Regional Procurement and Support Office, Ethiopia**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8272.08  
**System ID:** 8272  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** Department of State / African Affairs  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: Tourism and HIV Prevention**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7611.08  
**System ID:** 7611  
**Planned Funding(\$):** \$500,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: Transportation Corridor Initiative**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8136.08  
**System ID:** 8136  
**Planned Funding(\$):** \$100,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** N/A  
**New Partner:** No

**Mechanism Name: Capacity Building Assistance for Global HIV/AIDS Program Development through Technical Assistance Collaboration with the National Association of State and Territorial AIDS Directors**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 2534.08  
**System ID:** 7476  
**Planned Funding(\$):** \$890,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** National Association of State and Territorial AIDS Directors  
**New Partner:** No

**Mechanism Name: HAPCO-MOH**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 8259.08  
**System ID:** 8259  
**Planned Funding(\$):** \$300,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** National HIV/AIDS Prevention and Control Office, Ethiopia  
**New Partner:** No

**Mechanism Name: New Partner Initiative**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 7592.08  
**System ID:** 7592  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Nazarene Compassionate Ministries  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 9463.08  
**System ID:** 9463  
**Planned Funding(\$):** \$1,696,165  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Organization of Social Services for AIDS, Ethiopia  
**New Partner:** No

**Mechanism Name: Track 1**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 610.08  
**System ID:** 7466  
**Planned Funding(\$):** \$2,670,364  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Pact, Inc.  
**New Partner:** No

Sub-Partner: Abebech Gobena Yehitsanat Kebekabena Limat Dirijit  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: African network for Prevention and Protection Against Child Abuse and Neglect - Ethiopian Chapter  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Amhara Development Association  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Children Aid Ethiopia  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Emanuel Development Association  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Ethiopian Evangelical Church Mekane Yesus/South Western Synod

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Ethiopian Muslim Relief and Development Association

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Ethiopian Muslim Relief and Development Association

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Forum on Street Children

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Harari Relief and Development Association

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

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

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Meserete Kirstos Church Relief and Development Association

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Prognist

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Ratson: Women, Youth and Children Development Program

Planned Funding: \$0

**Table 3.1: Funding Mechanisms and Source**

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: Rift Valley Children and Women Development
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: Save Your Generation
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: Save your Holy Land Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: Tila Association of Women Living with HIV/AIDS
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: Women Support Organization
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: Young Men Christian Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: Adult and Non Formal Education Association in Ethiopia
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: Berhan Integrated Community development Organization
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: Children and Youth Welfare and Development Association  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Kind Hearts Children and Youth Organization  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Women & Child Development Organization  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 604.08  
**System ID:** 7501  
**Planned Funding(\$):** \$750,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Pact, Inc.  
**New Partner:** No

Sub-Partner: Ethiopia Muslim Development Agency  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Ogaden Welfare and Development Association  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Rohi Weddu Women Development Organization  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: PSCMS**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 5499.08

**System ID:** 7493

**Planned Funding(\$):** \$54,121,302

**Procurement/Assistance Instrument:** Contract

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** Partnership for Supply Chain Management

**New Partner:** No

Sub-Partner: John Snow, Inc.

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXD - ARV Drugs

Sub-Partner: Management Sciences for Health

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXD - ARV Drugs

Sub-Partner: Map International

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXD - ARV Drugs

Sub-Partner: PATH

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXD - ARV Drugs

Sub-Partner: Voxiva

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXD - ARV Drugs

Sub-Partner: Affordable Medicines for Africa

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXD - ARV Drugs

Sub-Partner: AMFA Foundation

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXD - ARV Drugs



**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: Booz Allen Hamilton
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXD - ARV Drugs
Sub-Partner: Crown Agents Consultancy, Inc
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXD - ARV Drugs
Sub-Partner: The Manoff Group
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXD - ARV Drugs
Sub-Partner: North-West University
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXD - ARV Drugs
Sub-Partner: Northrop Grumman
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXD - ARV Drugs
Sub-Partner: UPS Supply Chain Solutions
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXD - ARV Drugs
Sub-Partner: 3I Infotech
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXD - ARV Drugs
Sub-Partner: The Fuel Logistics Group
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXD - ARV Drugs
Sub-Partner: IDA Solutions
Planned Funding: \$0
Funding is TO BE DETERMINED: No

**Table 3.1: Funding Mechanisms and Source**

New Partner: No  
Associated Area Programs: HTXD - ARV Drugs

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3789.08  
**System ID:** 7502  
**Planned Funding(\$):** \$1,613,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Population Council  
**New Partner:** No

Sub-Partner: Ethiopian Orthodox Church  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful, HKID - OVC

Sub-Partner: Ethiopia Muslim Development Agency  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful, HKID - OVC

**Mechanism Name: Increasing demand and promotion for quality STI services in FDRE**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 5551.08  
**System ID:** 7525  
**Planned Funding(\$):** \$500,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Population Services International  
**New Partner:** No

**Mechanism Name: Track 1**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 314.08  
**System ID:** 7467  
**Planned Funding(\$):** \$726,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Project Concern International  
**New Partner:** No

Sub-Partner: Hiwot HIV/AIDS Prevention Care and Support Organization, Ethiopia  
Planned Funding: \$0

**Table 3.1: Funding Mechanisms and Source**

Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HKID - OVC

Sub-Partner: Family Health International  
Planned Funding: \$0

Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HKID - OVC

Sub-Partner: Pact, Inc.  
Planned Funding: \$0

Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HKID - OVC

Sub-Partner: The Futures Group International  
Planned Funding: \$0

Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HKID - OVC

**Mechanism Name: RPSO**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 8275.08

**System ID:** 8275

**Planned Funding(\$):** \$10,352,891

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** Department of State / African Affairs

**Funding Source:** GHCS (State)

**Prime Partner:** Regional Procurement Support Office/Frankfurt

**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 310.08

**System ID:** 7497

**Planned Funding(\$):** \$100,000

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** Relief Society of Tigray, Ethiopia

**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: TBCAP**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 8135.08  
**System ID:** 8135  
**Planned Funding(\$):** \$1,162,500  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Royal Netherlands TB Foundation  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 10465.08  
**System ID:** 10465  
**Planned Funding(\$):** \$2,165,599  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Salesian Mission  
**New Partner:** No

**Mechanism Name: Track 1**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 1531.08  
**System ID:** 7468  
**Planned Funding(\$):** \$566,573  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** Samaritan's Purse  
**New Partner:** No

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

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 298.08  
**System ID:** 7477  
**Planned Funding(\$):** \$4,500,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Save the Children US  
**New Partner:** No

Sub-Partner: Family Health International  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HKID - OVC

**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: World Vision International
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: World Learning
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: CARE International
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Ethiopian Evangelical Church Mekane Yesus
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Ethiopian Mulu Wongel Amagnoch Church Development Organization
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Ethiopian Women Lawyers Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Ethiopian Kale Hiwot Church
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Beza Lehiwot
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Hiwot HIV/AIDS Prevention Care and Support Organization, Ethiopia
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Area Programs: HKID - OVC

Sub-Partner: Wogen Adin

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Pro Pride

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Nazareth Children's Center and Integrated Development

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Mekaneyesus

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Mekdim Ethiopian National Association

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Alem Children Support organization

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Dawn of Hope Ethiopia

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Hope for the Children Organization

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Love for Children Organization

Planned Funding: \$0

**Table 3.1: Funding Mechanisms and Source**

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Tesfa Social and Development Association

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Abebech Gobena Yehitsanat Kebekabena Limat Dirijit

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Mary Joy Aid Through Development

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Children Aid Ethiopia

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Education for Development Association

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Maedot Family Based Integrated Development

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Progynist

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

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

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: Action for Self Reliance  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HKID - OVC

Sub-Partner: Society for Women and AIDS in Ethiopia  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HKID - OVC

**Mechanism Name:**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 9481.08  
**System ID:** 9481  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** The American Society for Microbiology  
**New Partner:** No

**Mechanism Name: University Technical Assistance Projects in Support of the Global AIDS Program**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 487.08  
**System ID:** 7470  
**Planned Funding(\$):** \$10,365,462  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** Tulane University  
**New Partner:** No

Sub-Partner: Jimma University  
Planned Funding: \$220,000  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Concern Worlwide  
Planned Funding: \$150,000  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HTXS - ARV Services

Sub-Partner: ALERT Hospital  
Planned Funding: \$100,000  
Funding is TO BE DETERMINED: No  
New Partner: No



**Table 3.1: Funding Mechanisms and Source**

Associated Area Programs: HVSI - Strategic Information

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 3790.08  
**System ID:** 7506  
**Planned Funding(\$):** \$1,048,600  
**Procurement/Assistance Instrument:** Grant  
**Agency:** Department of State / Population, Refugees, and Migration  
**Funding Source:** GHCS (State)  
**Prime Partner:** United Nations High Commissioner for Refugees  
**New Partner:** No

**Mechanism Name: Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3785.08  
**System ID:** 7483  
**Planned Funding(\$):** \$7,850,459  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** University of California at San Diego  
**New Partner:** No

**Mechanism Name: DOD-UCONN-PWP**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8141.08  
**System ID:** 8141  
**Planned Funding(\$):** \$425,000  
**Procurement/Assistance Instrument:** Grant  
**Agency:** Department of Defense  
**Funding Source:** GHCS (State)  
**Prime Partner:** University of Connecticut  
**New Partner:** No

**Mechanism Name: Rapid expansion of successful and innovative treatment programs**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 3786.08  
**System ID:** 7487  
**Planned Funding(\$):** \$13,488,950  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Health Resources Services Administration  
**Funding Source:** GHCS (State)  
**Prime Partner:** University of Washington  
**New Partner:** No

Sub-Partner: Ethiopian Nurses Association  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No

**Table 3.1: Funding Mechanisms and Source**

New Partner: No  
 Associated Area Programs: HTXS - ARV Services

**Mechanism Name: Central Commodities Procurement**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7594.08  
**System ID:** 7594  
**Planned Funding(\$):** \$3,300,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Agency for International Development  
**New Partner:** No

**Mechanism Name: USAID M&S**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 118.08  
**System ID:** 7479  
**Planned Funding(\$):** \$10,409,664  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Agency for International Development  
**New Partner:** No

**Mechanism Name: CDC-CSCS**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8269.08  
**System ID:** 8269  
**Planned Funding(\$):** \$2,083,000  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Centers for Disease Control and Prevention  
**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	18835.08	This request is for the entire year for CSCS charges which has to be obligated at the beginning of the fiscal year.	\$1,233,000	\$1,233,000

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: CDC-ICASS**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 8268.08

**System ID:** 8268

**Planned Funding(\$):** \$550,000

**Procurement/Assistance Instrument:** USG Core

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

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

**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	18833.08	This request is for the entire year for ICASS charges which requires the entire fund to be obligated at the beginning of the fiscal year.	\$550,000	\$550,000

**Mechanism Name: CDC-IRM**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 8271.08

**System ID:** 8271

**Planned Funding(\$):** \$387,200

**Procurement/Assistance Instrument:** USG Core

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

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

**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	18838.08	This request is for the entire year for IRM charges which requires the entire fund to be obligated in advance	\$387,200	\$387,200

**Table 3.1: Funding Mechanisms and Source****Mechanism Name: CDC-M&S****Mechanism Type:** HQ - Headquarters procured, country funded**Mechanism ID:** 8181.08**System ID:** 8181**Planned Funding(\$):** \$5,800,000**Procurement/Assistance Instrument:** USG Core**Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GAP**Prime Partner:** US Centers for Disease Control and Prevention**New Partner:** No**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
01-MTCT	18716.08	The request for early funding is for first 7 months for salaries of staff to ensure that the staff continues to get their salaries without failure.	\$21,875	\$37,500
02-HVAB	18717.08	The request for early funding is for first 7 months for salaries of staff to ensure that the staff continues to get their salaries without failure.	\$31,033	\$53,200
05-HVOP	18722.08	The request for early funding is for first 7 months for salaries of staff to ensure that the staff continues to get their salaries without failure.	\$13,592	\$23,300
06-HBHC	18725.08	The request for early funding is for first 7 months for salaries of staff to ensure that the staff continues to get their salaries without failure.	\$26,483	\$45,400
07-HVTB	18738.08	The request for early funding is for first 7 months for salaries of staff to ensure that the staff continues to get their salaries without failure.	\$154,846	\$265,451
12-HLAB	18741.08	The request for early funding is for first 7 months for salaries of staff to ensure that the staff continues to get their salaries without failure.	\$125,446	\$215,051
14-OHPS	18752.08	The request for early funding is for first 7 months for salaries of staff to ensure that the staff continues to get their salaries without failure.	\$105,730	\$181,251
15-HVMS	18758.08	This request is for first 7 months for salaries of staff to ensure that the staff continues to get their salaries without failure and for travel, training, rent, and communications.	\$2,448,218	\$4,196,946
03-HMBL	18719.08	The request for early funding is for first 7 months for salaries of staff to ensure that the staff continues to get their salaries without failure.	\$19,658	\$33,700
09-HVCT	18731.08	The request for early funding is for first 7 months for salaries of staff to ensure that the staff continues to get their salaries without failure.	\$36,108	\$61,900
11-HTXS	18735.08	The request for early funding is for first 7 months for salaries of staff to ensure that the staff continues to get their salaries without failure.	\$45,092	\$77,300
13-HVSI	18745.08	The request for early funding is for first 7 months for salaries of staff to ensure that the staff continues to get their salaries without failure.	\$355,251	\$609,001

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: CDC-Management and Staffing**

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 7887.08

**System ID:** 7887

**Planned Funding(\$):** \$2,083,600

**Procurement/Assistance Instrument:** USG Core

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

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

**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
12-HLAB	18744.08	The request for early funding is for first 7 months for salaries of staff to ensure that the staff continues to get their salaries without failure.	\$105,817	\$181,400
13-HVSI	18747.08	The request for early funding is for first 7 months for salaries of staff to ensure that the staff continues to get their salaries without failure.	\$211,633	\$362,800
14-OHPS	18755.08	The request for early funding is for first 7 months for salaries of staff to ensure that the staff continues to get their salaries without failure.	\$97,125	\$166,500
07-HVTB	18726.08	The request for early funding is for first 7 months for salaries of staff to ensure that the staff continues to get their salaries without failure.	\$105,817	\$181,400
15-HVMS	18760.08	This request is for first 7 months for salaries of staff to ensure that the staff continues to get their salaries without failure and for travel, training, rent, and communications.	\$695,042	\$1,191,500

**Mechanism Name: Rapid expansion of successful and innovative treatment programs**

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 3792.08

**System ID:** 7482

**Planned Funding(\$):** \$2,305,800

**Procurement/Assistance Instrument:** Cooperative Agreement

**Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

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

**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
14-OHPS	18884.08	Early funding is requested in the amount of \$60,000, or 50% of the activity total. Early funding is needed because the activity is implemented with technical assistance from CDC-Atlanta's Sustainable Management Development Program (SMDP) consultant, and their plans suggest that regional trainings need to be rolled out in Ethiopia right away.	\$60,000	\$120,000

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: DOD M&S**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 8142.08  
**System ID:** 8142  
**Planned Funding(\$):** \$172,000  
**Procurement/Assistance Instrument:** USG Core  
**Agency:** Department of Defense  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Department of Defense  
**New Partner:** No

**Mechanism Name: Ethiopian National Defense Force**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 119.08  
**System ID:** 7518  
**Planned Funding(\$):** \$682,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** Department of Defense  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Department of Defense  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 116.08  
**System ID:** 7480  
**Planned Funding(\$):** \$643,886  
**Procurement/Assistance Instrument:** Grant  
**Agency:** Department of State / African Affairs  
**Funding Source:** GHCS (State)  
**Prime Partner:** US Department of State  
**New Partner:** No

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name:** pc

**Mechanism Type:** HQ - Headquarters procured, country funded

**Mechanism ID:** 5522.08

**System ID:** 7505

**Planned Funding(\$):** \$3,721,000

**Procurement/Assistance Instrument:** USG Core

**Agency:** Peace Corps

**Funding Source:** GHCS (State)

**Prime Partner:** US Peace Corps

**New Partner:** No

**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	10662.08	Peace Corps Ethiopia is seeking early funding of \$202,000 for key support positions and the necessary equipment (computer and vehicles) to support the additional staff. During FY08, Peace Corps will be doubling the number of its volunteers to 85. The additional positions are Associate Peace Corps Country Director (APCD) for Health, Volunteer Records Clerk, Driver/Mechanic; and part-time Medical Officer. It will take six months to recruit and train these positions, which must be fully trained well in advance of the October intake. The APCD will play a crucial role in developing 45 sites for the additional volunteers.. It will also take at least six months to procure the two additional support vehicles and computer equipment that the Peace Corps office will need. Peace Corps office ought to have these positions and equipment in place before the arrival of the additional volunteers in October 2008, to ensure the success of the program and the safety and security of the volunteers.	\$202,000	\$521,000

**Mechanism Name:** Urban HIV/AIDS Program

**Mechanism Type:** Local - Locally procured, country funded

**Mechanism ID:** 3794.08

**System ID:** 7503

**Planned Funding(\$):** \$8,600,000

**Procurement/Assistance Instrument:** Grant

**Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Prime Partner:** World Food Program

**New Partner:** No

Sub-Partner: Addis Ababa/Other Towns HIV/AIDS Prevention and Control Offices

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Save the Children US

**Table 3.1: Funding Mechanisms and Source**

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: Organization of Social Services for AIDS, Ethiopia
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: Medan Acts
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: Ethiopian Red Cross Society
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: Ethiopian Orthodox Church
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: Eгна LeEгна
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: Mekdim Ethiopian National Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: Family Guidance Association of Ethiopia
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner: Dawn of Hope Ethiopia
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HKID - OVC



**Table 3.1: Funding Mechanisms and Source**

Sub-Partner: Mums for Mums  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Save Your Generation  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Woreda HIV/AIDS Committees  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HKID - OVC

**Mechanism Name: Track 1**

**Mechanism Type:** Central - Headquarters procured, centrally funded  
**Mechanism ID:** 3793.08  
**System ID:** 7469  
**Planned Funding(\$):** \$500,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** Central GHCS (State)  
**Prime Partner:** World Health Organization  
**New Partner:** No

Sub-Partner: Federal Ministry of Health, Ethiopia  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HMBL - Blood Safety

Sub-Partner: Ethiopian Red Cross Society  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HMBL - Blood Safety

**Table 3.1: Funding Mechanisms and Source**

**Mechanism Name: IMAI**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 1264.08  
**System ID:** 7481  
**Planned Funding(\$):** \$1,500,000  
**Procurement/Assistance Instrument:** Grant  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** World Health Organization  
**New Partner:** No

**Mechanism Name: WHO-CDC**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 3793.08  
**System ID:** 7524  
**Planned Funding(\$):** \$2,475,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State)  
**Prime Partner:** World Health Organization  
**New Partner:** No

**Mechanism Name: Grant Solicitation and Management**

**Mechanism Type:** HQ - Headquarters procured, country funded  
**Mechanism ID:** 7615.08  
**System ID:** 7615  
**Planned Funding(\$):** \$2,060,000  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** World Learning  
**New Partner:** No

Sub-Partner: Tila Association of Women Living with HIV/AIDS  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HKID - OVC

Sub-Partner: Forum on Street Children  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No  
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HKID - OVC

Sub-Partner: Ratson: Women, Youth and Children Development Program  
Planned Funding: \$0  
Funding is TO BE DETERMINED: No  
New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HKID - OVC

Sub-Partner: Kind Hearts Children and Youth Organization

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HKID - OVC

Sub-Partner: Resurrection and Life Aid Through Development

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HKID - OVC

Sub-Partner: Sidama Development Action

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HKID - OVC

Sub-Partner: Network of oromiya People Living with HIV/AIDS Association

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HKID - OVC

Sub-Partner: South Ethiopian People Development

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HKID - OVC

Sub-Partner: Medico Socio Development Association

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HKID - OVC

Sub-Partner: Kulich Youth Reproductive health and Development

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HKID - OVC

Sub-Partner: Hiwot HIV/AIDS Prevention Care and Support Organization, Ethiopia

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

**Table 3.1: Funding Mechanisms and Source**

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HKID - OVC

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 4059.08  
**System ID:** 7504  
**Planned Funding(\$):** \$4,200,000  
**Procurement/Assistance Instrument:** Contract  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** World Learning  
**New Partner:** No

**Mechanism Name:**

**Mechanism Type:** Local - Locally procured, country funded  
**Mechanism ID:** 7605.08  
**System ID:** 7605  
**Planned Funding(\$):** \$0  
**Procurement/Assistance Instrument:** Cooperative Agreement  
**Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State)  
**Prime Partner:** Young Mens Christian Association  
**New Partner:** No

**Table 3.2: Sub-Partners List**

<b>Mech ID</b>	<b>System ID</b>	<b>Prime Partner</b>	<b>Agency</b>	<b>Funding Source</b>	<b>Sub-Partner</b>	<b>TBD Funding</b>	<b>Planned Funding</b>
645.08	7471	Abt Associates	U.S. Agency for International Development	GHCS (State)	Banyan Global	N	\$0
645.08	7471	Abt Associates	U.S. Agency for International Development	GHCS (State)	IntraHealth International, Inc	N	\$0
645.08	7471	Abt Associates	U.S. Agency for International Development	GHCS (State)	Population Services International	N	\$0
651.08	7508	Addis Ababa Regional HIV/AIDS Prevention and Control Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Organization for Social Services for AIDS - National and Addis Ababa Branch	N	\$1,564,466
651.08	7508	Addis Ababa Regional HIV/AIDS Prevention and Control Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Zewditu Memorial Hospital	N	\$153,644
7614.08	7614	CARE International	U.S. Agency for International Development	GHCS (State)	Amhara Women Association	N	\$0
7614.08	7614	CARE International	U.S. Agency for International Development	GHCS (State)	HUNDEE, Oromo Grassroots Development Initiative	N	\$0
609.08	7462	Catholic Relief Services	U.S. Agency for International Development	Central GHCS (State)	Catholic Secreteriat of Ethiopia	N	\$0
609.08	7462	Catholic Relief Services	U.S. Agency for International Development	Central GHCS (State)	Ethiopian Catholic Church Social and Development Coordination Office	N	\$0
637.08	7494	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Alem Tena Catholic Church	N	\$0
637.08	7494	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Ethiopian Catholic Church Social and Development Coordination Office	N	\$0
637.08	7494	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Medical Missionaries of Mary	N	\$0
637.08	7494	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Missionaries of Charity	N	\$0
637.08	7494	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Organization of Social Services for AIDS, Ethiopia	N	\$0
637.08	7494	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Progress Integrated Community Development Organization	N	\$0
3784.08	7498	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association of Ethiopian People Living with HIV/AIDS	N	\$100,000
3784.08	7498	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Dire Dawa Regional Health Bureau	N	\$40,000
3784.08	7498	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Harari Regional Health Bureau	N	\$40,000
3784.08	7498	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Oromiya Regional Health Bureau	N	\$120,000
3795.08	7496	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Addis Hiwot PLWHAs and AIDS Orphans Rehabilitation and Reintegration Association	N	\$0
3795.08	7496	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Association of Netsebrak Reproductive Health and Social Development Organization	N	\$0
3795.08	7496	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Bridge to Israel	N	\$0
3795.08	7496	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Common Vision for Development Association	N	\$0
3795.08	7496	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Ethiopian Kale Hiwot Church	N	\$0
3795.08	7496	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Family Guidance Association of Ethiopia	N	\$0
3795.08	7496	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Hiwot HIV/AIDS Prevention Care and Support Organization, Ethiopia	N	\$0

**Table 3.2: Sub-Partners List**

<b>Mech ID</b>	<b>System ID</b>	<b>Prime Partner</b>	<b>Agency</b>	<b>Funding Source</b>	<b>Sub-Partner</b>	<b>TBD Funding</b>	<b>Planned Funding</b>
3795.08	7496	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Integrated Service for AIDS Prevention & Support Organization	N	\$0
3795.08	7496	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Medhanealem Orphans and Destitute Families Support and Training Center	N	\$0
3795.08	7496	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Mulu Wongel Believers Church	N	\$0
3795.08	7496	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Organization of Social Services for AIDS, Ethiopia	N	\$0
3795.08	7496	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Pro Poor	N	\$0
3795.08	7496	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Progress Integrated Community Development Organization	N	\$0
3795.08	7496	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Social Welfare Development Association	N	\$0
3795.08	7496	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Welfare for the Street Mothers and Children Organization	N	\$0
6125.08	7526	Engender Health	U.S. Agency for International Development	GHCS (State)	Hiwot Integrated Family Services	N	\$0
673.08	7490	Ethiopian Health and Nutrition Research Institute	HHS/Centers for Disease Control & Prevention	GHCS (State)	Regional Health Bureaus	N	\$1,596,861
434.08	7463	Federal Ministry of Health, Ethiopia	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Ethiopian Red Cross Society	N	\$2,850,000
496.08	7488	Federal Ministry of Health, Ethiopia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Regional Health Bureaus	N	\$0
608.08	7464	Food for the Hungry	U.S. Agency for International Development	Central GHCS (State)	Ethiopian Kale Hiwot Church	N	\$0
608.08	7464	Food for the Hungry	U.S. Agency for International Development	Central GHCS (State)	Life in Abundance	N	\$0
608.08	7464	Food for the Hungry	U.S. Agency for International Development	Central GHCS (State)	Nazarene Compassionate Ministries	N	\$0
608.08	7464	Food for the Hungry	U.S. Agency for International Development	Central GHCS (State)	Save Lives Ethiopia	N	\$0
8276.08	8276	Hiwot HIV/AIDS Prevention Care and Support Organization, Ethiopia	Department of State / African Affairs	GHCS (State)	Beza Le Wegen	N	\$0
8276.08	8276	Hiwot HIV/AIDS Prevention Care and Support Organization, Ethiopia	Department of State / African Affairs	GHCS (State)	Serenade Venture	N	\$0
603.08	7499	International Orthodox Christian Charities	U.S. Agency for International Development	GHCS (State)	Ethiopian Orthodox Church	N	\$0
3746.08	7473	JHPIEGO	HHS/Centers for Disease Control & Prevention	GHCS (State)	Addis Ababa Counselors Support Association	N	\$150,000
3746.08	7473	JHPIEGO	HHS/Centers for Disease Control & Prevention	GHCS (State)	Addis Ababa University	N	\$40,000
3746.08	7473	JHPIEGO	HHS/Centers for Disease Control & Prevention	GHCS (State)	Family Guidance Association of Ethiopia	N	\$750,000
3746.08	7473	JHPIEGO	HHS/Centers for Disease Control & Prevention	GHCS (State)	Gondar University	N	\$40,000
3746.08	7473	JHPIEGO	HHS/Centers for Disease Control & Prevention	GHCS (State)	Initiatives, Inc.	N	\$100,000
3746.08	7473	JHPIEGO	HHS/Centers for Disease Control & Prevention	GHCS (State)	Jimma University	N	\$40,000
3746.08	7473	JHPIEGO	HHS/Centers for Disease Control & Prevention	GHCS (State)	National Network of Positive Women Ethiopia	N	\$150,000
3746.08	7473	JHPIEGO	HHS/Centers for Disease Control & Prevention	GHCS (State)	PACT Ethiopia	N	\$100,000
1210.08	7582	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Academy for Educational Development	N	\$0

**Table 3.2: Sub-Partners List**

<b>Mech ID</b>	<b>System ID</b>	<b>Prime Partner</b>	<b>Agency</b>	<b>Funding Source</b>	<b>Sub-Partner</b>	<b>TBD Funding</b>	<b>Planned Funding</b>
1210.08	7582	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Ethiopia Muslim Development Agency	N	\$0
1210.08	7582	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Ethiopian Orthodox Church, Development Inter-Church Aid Commission	N	\$0
1210.08	7582	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Ethiopian Youth Network	N	\$0
1210.08	7582	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Family Health International	N	\$0
1210.08	7582	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Ministry of Youth, Sports and Culture, Ethiopia	N	\$0
1210.08	7582	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Save the Children US	N	\$0
7609.08	7609	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Dawn of Hope Ethiopia	N	\$0
7609.08	7609	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Ethiopian Interfaith Forum for Development, Dialogue and Action	N	\$0
7609.08	7609	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	IntraHealth International, Inc	N	\$0
7609.08	7609	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Save the Children US	N	\$0
604.08	7501	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Ethiopia Muslim Development Agency	N	\$0
604.08	7501	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Ogaden Welfare and Development Association	N	\$0
604.08	7501	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Rohi Weddu Women Development Organization	N	\$0
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Abebech Gobena Yehitsanat Kebekabena Limat Dirijit	N	\$0
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Adult and Non Formal Education Association in Ethiopia	N	\$0
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	African network for Prevention and Protection Against Child Abuse and Neglect - Ethiopian Chapter	N	\$0
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Amhara Development Association	N	\$0
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Berhan Integrated Community development Organization	N	\$0
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Children Aid Ethiopia	N	\$0
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Children and Youth Welfare and Development Association	N	\$0
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Emanuel Development Association	N	\$0
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Ethiopian Evangelical Church Mekane Yesus/South Western Synod	N	\$0
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Ethiopian Muslim Relief and Development Association	N	\$0
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Ethiopian Muslim Relief and Development Association	N	\$0
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Forum on Street Children	N	\$0

**Table 3.2: Sub-Partners List**

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Harari Relief and Development Association	N	\$0
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Integrated Service for AIDS Prevention & Support Organization	N	\$0
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Kind Hearts Children and Youth Organization	N	\$0
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Meserete Kirstos Church Relief and Development Association	N	\$0
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Progynist	N	\$0
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Ratson: Women, Youth and Children Development Program	N	\$0
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Rift Valley Children and Women Development	N	\$0
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Save Your Generation	N	\$0
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Save your Holy Land Association	N	\$0
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Tila Association of Women Living with HIV/AIDS	N	\$0
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Women & Child Development Organization	N	\$0
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Women Support Organization	N	\$0
610.08	7466	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Young Men Christian Association	N	\$0
5499.08	7493	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	3I Infotech	N	\$0
5499.08	7493	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Affordable Medicines for Africa	N	\$0
5499.08	7493	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	AMFA Foundation	N	\$0
5499.08	7493	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Booz Allen Hamilton	N	\$0
5499.08	7493	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Crown Agents Consultancy, Inc	N	\$0
5499.08	7493	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	IDA Solutions	N	\$0
5499.08	7493	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	John Snow, Inc.	N	\$0
5499.08	7493	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Management Sciences for Health	N	\$0
5499.08	7493	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Map International	N	\$0
5499.08	7493	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Northrop Grumman	N	\$0
5499.08	7493	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	North-West University	N	\$0
5499.08	7493	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	PATH	N	\$0
5499.08	7493	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	The Fuel Logistics Group	N	\$0
5499.08	7493	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	The Manoff Group	N	\$0



**Table 3.2: Sub-Partners List**

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5499.08	7493	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	UPS Supply Chain Solutions	N	\$0
5499.08	7493	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Voxiva	N	\$0
3789.08	7502	Population Council	U.S. Agency for International Development	GHCS (State)	Ethiopia Muslim Development Agency	N	\$0
3789.08	7502	Population Council	U.S. Agency for International Development	GHCS (State)	Ethiopian Orthodox Church	N	\$0
314.08	7467	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Family Health International	N	\$0
314.08	7467	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Hiwot HIV/AIDS Prevention Care and Support Organization, Ethiopia	N	\$0
314.08	7467	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Pact, Inc.	N	\$0
314.08	7467	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	The Futures Group International	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Abebech Gobena Yehitsanat Kebekeabena Limat Dirijit	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Action for Self Reliance	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Alem Children Support organization	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Beza Lehiwot	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	CARE International	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Children Aid Ethiopia	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Dawn of Hope Ethiopia	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Education for Development Association	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Ethiopian Evangelical Church Mekane Yesus	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Ethiopian Kale Hiwot Church	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Ethiopian Mulu Wongel Amagnoch Church Development Organization	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Ethiopian Women Lawyers Association	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Family Health International	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Hiwot HIV/AIDS Prevention Care and Support Organization, Ethiopia	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Hope for the Children Organization	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Love for Children Organization	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Maedot Family Based Integrated Development	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Mary Joy Aid Through Development	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Mekaneyesus	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Mekdim Ethiopian National Association	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Nazareth Children's Center and Integrated Development	N	\$0

**Table 3.2: Sub-Partners List**

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Organization of Social Services for AIDS, Ethiopia	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Pro Pride	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Progynist	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Society for Women and AIDS in Ethiopia	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Tesfa Social and Development Association	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	Wogen Adin	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	World Learning	N	\$0
298.08	7477	Save the Children US	U.S. Agency for International Development	GHCS (State)	World Vision International	N	\$0
487.08	7470	Tulane University	HHS/Centers for Disease Control & Prevention	GHCS (State)	ALERT Hospital	N	\$100,000
487.08	7470	Tulane University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Concern Worlwide	N	\$150,000
487.08	7470	Tulane University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Jimma University	N	\$220,000
3786.08	7487	University of Washington	HHS/Health Resources Services Administration	GHCS (State)	Ethiopian Nurses Association	N	\$0
3794.08	7503	World Food Program	U.S. Agency for International Development	GHCS (State)	Addis Ababa/Other Towns HIV/AIDS Prevention and Control Offices	N	\$0
3794.08	7503	World Food Program	U.S. Agency for International Development	GHCS (State)	Dawn of Hope Ethiopia	N	\$0
3794.08	7503	World Food Program	U.S. Agency for International Development	GHCS (State)	Egna LeEgna	N	\$0
3794.08	7503	World Food Program	U.S. Agency for International Development	GHCS (State)	Ethiopian Orthodox Church	N	\$0
3794.08	7503	World Food Program	U.S. Agency for International Development	GHCS (State)	Ethiopian Red Cross Society	N	\$0
3794.08	7503	World Food Program	U.S. Agency for International Development	GHCS (State)	Family Guidance Association of Ethiopia	N	\$0
3794.08	7503	World Food Program	U.S. Agency for International Development	GHCS (State)	Medan Acts	N	\$0
3794.08	7503	World Food Program	U.S. Agency for International Development	GHCS (State)	Mekdim Ethiopian National Association	N	\$0
3794.08	7503	World Food Program	U.S. Agency for International Development	GHCS (State)	Mums for Mums	N	\$0
3794.08	7503	World Food Program	U.S. Agency for International Development	GHCS (State)	Organization of Social Services for AIDS, Ethiopia	N	\$0
3794.08	7503	World Food Program	U.S. Agency for International Development	GHCS (State)	Save the Children US	N	\$0
3794.08	7503	World Food Program	U.S. Agency for International Development	GHCS (State)	Save Your Generation	N	\$0
3794.08	7503	World Food Program	U.S. Agency for International Development	GHCS (State)	Woreda HIV/AIDS Committees	N	\$0
3793.08	7469	World Health Organization	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Ethiopian Red Cross Society	N	\$0
3793.08	7469	World Health Organization	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Federal Ministry of Health, Ethiopia	N	\$0
7615.08	7615	World Learning	U.S. Agency for International Development	GHCS (State)	Forum on Street Children	N	\$0
7615.08	7615	World Learning	U.S. Agency for International Development	GHCS (State)	Hiwot HIV/AIDS Prevention Care and Support Organization, Ethiopia	N	\$0
7615.08	7615	World Learning	U.S. Agency for International Development	GHCS (State)	Kind Hearts Children and Youth Organization	N	\$0
7615.08	7615	World Learning	U.S. Agency for International Development	GHCS (State)	Kulich Youth Reproductive health and Development	N	\$0

**Table 3.2: Sub-Partners List**

<b>Mech ID</b>	<b>System ID</b>	<b>Prime Partner</b>	<b>Agency</b>	<b>Funding Source</b>	<b>Sub-Partner</b>	<b>TBD Funding</b>	<b>Planned Funding</b>
7615.08	7615	World Learning	U.S. Agency for International Development	GHCS (State)	Medico Socio Development Association	N	\$0
7615.08	7615	World Learning	U.S. Agency for International Development	GHCS (State)	Network of oromiya People Living with HIV/AIDS Association	N	\$0
7615.08	7615	World Learning	U.S. Agency for International Development	GHCS (State)	Ratson: Women, Youth and Children Development Program	N	\$0
7615.08	7615	World Learning	U.S. Agency for International Development	GHCS (State)	Resurrection and Life Aid Through Development	N	\$0
7615.08	7615	World Learning	U.S. Agency for International Development	GHCS (State)	Sidama Development Action	N	\$0
7615.08	7615	World Learning	U.S. Agency for International Development	GHCS (State)	South Ethiopian People Development	N	\$0
7615.08	7615	World Learning	U.S. Agency for International Development	GHCS (State)	Tila Association of Women Living with HIV/AIDS	N	\$0

**Table 3.3: Program Planning Table of Contents**

## MTCT - PMTCT

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

Budget Code: MTCT

Program Area Code: 01

**Total Planned Funding for Program Area: \$17,834,147**

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$1,519,392
Estimation of other dollars leveraged in FY 2008 for food	\$38,900,000

**Program Area Context:**

Integrating PMTCT services into antenatal clinics (ANC) and improving the quality and use of these services is a key priority for PEPFAR Ethiopia. Ethiopia has an estimated population of 77 million—over 80% of whom live in rural areas. It has the second largest population in sub-Saharan Africa. The Ethiopian Ministry of Health (MOH) reports that 138 hospitals and 635 health centers are currently operational in Ethiopia. PEPFAR Ethiopia supports PMTCT services in 101 hospitals and 251 health centers (45.5% coverage) across the country as of September 2007. The 2005 ANC surveillance estimates the HIV prevalence rate as 3.5%— 10.5% for urban and 1.9% for rural. According to the 2005 Ethiopian Demographic and Health Survey (EDHS), the national ANC coverage is 28%, and only 6% of births are delivered by skilled attendants.

The National HIV/AIDS Road Map, 2007-2010: Accelerated Access to HIV/AIDS Prevention, Care, and Treatment in Ethiopia sets a target of reaching at least 80% (72,167) of HIV-positive pregnant women by 2010. In 2007, the projected number of pregnant women living with HIV and the number of annual HIV-positive births were 75,420 and 14,148 respectively. According to the MOH's third-quarter (January-March 2007) National PMTCT Report, of the 119,183 pregnant women who attended ANC at PMTCT sites, only 49,207 (41.2%) were reported to have been pre-test counseled. Moreover, of the 41.2% who were pre-test counseled, only 64.8% were actually tested for HIV. Of those who tested HIV-positive, only 43.7% received Nevirapine (NVP). As of May 8, 2007, out of a total of 87,697 persons ever started on ART, only 569 (0.7%) pregnant women were ever started on ART. There is a significant cascade in the numbers of HIV-positive pregnant women who attend ANC, receive HIV counseling and testing, receive their results, receive NVP, and start ART.

In the semiannual report, PEPFAR-supported health facilities reported that 76,582 pregnant women were tested and received their results between October and March 2007. Of those testing positive, 2,149 women were started on ARV prophylaxis. By September 2008, the PEPFAR PMTCT program aims to be providing a complete course of ARV prophylaxis to 10,000 pregnant women. By September 2009, the goal is 15,613. These targets are consistent with trying to reach 80% of HIV-positive women attending ANC, but will require significant resources and efforts to realize such large increases. To this end, PEPFAR Ethiopia will increase the amount of funding programmed for PMTCT activities to 5.04% of the base FY08 budget—up from 3.3% in FY07. PEPFAR Ethiopia also decided to prioritize funding for an interagency APS for PMTCT to allow for new activities and ideas to support the existing program.

Even with the increase in resources, the Government of Ethiopia's (GOE) PMTCT program faces a number of challenges. More efforts will need to be made to address the low rates of ANC attendance and delivery by skilled attendants. There are a limited number of health facilities offering PMTCT services and existing health services are underused because of poor quality, traditional factors, and the public's limited knowledge of PMTCT services. The implementation of the PMTCT program has been affected by the shortage of staff and high attrition rate of trained healthcare providers. Health facilities often fail to correctly and routinely use the PMTCT reporting formats. There is a lack of space in health facilities and major shortages of PMTCT supplies, including test kits. PMTCT has yet to be fully integrated into maternal/child health (MCH) services, and linkages to other services, such as ART and family planning, are not institutionalized.

In order to better contribute to the goal of reaching 80% of HIV+ pregnant women with PMTCT services, PEPFAR Ethiopia will support the expansion of PMTCT services from 353 sites in March 2007 to an estimated 769 sites by the end of FY09, including public and private hospitals, health centers, and health posts. There will be a focus on improving the quality of services, integrating PMTCT into ANC services, and strengthening the community outreach and promotion of these services. One strategy for improving the quality will be to support renovations and equipment for Labor & Delivery (L&D) and ANC rooms. PEPFAR Ethiopia plans to renovate about 100 health facilities to improve the ANC setting. Funding for this activity is divided between the MTCT and HTXS sections. PEPFAR Ethiopia will also procure L&D beds, materials, and a reserve of test kits to avoid stock outs in the PMTCT program. The funding for ANC equipment is found in the HTXS section of the COP. Partners will continue to support the Standards Based Management and Recognition (SBM-R) quality improvement approach. In FY2008, PEPFAR will

begin conducting quarterly partner meetings to share compiled indicator achievement data, identify facilities that are underperforming, and share 'best practices' among the partners. A PEPFAR PMTCT Portfolio Review is scheduled for late 2007 and will provide valuable information about the program's progress and recommendations for improving activities in 2008.

In FY08, PEPFAR partners will continue to rollout the updated national PMTCT guidelines (July 2007) and provide training and refresher training on the guidelines to healthcare providers. The guidelines call for: the full integration of PMTCT into MCH services; testing of all pregnant women for HIV unless they refuse (opt-out); phasing out of single-dose NVP in favor of short-course ARV prophylaxis; and providing ART for all eligible HIV-positive women. The MOH disseminated the new PMTCT guidelines at the national PMTCT planning workshop in August 2007, which was conducted to familiarize PMTCT-implementing partners on the new guidelines and develop the annual PMTCT implementation plan. In FY08, PEPFAR will continue strengthening the capacity of the national PMTCT program through the secondment of staff to the Federal HIV/AIDS Prevention and Control Office (HAPCO).

The PEPFAR program will follow a family-centered approach to care, using ANC as an entry point to HIV services for mothers, partners, and children. PEPFAR partners will collaborate closely with the existing USAID reproductive-health and family-planning (RH/FP) program. The new FP/MCH Program will be awarded in the spring of 2008 and will receive PEPFAR funding to train health extension workers (HEW) and health providers on promoting, referring, and providing women with comprehensive health services, including family planning, malaria, immunization, VCT, and HIV services. The PEPFAR-integrated PMTCT program will provide a basic care package for HIV-positive pregnant women, including patient education, TB screening, prophylactic cotrimoxazole, nutritional support, and insecticide-treated bed nets when indicated. It will also provide access to early infant diagnosis by DNA PCR using dried-blood spot testing. Malnourished pregnant and lactating women enrolled in PMTCT will be provided with Food By Prescription (FBP) to generate routine attendance at ANC, assisted delivery, and postpartum follow-up.

In addition to establishing strong referral linkages between RH and HIV/AIDS services, PEPFAR will aim to increase the awareness and use of PMTCT services through ongoing community outreach and promotion efforts. Currently, partners are working with HEW, community volunteers, and TBA to change the attitudes of men and women towards using ANC and PMTCT services. EngenderHealth will support Men As Partners activities at the community and facility level to improve couples' counseling and male participation in PMTCT services. Netmark will continue to prime demand for ANC attendance with targeted promotion and community-level campaigns. IntraHealth and JHPIEGO will expand the Mothers' Support Groups (MSG) at the health-facility and community levels. IntraHealth will further expand community-based PMTCT services through HEW with the home-delivery of NVP. External evaluations of both the MSG program and the home-delivery of NVP are planned in FY08.

**Program Area Downstream Targets:**

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	769
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	341950
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	15613
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	3345

**Custom Targets:**

**Table 3.3.01: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3746.08	<b>Mechanism:</b> University Technical Assistance Projects in Support of the Global AIDS Program
<b>Prime Partner:</b> JHPIEGO	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention of Mother-to-Child Transmission (PMTCT)
<b>Budget Code:</b> MTCT	<b>Program Area Code:</b> 01
<b>Activity ID:</b> 5569.08	<b>Planned Funds:</b> \$500,000
<b>Activity System ID:</b> 16572	

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

This is a continuing activity from FY07. In FY07, JHPIEGO held responsibility for mother support groups at 15 hospitals. In FY08, JHPIEGO will implement the mother support groups at 20 additional hospitals and five community support groups.

In FY07, JHPIEGO started working with the National Network of Positive Women Ethiopia (NPWE) by inviting network members from the regions to be active participants and coordinators of some of the mother support groups (MSG) sites at the hospital level. In FY08, JHPIEGO will continue strong collaboration with NPWE and IntraHealth, another PEPFAR partner, to establish MSG at 20 new hospitals and five community sites. The community MSG will largely be run by the NPWE, with technical assistance from partners involved in MSG. This community support group will be a basis to start programs which will bolster male involvement in the prevention, care, and treatment of women.

As part of the continuation of the MSG, JHPIEGO will also facilitate the strengthening of prevention, care, and treatment to women using the "mothers' voice" initiative. This is a warm-line which will have access to women coming to health facilities through their mentors and site coordinators, as well as to pregnant and postpartum women at home who have the desire to learn the many facts about PMTCT, ART, and infant feeding in the context of HIV. JHPIEGO will facilitate the implementation of the warm-line in collaboration with the AIDS Resource Center (ARC).

Parallel to the expansion of PMTCT services; JHPIEGO will also conduct a targeted evaluation on a comparative basis among facilities with and without such MSG to determine effects of participation in the group on subsequent use of PMTCT, prevention, care, and treatment services.

JHPIEGO will provide technical assistance to NPWE, as a local, institutional-capacity development activity. In collaboration with PEPFAR partners and NPWE, JHPIEGO will facilitate linkages to income-generating activities for HIV-positive mothers in the community. JHPIEGO will also facilitate institution of the Food by Prescription initiative at hospital-based MSG.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10480

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10480	5569.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5468	3746.07		\$1,055,000
5569	5569.06	HHS/Centers for Disease Control & Prevention	JHPIEGO	3746	3746.06		\$860,000

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	25	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

**Indirect Targets**

**Target Populations**

- Other**
- Pregnant women
  - People Living with HIV / AIDS

**Table 3.3.01: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3785.08	<b>Mechanism:</b> Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia
<b>Prime Partner:</b> University of California at San Diego	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention of Mother-to-Child Transmission (PMTCT)
<b>Budget Code:</b> MTCT	<b>Program Area Code:</b> 01
<b>Activity ID:</b> 5638.08	<b>Planned Funds:</b> \$400,000
<b>Activity System ID:</b> 16617	

## Activity Narrative: PMTCT Implementation Support at Uniformed Services Health Facilities

This is a continuing activity from FY07. In FY07, UCSD supported PMTCT services in 24 health facilities nationally. Building on programs initiated by JHPIEGO, UCSD expanded and enhanced interventions to prevent perinatal and postpartum transmission, and to link HIV-positive pregnant women and their families to comprehensive HIV care and treatment services.

In FY08, UCSD will extend these services to a total of 45 health facilities, working to dramatically reduce the number of infants born with HIV in collaboration with the Defense Health Department and Command Health Services. UCSD will provide PMTCT services at 38 hospitals and seven health centers. UCSD uses antenatal care (ANC), maternal-child health (MCH), and PMTCT programs as entry points to HIV care and treatment for women, children, and families.

In July 2007, the Government of Ethiopia issued new PMTCT guidelines. UCSD, in collaboration with JHPIEGO, will support rollout of the new PMTCT guidelines in these health facilities. Major areas of emphasis include: integration of PMTCT with MCH services and HIV prevention, care, and treatment programs; provider-initiated, routine, opt-out HIV testing and counseling at ANC, labor and delivery; implementation of more potent and complex PMTCT regimens; prompt clinical and immunologic staging of HIV-positive pregnant women and rapid initiation of ART for eligible patients; enhancing the quality of infant-feeding initiatives; strengthening systems for PMTCT service delivery; and supporting human resources by providing high-quality training and clinical mentoring.

UCSD will work to support PMTCT programming at the national, regional, and facility levels. At the national level, as a member of the National Technical Working Group on PMTCT, UCSD will contribute to the development of training material, clinical support tools, guidelines, formats, and standards. UCSD will continue to provide technical input and guidance to the Federal Ministry of Health (MOH) and Uniformed Health Services, supporting initiatives to expand PMTCT beyond single-dose nevirapine (SD-NVP) where appropriate, enhancing PMTCT-Plus training, and supporting links between PMTCT programs, HIV care and treatment programs, and pediatric services.

At the facility level, the UCSD-supported package of PMTCT-Plus/family-focused care includes:

- 1) Support for linkages between healthcare facilities and community-based implementing partners, including organizations for people living with HIV/AIDS. This will promote uptake of antenatal and PMTCT services and support follow-up of infants enrolled in early infant diagnosis (EID) programs.
- 2) Enhanced linkages between ANC, MCH, PMTCT, family planning, sexually transmitted infections (STI), and HIV care and treatment clinics at the facility level.
- 3) Promotion of partner testing and a family-centered model of care, using PMTCT as an entry point to HIV services for mothers, children, and families
- 4) Routine, opt-out HIV testing and counseling at ANC, labor and delivery according to national guidelines
- 5) Active case-finding within families and households using a simple validated tool, the Family Enrollment Form
- 6) Adherence and psychosocial support and enhanced follow-up and outreach services for pregnant women testing positive for HIV to encourage retention in care. In collaboration with JHPIEGO, implementation of peer-educator programs and mothers' support groups (MSG) at selected sites, to maximize adherence to care and treatment among pregnant HIV-positive women, and to strengthen their links to psychosocial support and community resources.
- 7) Providing a basic care package for all HIV-positive pregnant women, including: patient education; TB screening; prophylactic cotrimoxazole (CTX) when indicated; nutritional support (see below); insecticide-treated bed nets; condoms; and safe water, in coordination with the Global Fund for AIDS, Malaria, and Tuberculosis and other partners.
- 8) Routine assessment of all HIV-positive pregnant women for ART eligibility, using clinical staging and CD4 testing, and providing prophylaxis and treatment as appropriate, including ART when indicated
- 9) Nutritional education, micronutrient supplementation, and "therapeutic feeding" for pregnant and breastfeeding women in the six-months postpartum period
- 10) Enhanced postnatal follow-up of HIV-positive mothers and HIV-exposed infants
- 11) Promoting infant-feeding initiatives and healthy infant-feeding practices by facilitating on-site trainings and mentoring of MCH staff (including traditional birth attendants) on safe infant-feeding practices in the context of HIV, developing infant feeding support tools, and establishing MSG for infant feeding
- 12) Linking all infants born to HIV-positive women to the HIV-exposed Infant Clinic to ensure early infant diagnosis (EID) by DNA PCR using dried-blood spot (DBS). Enhanced laboratory capacity for infant diagnosis at selected facilities and strengthened linkages with regional labs at remaining facilities (see the laboratory narrative). Initiation and expansion of the clinical and health management information systems needed to implement EID services.
- 13) Ensuring that HIV-exposed infants are enrolled in care and receive prophylactic CTX, immunizations, nutritional support, careful clinical and immunologic monitoring, monitoring of growth and development, and ongoing assessment of eligibility for ART
- 14) Determining infection status at 18 months for HIV-exposed infants not found to be HIV-positive via EID
- 15) Facilitating availability of supplies for PMTCT services
- 16) Support for site-level staff to implement national performance standards and the JHPIEGO-supported Standards-Based Management Program
- 17) Providing PMTCT-Plus training to multidisciplinary teams at the facility level.
- 18) Providing ongoing clinical mentoring and supportive supervision in partnership with RHB
- 19) Ongoing development and distribution of provider job aids and patient-education materials
- 20) Routine monitoring of PMTCT-Plus programs, reporting of progress against targets, and ongoing assessment of linkages within facilities (from PMTCT to ART clinics, for example) and uptake of services by family members
- 21) Support for the availability and correct usage of PMTCT registers and forms, HIV-exposed infant registers and follow up cards, timely and complete transmission of monthly reports to regional and central levels, and appropriate use of collected data
- 22) Conducting minor renovation, refurbishment, and repair (as needed) of ANC, labor and delivery rooms, and maternity wards at UCSD-supported sites.
- 23) Supporting the Military Women's Anti-AIDS Coalition, an organization composed of military and civilian women working on educating and increasing awareness about HIV/AIDS, with a focus on PMTCT. This association will continue to do community mobilization, advocacy on safe infant feeding, and PMTCT-Plus



**Activity Narrative:** activities.  
 24) Linking the PMTCT service with the Modeling and Reinforcement to Combat HIV/AIDS (MARCH) prevention interventions  
 25 Establish pre-service training through strengthening the curriculum of Defense Health Sciences College and Police Nursing School

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10460

**Related Activity:** 16618, 16619, 16620, 16622

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28214	5638.28214.09	HHS/Centers for Disease Control & Prevention	University of California at San Diego	11555	3785.09	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	\$500,000
10460	5638.07	HHS/Centers for Disease Control & Prevention	University of California at San Diego	5481	3785.07		\$130,000
5638	5638.06	HHS/Centers for Disease Control & Prevention	University of California at San Diego	3785	3785.06		\$40,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16618	10651.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$300,000
16619	5770.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$373,200
16620	5752.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$120,000
16622	10426.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$4,300,000

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs

### Human Capacity Development

- \* Training
  - \*\*\* Pre-Service Training
  - \*\*\* In-Service Training
- \* Task-shifting
- \* Retention strategy

### Local Organization Capacity Building

### Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

### Wraparound Programs (Health-related)

- \* Family Planning
- \* Safe Motherhood
- \* TB

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	45	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	6,500	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	702	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	405	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

### Other

Pregnant women

People Living with HIV / AIDS

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 8181.08

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

**Funding Source:** GAP

**Budget Code:** MTCT

**Activity ID:** 18716.08

**Activity System ID:** 18716

**Mechanism:** CDC-M&S

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Prevention of Mother-to-Child  
Transmission (PMTCT)

**Program Area Code:** 01

**Planned Funds:** \$37,500

**Activity Narrative:** This activity represents the direct technical assistance which is provided to partners by CDC staff. The amount represents the salary and benefit costs for CDC Ethiopia local technical staff. Detailed narrative of CDC-Ethiopia Management and Staffing is included in Program Area 15 – Management and Staffing HVMS.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.01: Activities by Funding Mechansim**

**Mechanism ID:** 3746.08

**Mechanism:** University Technical Assistance Projects in Support of the Global AIDS Program

**Prime Partner:** JHPIEGO

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 11161.08

**Planned Funds:** \$500,000

**Activity System ID:** 16625

**Activity Narrative:** Expansion of PMTCT Services at Family Guidance Association of Ethiopia Clinics  
This is a continuing activity from FY07. To date, PMTCT services in Ethiopia have largely been concentrated in public health facilities and limited private institutions. In FY08, JHPIEGO proposes scaling up PMTCT services to local nongovernmental, as well as charity maternal-child health (MCH) clinics. In FY08, JHPIEGO will do this in collaboration with the Family Guidance Association of Ethiopia (FGAE), an established organization, which provided support to JHPIEGO to deliver VCT services at 35 sites in FY07. The FGAE is a national organization with significant experience in family planning and other reproductive health 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 regional to the community level. In FGAE clinics which already offer MCH services, JHPIEGO plans to establish counseling and testing for PMTCT, with referral linkages to public facilities in the vicinity for labor and delivery (L&D).

JHPIEGO will provide training, mentoring, and supportive supervision to initiate PMTCT services at ten FGAE clinics. JHPIEGO will facilitate the delivery of combined ARV prophylaxis to be dispensed at FGAE clinics and ensure referral of eligible HIV-positive mothers for ART. JHPIEGO will also take advantage of FGAE's existing outreach service to promote testing and counseling and referral to PMTCT sites for mothers who are not coming to health facilities.

In addition, in FY08, JHPIEGO will assist FGAE to establish labor and delivery services at two sites selected based on client load and distance from an obstetric facility. After identifying where there is existing need, JHPIEGO will support the initiation of L&D services by providing necessary equipment and materials. If there is a need in these facilities to prepare rooms, JHPIEGO will work with FGAE to support minor renovations. This support to FGAE will be the beginning of establishing comprehensive PMTCT services, as well as maternal diagnosis and treatment in coming years.

Establishing a viable and comprehensive PMTCT service within FGAE will be a continuous process which will need significant follow-up and advocacy. In the meantime, JHPIEGO, in consultation with FGAE, will establish a referral linkage between FGAE sites and existing public sites for ongoing prevention, care, and support. This linkage will be strengthened until FGAE has its own L&D capacity, as well as laboratory capacity to do diagnosis and staging.

In a related FY06 PMTCT activity, JHPIEGO adapted the testing and counseling tools for accelerated opt-out testing. This activity arose as a result of a recommendation from a PEPFAR technical assistance consultation, and was funded from the PMTCT reprogramming fund. This activity is helping to scale up PMTCT testing and counseling for opt-out testing, using standard tools and training materials. In FY07, JHPIEGO supported US-based university partners to adapt the tools for Ethiopian settings. In FY08, JHPIEGO will translate the tools into local languages and continue supporting US-based universities to adapt the tools. JHPIEGO will also conduct a review and document the results of opt-out testing from a sub-sample of sites.

Building on FY07 activities to orient regional and district level managers, JHPIEGO will continue to adapt and review the PMTCT orientation package in FY08.

In FY08, JHPIEGO also proposes to pilot test the use of lay counselors in MCH settings for the purpose of task shifting and increasing the uptake of PMTCT services.

**HQ Technical Area:**  
**New/Continuing Activity:** Continuing Activity  
**Continuing Activity:** 11161  
**Related Activity:**

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

\* Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

\* Safe Motherhood

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	10	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	3,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	231	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	120	False

**Target Populations**

**Other**

Pregnant women

**Table 3.3.01: Activities by Funding Mechansim**

**Mechanism ID:** 3787.08

**Prime Partner:** Johns Hopkins University  
 Bloomberg School of Public Health

**Mechanism:** Support for program implementation through US-based universities in the FDRE

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Prevention of Mother-to-Child  
Transmission (PMTCT)

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 10643.08

**Planned Funds:** \$360,000

**Activity System ID:** 16630

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

In FY07, the Johns Hopkins University-Bloomberg School of Public Health (JHU-BSPH), with collaborative assistance from JHPIEGO, proposed to develop a Maternal and Family HIV Center of Excellence to model delivery of PMTCT and ART services, and to facilitate care for family members of HIV-positive persons. The proposed site was Gandhi Hospital in Addis Ababa, a specialized facility known for excellent maternal care, which has not functioned to full potential due to severe material and staff shortages. However, Gandhi has provided excellent antenatal (ANC) and PMTCT care. In FY06, a model voluntary counseling and testing (VCT) center opened, and currently serves pregnant women, their partners, and children with a full-time general practitioner to care for HIV patients and a pediatrician to care for HIV-exposed infants. Great efforts are underway to further develop Gandhi Hospital as a model center providing integrated PMTCT, VCT, and ART services.

To date in FY07, JHU-BSPH has: developed a workplan for this activity in collaboration with Gandhi and the Addis Ababa regional health bureau (RHB); conducted an on-site PMTCT training for all ANC and labor and delivery personnel; hired a PMTCT case manager and nurse assistant to facilitate the extra workload involved in this project; and worked with the facility to relieve perceived work burden for overstretched hospital personnel.

In FY08, Gandhi Hospital will continue to take the lead in solidifying the implementation of the revised national 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 continue to include group education and rapid testing by trained lay counselors. HIV-positive women will be encouraged to have partners and children tested. JHU-BSPH will support an innovative, family-focused approach at Gandhi using PMTCT as the entry point. Gandhi pioneered starting HIV-positive pregnant women on ART within the same clinic, and now plans to expand services to provide care for the entire family. Moreover, Gandhi will provide screening for other family-focused clinical problems, such as TB. Evidence shows that referring a pregnant woman from PMTCT to an ART clinic for treatment is inefficient in the Ethiopian context; in reality, most eligible women do not receive evaluation or ART until after delivery. Other pregnant women are never properly screened for therapy, or are referred back to PMTCT programs, due to clinician inexperience in treating pregnant mothers with ART. Referrals may also over-burden ART providers, contributing to burn-out and attrition.

JHU-BSPH proposes to optimize delivery of ART to pregnant women who meet treatment criteria. Based on preliminary data from the Nigat Project, a PMTCT clinical-trial collaboration between JHU-BSPH and Addis Ababa University, approximately 30% of HIV-positive pregnant women have CD4 counts <200/mm<sup>3</sup>. Pregnant women with advanced clinical AIDS, or with CD4 counts <200/mm<sup>3</sup>, are at greater risk of transmitting infection to their infants and at greater risk of serious morbidity or death. Maternal illness and death have been shown to affect neonatal/infant health and survival adversely, even when mothers have no HIV infection. Women with more advanced HIV require ongoing combination ART for their own health. Use of single-dose nevirapine (SD-NVP) for lower CD4 counts is associated with increased NVP resistance, which has the potential to affect community rates of nonnucleoside reverse transcriptase inhibitor (NNRTI) resistance and reduce future maternal treatment options.

As part of the training programs of the Gandhi Hospital center of excellence, JHU-BSPH will continue to train ANC providers and OB/GYN in ART management during pregnancy, clinical staging, and CD4 interpretation. JHU-BSPH will implement the revised Ethiopia PMTCT guidelines, which include extended ARV prophylaxis options. These range from full ART to AZT during pregnancy, NVP and combivir intrapartum and combivir postpartum, to SD-NVP, where facilities do not permit more complex regimens. This transition in regimens will continue to require intensive staff training and measures to ensure medication accessibility for pregnant women. In FY08, JHU-BSPH and Gandhi will share their experience in training healthcare workers (HCW) on the extended regimens, and will use their experience in implementing the revised guidelines to develop training materials and as a basis to develop a training-center program to train HCW from other hospitals.

PEPFAR 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, as recommended by the MOH, with the goal of reducing HIV transmission to the infant. As ART is scaled up in many low-resource settings, providing highly active antiretroviral therapy (HAART) to HIV-positive pregnant women will benefit both mothers and infants. HAART has been associated with the lowest rates of MTCT and has become standard care for infected mothers in the US and abroad. Improvement in maternal health with ART will result in healthier infants and reduced neonatal/infant mortality. General obstetrical antenatal practices will also be strengthened, focusing on those most relevant to PMTCT (e.g., malaria prophylaxis in endemic areas, syphilis screening, prevention/treatment of anemia, antenatal discussion of family planning). JHU-BSPH will partner with the JHPIEGO-supported ACCESS Program at Gandhi Hospital that aims to improve maternal obstetrical care.

The center of excellence will also provide general postpartum and newborn/infant care, including family planning, counseling/monitoring of infant-feeding options, growth monitoring, and child immunizations. After 18 months, care for 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 partners of the HIV-positive women, as treatment of the family as a unit has been shown to help keep the households together, which in turn, minimizes mother and infant morbidity and mortality.

Care and treatment burden-sharing among a wider range of medical specialties will be a great strength of this center and a marker of quality comprehensive care for the entire family unit. It is expected that this will also have a positive influence on the retention crisis for trained health providers and the human resource shortage challenges plaguing ART provision. Quality of services will be guaranteed when reliable consultative linkages to internal medicine and infectious-disease services are established at Tikur Ambassa or Zewditu Hospitals for complicated or advanced cases. JHU-BSPH plans to facilitate the transfer of knowledge through international subject-matter-expert exchanges, supportive supervision and mentoring, distance learning, and scheduled in-service training in the management of HIV-positive pregnant mothers.

In FY08, JHU-BSPH will continue to support the model site at Gandhi Hospital and will expand certain activities, such as developing a training center and training capacity for practical PMTCT and ART

**Activity Narrative:** attachments, and involving family-focused cases in the ongoing telemedicine case conferences supported by JHU-BSPH. If the model center proves successful in improving follow-up of infants, timely initiation of ART for pregnant and postpartum women, and inclusion of all members of the family in HIV screening and care, JHU-BSPH aims to extend this model to additional sites within its operational zone.

Proposed activities for FY08 include:

- 1) Annual assessment and review of activities: number of pregnant HIV-positive women seen in ANC clinic and referred to ART clinic and number of pregnant women seen in ART clinic
- 2) Training of ANC providers to do clinical staging and perform and interpret CD4 counts
- 3) On-site and practical training for other hospital-based PMTCT programs; support to develop local training center
- 4) Telemedicine for complicated HIV-positive pregnant cases
- 5) Training of ANC/labor and delivery physicians in ART management and follow-up
- 6) Introduction of counseling and testing at ANC and labor and delivery using the opt-out strategy
- 7) Introduction of counseling and testing to postpartum women who missed HIV testing in the prepartum period
- 8) Early infant diagnosis with dried-blood-spot DNA PCR testing
- 9) Creation of the exposed infant clinic for all children born to HIV-positive mothers
- 10) Strengthening and increased functionality of referral linkages between ANC, labor and delivery wards, exposed infant clinics, ART clinics and the HIV laboratory
- 11) Support for mothers' support groups at Gandhi
- 12) Support for case managers and nurse assistants at site level to ensure proper follow-up, tracking, and comprehensive care for the entire family
- 13) Introduction of this model to another site in the JHU-BSPH-supported operational zone
- 14) Assistance for two US-based university partners to establish model centers at Jimma and Gondar University hospitals

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10643

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10643	10643.07	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	5484	3787.07	FMOH	\$0

**Emphasis Areas**

Gender

- \* Increasing women's access to income and productive resources

Human Capacity Development

- \* Training

\*\*\* In-Service Training

- \* Task-shifting

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**



## Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	4	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	100	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Pregnant women

## Coverage Areas

Adis Abeba (Addis Ababa)

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 3787.08

**Prime Partner:** Johns Hopkins University  
Bloomberg School of Public  
Health

**Funding Source:** GHCS (State)

**Budget Code:** MTCT

**Activity ID:** 5641.08

**Activity System ID:** 16631

**Mechanism:** Support for program  
implementation through US-  
based universities in the FDRE

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Prevention of Mother-to-Child  
Transmission (PMTCT)

**Program Area Code:** 01

**Planned Funds:** \$1,100,000

**Activity Narrative:** This is a continuing activity from FY07. In FY07, Johns Hopkins University/ Technical Support for the Ethiopia HIV/AIDS ART Initiative (JHU TSEHA) supported PMTCT services in 30 hospital networks in Addis Ababa, Benshangul- Gumuz, Gambella and the Southern Nations, Nationalities, and Peoples Regions (SNNPR). JHU TSEHA expanded and enhanced interventions to prevent prenatal and postpartum transmission, and to link HIV-positive pregnant women and their families to comprehensive HIV care and treatment services. In FY08, JHU will extend these services to a total of 42 health facilities, working to dramatically reduce the number of infants born with HIV, in collaboration with the Federal Ministry of Health (MOH) and regional health bureaus (RHB) of target areas. Accordingly, JHU will provide PMTCT services at five hospitals in Addis Ababa, two hospitals and 11 health centers in Benshangul-Gumuz, one hospital and six health centers in Gambella, and 17 hospitals in SNNPR. JHU uses antenatal care (ANC), maternal/neonatal/child health (MNCH), and PMTCT programs as entry points to HIV care and treatment for women, children, and families. The Government of Ethiopia has recently issued revised national PMTCT guidelines, and JHU, in collaboration with JHPIEGO, will support the rollout of the new PMTCT guidelines in these regions. Major areas of emphasis include: integration of PMTCT with MNCH services and HIV prevention, care, and treatment programs; provider-initiated, routine, opt-out HIV testing and counseling at ANC and labor and delivery; implementation of more potent and complex PMTCT regimens; prompt clinical and immunologic staging of HIV-positive pregnant women and rapid initiation of ART for eligible patients; enhancing the quality of infant-feeding initiatives; strengthening systems for PMTCT service delivery; and supporting human resources by providing high-quality training and clinical mentoring.

JHU will work to support PMTCT programming at the national, regional, and site levels. At the national level, as a member of the National Technical Working Group on PMTCT, JHU will contribute to the development of training materials, clinical support tools, guidelines, formats, and standards. JHU will continue to provide technical input and guidance to the MOH and RHB, supporting initiatives to expand PMTCT beyond single-dose nevirapine (SD-NVP) where appropriate, enhancing PMTCT-plus training, and supporting links between PMTCT programs, HIV care and treatment programs, and pediatric services. At the facility level, the JHU-supported package of PMTCT Plus/family-focused care includes:

- 1) Support for linkages between healthcare facilities and community-based implementing partners, including PLWH organizations, to promote uptake of antenatal and PMTCT services and to support follow up of infants enrolled in early infant diagnosis (EID) programs
- 2) Enhanced linkages between ANC, MNCH, PMTCT, family planning (FP), STI, and HIV care and treatment clinics at the facility level
- 3) Promotion of partner testing and a family-centered model of care, using PMTCT as an entry point to HIV services for mothers, children, and families
- 4) Routine, opt-out HIV testing and counseling at ANC, labor and delivery according to national guidelines
- 5) Active case-finding within families and households using a simple, validated tool—the Family Enrollment Form
- 6) Adherence and psychosocial support and enhanced follow-up and outreach services for pregnant women testing positive for HIV to encourage retention in care. In collaboration with JHPIEGO, implementation of peer-educator programs and Mothers' Support Groups (MSG) at selected sites, to maximize adherence to care and treatment among pregnant HIV-positive women, and to strengthen their links to psychosocial support and community resources.
- 7) Provision of a basic care package for all HIV-positive pregnant women, including patient education, TB screening, prophylactic cotrimoxazole (CTX) when indicated, nutritional support (see below), insecticide-treated bed nets, condoms, and safe water in coordination with the Global Fund to Fight AIDS, Malaria, and Tuberculosis (Global Fund) and other partners
- 8) Routine assessment of all HIV-positive pregnant women for ART eligibility using clinical staging and CD4 testing, and provision of prophylaxis and treatment as appropriate, including ART when indicated
- 9) Nutritional education, micronutrient (MVI) supplementation, and "therapeutic feeding" for pregnant and breastfeeding women in the six-month postpartum period
- 10) Enhanced postnatal follow-up of HIV-positive mothers and HIV-exposed infants
- 11) Promotion of infant-feeding initiatives and healthy infant-feeding practices by facilitating on-site trainings and mentoring of MNCH staff (including traditional birth attendants) on safe infant-feeding practices in the context of HIV, developing infant-feeding support tools, and establishing infant-feeding MSG
- 12) Linkages of all infants born to HIV-positive women to the HIV-Exposed Infant Clinic to ensure EID by DNA PCR using dried-blood spot (DBS) testing. Enhanced laboratory capacity for infant diagnosis at selected facilities and strengthened linkages with regional labs at remaining facilities (see the laboratory narrative). Initiation and expansion of the clinical and health-management information systems (HMIS) needed to implement EID services
- 13) Ensuring that HIV-exposed infants are enrolled in care and receive prophylactic CTX, immunizations, nutritional support, careful clinical and immunologic monitoring, monitoring of growth and development, and ongoing assessment of eligibility for ART
- 14) Determination of infection status at 18 months of age for HIV-exposed infants not found to be HIV-positive via EID
- 15) Facilitate availability of supplies for PMTCT services
- 16) Support for site-level staff to implement national performance standards and the JHPIEGO-supported Standard-based Management Program
- 17) Provision of PMTCT-Plus training to multidisciplinary teams at the facility level
- 18) Provision of ongoing clinical mentoring and supportive supervision in partnership with RHB
- 19) Ongoing development and distribution of provider job aids and patient-education materials
- 20) Routine monitoring of PMTCT-plus programs, reporting of progress against targets, and ongoing assessment of linkages within facilities (from PMTCT to ART clinics, for example) and uptake of services by family members
- 21) Support for the availability and correct usage of PMTCT registers and forms, HIV-exposed infant registers and follow up cards, timely and complete transmission of monthly reports to regional and central levels, and appropriate use of collected data
- 22) Minor renovation, refurbishing, and repair (as needed) of ANC, labor and delivery rooms, and maternity wards at JHU-supported sites
- 23) Radio and TV outreach campaigns and use of information-education-communication/behavior-change communication (IEC/BCC) materials in local languages to enhance public awareness and use of ANC, MNCH, PMTCT and HIV care & treatment services

In FY07, JHU-TSEHA also implemented an initial pilot program to support infant-feeding practices in the postpartum period. In FY08, this activity will continue as before, but will incorporate the following expanded activities: (1) Expansion to SNNPR by linking with Intrahealth/JHPIEGO to introduce MSG at hospital level

**Activity Narrative:** for ongoing feeding support; (2) Supporting institutions to become baby friendly hospitals that promote exclusive breastfeeding; (3) Training counselors and nurses in this activity; and (4) Training HIV-positive mothers and family members in optimal feeding at all hospital sites.

JHU, in collaboration with Addis Ababa University, had followed more than 1,000 HIV-positive women and their infants who were in a clinical trial for PMTCT. Review of feeding practices showed that although good infant-feeding counseling was provided by trained healthcare staff, less than 50% of those who chose to breastfeed were exclusively breastfeeding beyond three months. Appropriate ongoing counseling by healthcare providers, mother-to-mother support groups, and involvement of family members would provide a vehicle to promote and support optimal breastfeeding practices for mothers who are breastfeeding. The proposed FY08 continuation activities include: (1) Assessment and improved current breastfeeding counseling practices; (2) Targeting pregnant women in the antenatal period to counsel on infant-feeding ; (3) Collaborating with partners on revising and updating current infant-feeding guidelines and manuals; (4) Assessing and supporting factors that promote optimal breastfeeding such as maintaining breast health and appropriate breastfeeding (positioning, attachment, etc.), developing IEC materials on exclusive breastfeeding, ensuring maternal health and nutrition status, and family support; and (5) Training MSG to ensure ongoing support for optimal infant-feeding and support for exclusive breastfeeding. JHU proposes to train 150 counselors and nurses and 300 mothers and family members on optimal feeding options. Additional narrative to COP08 narrative: This activity will provide support for outreach ANC/PMTCT services. It will train health care workers to provide ANC and PMTCT services to the hard-to reach rural communities. Trained nurses based at a hospital and health center and Health extension workers will be involved to provide outreach PMTCT services. Community level PMTCT activities will be linked to the near-by Hospital or Health center PMTCT programs through referral linkages and establishment of catchments area networks. Experiences elsewhere and in Ethiopia (JHU and IntraHealth) have shown that outreach PMTCT services can effectively be utilized to improve the uptake of PMTCT services. JHU will be involved in the expanding outreach PMTCT services in Addis Ababa, Gambella, Benishangul and SNNPR regions.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10632

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27922	5641.27922.09	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	11465	3787.09	Support for program implementation through US-based universities in the FDRE	\$1,300,000
10632	5641.07	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	5484	3787.07	FMOH	\$482,760
5641	5641.06	HHS/National Institutes of Health	Johns Hopkins University Bloomberg School of Public Health	3787	3787.06		\$100,000

## Emphasis Areas

Gender

- \* Increasing women's access to income and productive resources

Human Capacity Development

- \* Training

\*\*\* In-Service Training

- \* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	42	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	35,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,450	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	434	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Women

Adults (25 and over)

Women

### Other

Pregnant women

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 674.08

**Mechanism:** Improving HIV/AIDS/STD/TB Related Public Health Practice and Service Delivery

**Prime Partner:** Ethiopian Public Health Association

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 12242.08

**Planned Funds:** \$250,000

**Activity System ID:** 16648

**Activity Narrative:** Expanding PMTCT Services in Private Health Sectors in Ethiopia  
In FY08, the Ethiopian Public Health Association (EPHA) will continue prior-year activity by serving as the prime PEPFAR partner implement expansion of PMTCT services in private health institutions in the city of Addis Ababa. EPHA will subcontract with the Ethiopian Society of Obstetricians & Gynecologists (ESOG). In FY08, ESOG will continue supporting expansion of PMTCT services in hospitals and special clinics with maternal-child health (MCH) services in Addis Ababa.

ESOG is a nonprofit professional organization that claims nearly all obstetricians and gynecologists in the country as its members. Previously, the society has effectively implemented several safe-motherhood and reproductive health projects, in collaboration with both national and international organizations, including the Federal Ministry of Health (MOH), the International Federation of Gynecology and Obstetrics (FIGO), IntraHealth/USAID, and the David and Lucille Packard Foundation. Currently, the society is also engaged in several nationwide efforts to reduce maternal and newborn morbidity and mortality. Because several ESOG members are providing MCH services in the private sector, ESOG has a comparative advantage to implement and expand PMTCT services in private health facilities, particularly in urban settings where the HIV seroprevalence among pregnant women is very high. Furthermore, as a professional organization, ESOG can play an advocacy and leadership role to scale up PMTCT in Ethiopia.

Expanding PMTCT Services in Private Health Sectors in Ethiopia  
In order to facilitate implementation of PMTCT, in FY07, ESOG identified training needs by assessing existing knowledge, attitudes, and practices on PMTCT among health professionals working in private health facilities. The findings will also be disseminated using the Society's publication, The Ethiopian Journal of Reproductive Health. Based on the needs revealed in the assessment, 150 health professionals will be trained, and 25 health institutions strengthened to enroll 7,875 pregnant women in voluntary counseling and testing (VCT) and provide a complete course of ARV prophylaxis in a PMTCT setting to 900 pregnant women. ESOG will provide continuing supervision support to these health professionals, as well as technical support to MOH and the Addis Ababa Administrative City Health Bureau.

In FY08, the number of service outlets providing the minimum package of PMTCT according to national and international standards will be increased from 25 to 30, and 180 health professionals in these institutions will be trained to provide VCT service to 9,450 pregnant women and provide a complete course of ARV prophylaxis to 1,080 HIV-positive pregnant women. Referral linkages among health facilities will be established and supportive supervision will be provided for the effective implementation of PMTCT. ESOG will continue a strong collaboration with the Addis Ababa Health Bureau, associations of private health workers, ABT Associates (a private-sector partner) and PEPFAR-supported PMTCT implementing partners in order to harmonize and avoid duplication of efforts in implementing PMTCT services in the private and nongovernmental sectors.

EPHA will support institutional capacity building of ESOG so that it can be more responsive to the high demand for PMTCT services in the country.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12242

**Related Activity:**

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27979	12242.27979.09	HHS/Centers for Disease Control & Prevention	Ethiopian Public Health Association	11477	674.09	Improving HIV/AIDS/STD/TB Related Public Health Practice and Service Delivery	\$400,000
12242	12242.07	HHS/Centers for Disease Control & Prevention	Ethiopian Public Health Association	5491	674.07		\$150,000

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	30	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	9,450	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,080	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	180	False

### Indirect Targets

### Target Populations

#### Other

Pregnant women

## Coverage Areas

Adis Abeba (Addis Ababa)

**Table 3.3.01: Activities by Funding Mechansim**

**Mechanism ID:** 3786.08

**Mechanism:** Rapid expansion of successful and innovative treatment programs

**Prime Partner:** University of Washington

**USG Agency:** HHS/Health Resources Services Administration

**Funding Source:** GHCS (State)

**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 5639.08

**Planned Funds:** \$1,100,000

**Activity System ID:** 16656



## Activity Narrative: PMTCT Services at Hospital and Health Center Level by Region

This is a continuing activity from FY07. In FY07, the University of Washington/I-TECH-supported PMTCT services in 35 health facilities in Afar, Amhara, and Tigray regions. Building on programs initiated by other implementing partners in FY05-FY06, I-TECH expanded and enhanced interventions to prevent perinatal and postpartum transmission, and to link HIV-positive pregnant women and their families to comprehensive HIV care and treatment services.

In FY08, I-TECH will extend these services to a total of 50 health facilities, working to dramatically reduce the number of infants born with HIV in collaboration with the Federal Ministry of Health (MOH) and regional health bureaus (RHB) of Afar, Amhara, and Tigray. I-TECH will provide PMTCT services at two hospitals and 16 health centers in Afar, 17 hospitals in Amhara, and 12 hospitals and three health centers in Tigray. I-TECH uses antenatal care (ANC), maternal/neonatal/child health (MNCH), and PMTCT programs as entry points to HIV care and treatment for women, children, and families. The Government of Ethiopia has revised the National PMTCT Guidelines that was published in 2001, and issued the new PMTCT Guidelines in July, 2007. I-TECH in collaboration with JHPIEGO will support roll out of the new PMTCT Guidelines in these regions. Major areas of emphasis include: integration of PMTCT with MNCH services and HIV prevention, care and treatment programs; provider-initiated routine opt-out HIV testing and counseling at ANC, labor and delivery; implementation of more potent and complex PMTCT regimens; prompt clinical and immunologic staging of HIV-positive pregnant women and rapid initiation of ART for eligible patients; enhancing the quality of infant feeding initiatives; strengthening systems for PMTCT service delivery; and supporting human resources by providing high-quality training and clinical mentoring.

I-TECH will work to support PMTCT programming at the national, regional, and site levels. At the national level, as a member of the National Technical Working Group on PMTCT, I-TECH will contribute to the development of training material, clinical support tools, guidelines, formats and standards. I-TECH will continue to provide technical input and guidance to the FMOH and Regional Health Bureaus (RHB), supporting initiatives to expand PMTCT beyond single-dose nevirapine (SD-NVP) where appropriate, enhancing PMTCT-plus training, and supporting links between PMTCT programs, HIV care and treatment programs, and pediatric services.

At the facility level, the I-TECH supported package of PMTCT Plus/family-focused care includes:

- 1) Support for linkages between healthcare facilities and community-based implementing partners, including PLWH organizations, to promote uptake of antenatal and PMTCT services and to support follow up of infants enrolled in early infant diagnosis (EID) programs. I-TECH will continue to work on referral linkages by using case managers at hospitals, and enhance this system through partnership with other USG partners. It will continue to strengthen the patient referral/linkage network through the development of tools, training of health professionals, and on-site mentorship
- 2) Enhanced linkages between ANC, MNCH, PMTCT, family planning (FP), STI, and HIV care and treatment clinics at the facility level
- 3) Promotion of partner testing and a family-centered model of care, using PMTCT as an entry point to HIV services for mothers, children, and families
- 4) Routine, opt-out HIV testing and counseling at ANC, labor and delivery according to national guidelines
- 5) Active case-finding within families and households using a simple, validated tool—the Family Enrollment Form
- 6) Adherence and psychosocial support and enhanced follow-up and outreach services for pregnant women testing positive for HIV to encourage retention in care. In collaboration with JHPIEGO, implementation of peer-educator programs and Mothers' Support Groups (MSG) at selected sites, to maximize adherence to care and treatment among pregnant HIV-positive women, and to strengthen their links to psychosocial support and community resources.
- 7) Provision of a basic care package for all HIV-positive pregnant women, including patient education, TB screening, prophylactic cotrimoxazole (CTX) when indicated, nutritional support (see below), insecticide-treated bed nets, condoms, and safe water in coordination with the Global Fund to Fight AIDS, Malaria, and Tuberculosis (Global Fund) and other partners
- 8) Routine assessment of all HIV-positive pregnant women for ART eligibility using clinical staging and CD4 testing, and provision of prophylaxis and treatment as appropriate, including ART when indicated
- 9) Nutritional education, micronutrient (MVI) supplementation, and “therapeutic feeding” for pregnant and breastfeeding women in the six-month postpartum period
- 10) Enhanced postnatal follow-up of HIV-positive mothers and HIV-exposed infants
- 11) Promotion of infant-feeding initiatives and healthy infant-feeding practices by facilitating on-site trainings and mentoring of MNCH staff (including traditional birth attendants) on safe infant-feeding practices in the context of HIV, developing infant-feeding support tools, and establishing infant-feeding MSG
- 12) Linkages of all infants born to HIV-positive women to the HIV-Exposed Infant Clinic to ensure EID by DNA PCR using dried-blood spot (DBS) testing. Enhanced laboratory capacity for infant diagnosis at selected facilities and strengthened linkages with regional labs at remaining facilities (see the laboratory narrative). Initiation and expansion of the clinical and health-management information systems (HMIS) needed to implement EID services
- 13) Ensuring that HIV-exposed infants are enrolled in care and receive prophylactic CTX, immunizations, nutritional support, careful clinical and immunologic monitoring, monitoring of growth and development, and ongoing assessment of eligibility for ART
- 14) Determination of infection status at 18 months of age for HIV-exposed infants not found to be HIV-positive via EID
- 15) Facilitate availability of supplies for PMTCT services
- 16) Support for site-level staff to implement national performance standards and the JHPIEGO-supported Standard-based Management Program
- 17) Provision of PMTCT-Plus training to multidisciplinary teams at the facility level
- 18) Provision of ongoing clinical mentoring and supportive supervision in partnership with RHB
- 19) Ongoing development and distribution of provider job aids and patient-education materials
- 20) Routine monitoring of PMTCT-plus programs, reporting of progress against targets, and ongoing assessment of linkages within facilities (from PMTCT to ART clinics, for example) and uptake of services by family members
- 21) Support for the availability and correct usage of PMTCT registers and forms, HIV-exposed infant

**Activity Narrative:** registers and follow up cards, timely and complete transmission of monthly reports to regional and central levels, and appropriate use of collected data  
 22) Minor renovation, refurbishing, and repair (as needed) of ANC, labor and delivery rooms, and maternity wards at JHU-supported sites  
 23) Radio and TV outreach campaigns and use of information-education-communication/behavior-change communication (IEC/BCC) materials in local languages to enhance public awareness and use of ANC, MNCH, PMTCT and HIV care & treatment services.

Additional narrative to COP08 narrative: This activity will provide support for outreach ANC/PMTCT services. It will train health care workers to provide ANC and PMTCT services to the hard-to reach rural communities. Trained nurses based at a hospital and health center and Health extension workers will be involved to provide outreach PMTCT services. Community level PMTCT activities will be linked to the near-by Hospital or Health center PMTCT programs through referral linkages and establishment of catchments area networks. Experiences elsewhere and in Ethiopia (JHU and IntraHealth) have shown that outreach PMTCT services can effectively be utilized to improve the uptake of PMTCT services. ITECH will be involved in the expanding outreach PMTCT services in Amhara, Tigray and Afar regions.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10465

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27912	5639.27912.09	HHS/Health Resources Services Administration	University of Washington	11464	3786.09	Rapid expansion of successful and innovative treatment programs	\$1,300,000
10465	5639.07	HHS/Health Resources Services Administration	University of Washington	5495	3786.07	aa	\$310,000
5639	5639.06	HHS/Health Resources Services Administration	University of Washington	3786	3786.06		\$160,000

**Emphasis Areas**

Gender

\* Addressing male norms and behaviors

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

\* Safe Motherhood

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	50	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	60,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	3,700	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	470	False

## Target Populations

### General population

Ages 15-24

Women

Adults (25 and over)

Women

### Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Pregnant women

## Coverage Areas

Afar

Amhara

Tigray

**Table 3.3.01: Activities by Funding Mechansim**

**Mechanism ID:** 3784.08

**Mechanism:** Rapid Expansion of ART for HIV Infected Persons in Selected Countries

**Prime Partner:** Columbia University

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID: 5637.08**

**Planned Funds: \$1,100,000**

**Activity System ID: 16667**

**Activity Narrative:** This is a continuing activity from FY07. In FY07, the International Center for AIDS Care and Treatment, Columbia University (ICAP-CU) supported PMTCT services in 42 hospital networks in Operational Zone 3 (Dire Dawa, Harari, Oromiya, and Somali regions). Building on programs initiated by other implementing partners in FY05-06, ICAP-CU expanded and enhanced interventions to prevent perinatal and postpartum transmission, and to link HIV-positive pregnant women and their families to comprehensive HIV care and treatment services.

In FY08, ICAP-CU will extend these services to a total of 52 facilities, working to dramatically reduce the number of infants born with HIV in collaboration with the Federal Ministry of Health (MOH) and regional health bureaus (RHB) of Dire Dawa, Harari, Oromiya, and Somali. It will provide PMTCT services at two hospitals and six health centers in Dire Dawa, three hospitals and two health centers in Harari, 29 hospitals in Oromiya, and six hospitals and four health centers in Somali. ICAP-CU utilizes antenatal care (ANC), maternal-child health (MCH), and PMTCT programs as entry points to HIV care and treatment for women, children, and families. Major areas of emphasis include: integration of PMTCT programs with HIV care and treatment programs; implementation of more potent and complex PMTCT regimens; prompt clinical and immunologic staging of HIV-positive pregnant women and rapid initiation of ART for eligible patients; enhancing the quality of infant feeding initiatives; strengthening systems for PMTCT service delivery; and supporting human resources by providing high-quality training and clinical mentoring.

The Government of Ethiopia issued new PMTCT guidelines in July 2007. ICAP-CU, in collaboration with JHPIEGO, will support rollout of the new guidelines in these regions. Major areas of emphasis include: integration of PMTCT with MCH services and HIV prevention, care, and treatment programs; provider-initiated, routine, opt-out HIV testing and counseling at ANC and labor and delivery venues; implementation of more potent and complex PMTCT regimens; prompt clinical and immunologic staging of HIV-positive pregnant women and rapid initiation of ART for eligible patients; enhancing the quality of infant-feeding initiatives; strengthening systems for PMTCT service delivery; and supporting human resources by providing high-quality training and clinical mentoring.

ICAP-CU will work to support PMTCT programming at the national, regional, and site levels. At the national level, as a member of the National Technical Working Group on PMTCT, ICAP-CU will contribute to the development of training material, clinical support tools, guidelines, formats, and standards. ICAP-CU will continue to provide technical input and guidance to the MOH and RHB, supporting initiatives to: expand PMTCT beyond single-dose nevirapine (SD-NVP) where appropriate; enhancing PMTCT-Plus training; and supporting links between PMTCT programs, HIV care and treatment programs, and pediatric services.

At the site level, the ICAP-CU-supported package of PMTCT Plus/family-focused care includes:

- 1) Support for linkages between healthcare facilities and community-based implementing partners, including organizations for people living with HIV (PLWH). This will promote uptake of antenatal and PMTCT services and support follow-up of infants enrolled in early infant diagnosis (EID) programs.
- 2) Enhanced linkages between ANC, MCH, PMTCT, family planning, sexually transmitted infections (STI) and HIV care and treatment clinics at the facility level
- 3) Promotion of partner testing and a family-centered model of care, using PMTCT as an entry point to HIV services for mothers, children, and families
- 4) Routine, opt-out HIV counseling and testing at ANC, family planning, and STI clinics (as well as tuberculosis (TB) clinics and inpatient wards)
- 5) Active case-finding within families and households using a simple validated tool (the Family Enrollment Form)
- 6) Adherence and psychosocial support and enhanced follow-up and outreach services for pregnant women testing positive for HIV, which will encourage retention in care. Implementation of peer-educator programs and mothers' support groups at selected sites, to maximize adherence to care and treatment among pregnant HIV-positive women, and to strengthen their links to psychosocial support and community resources.
- 7) Provision of a basic care package for all HIV-positive pregnant women, including: patient education; TB screening; prophylactic cotrimoxazole (CTX) when indicated; nutritional support (see below); insecticide-treated bed nets; condoms; and safe water. This will be done in coordination with the Global Fund for AIDS, Malaria, and Tuberculosis and other partners.
- 8) Routine assessment of all HIV-positive pregnant women for ART eligibility using clinical staging and CD4 testing, and provision of prophylaxis and treatment as appropriate, including ART when indicated
- 9) Nutritional education, micronutrient supplementation, and "therapeutic feeding" for pregnant and breastfeeding women in the six-month postpartum period
- 10) Enhanced postnatal follow-up of HIV-positive mothers and HIV-exposed infants
- 11) Promotion of infant-feeding initiatives and healthy infant-feeding practices by facilitating on-site trainings and mentoring of MCH staff (including traditional birth attendants) on safe infant-feeding practices in the context of HIV. Developing infant-feeding support tools, and establishing mothers' support groups for infant feeding.
- 12) Providing access to EID by DNA PCR/dried-blood-spot testing. Enhanced laboratory capacity for infant diagnosis at selected facilities and strengthened linkages with regional labs at remaining facilities (see the laboratory narrative). Initiation and expansion of the clinical and health-information management systems needed to implement EID services.
- 13) Ensuring that HIV-exposed infants are enrolled in care and receive prophylactic CTX, immunizations, nutritional support, careful clinical and immunologic monitoring, monitoring of growth and development, and ongoing assessment of eligibility for ART
- 14) Determination of infection status at 18 months for HIV-exposed infants not found to be HIV-positive via EID
- 15) Facilitate availability of supplies for PMTCT services
- 16) Support for site-level staff to implement national performance standards, the JHPIEGO-supported Standards-Based Management Program, and ICAP-developed Standard of Care.
- 17) Providing PMTCT-Plus training to multidisciplinary teams at the facility level
- 18) Providing ongoing clinical mentoring and supportive supervision in partnership with RHB
- 19) Ongoing development and distribution of provider job aids and patient-education materials
- 20) Routine monitoring of PMTCT-Plus programs, reporting of progress against targets, and ongoing assessment of linkages within facilities (from PMTCT to ART clinics, for example) and uptake of services by family members
- 21) Support for the availability and correct usage of PMTCT registers and forms, HIV-exposed infant

**Activity Narrative:** registers and follow up cards, timely and complete transmission of monthly reports to regional and central levels, and appropriate use of collected data  
 22) Minor renovation, refurbishment, and repair (as needed) of ANC, labor and delivery rooms, and maternity wards at ICAP-CU supported sites.  
 23) Radio and TV outreach campaigns and use of information and education/behavior-change-communication materials in local languages to enhance public awareness and use of ANC, MCH, PMTCT and HIV care & treatment services

The funding level for FY08 has increased from FY07, in part because ICAP-CU has taken additional responsibilities for continuing PMTCT implementation formerly carried out by IntraHealth at health centers in emerging regions (Dire Dawa, Harari, and Somali regions), and in part because ICAP-CU will expand services from 42 to 52 sites. In FY07, additional PMTCT funds (\$75,000) reprogrammed from medical transmission, are being applied to support social marketing and branding of PMTCT to improve knowledge and create demand for ANC and PMTCT services, which will also continue in FY08. Therefore, the total FY07 budget (including the additional PMTCT funds) should be considered as the base for the FY07 budget to justify the increase in the FY08 budget request.

Additional narrative to existing COP narrative: This activity will provide support for outreach ANC/PMTCT services. It will train health care workers to provide ANC and PMTCT services to the hard-to reach rural communities. Trained nurses based at a hospital and health center and Health extension workers will be involved to provide outreach PMTCT services. Community level PMTCT activities will be linked to the near-by Hospital or Health center PMTCT programs through referral linkages and establishment of catchments area networks. Experiences elsewhere and in Ethiopia (JHU and IntraHealth) have shown that outreach PMTCT services can effectively be utilized to improve the uptake of PMTCT services. ICAP will be involved in the expanding outreach PMTCT services in Oromia, Harreri, DireDawa, Somali regions.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10451

**Related Activity:** 16669, 16670, 16671, 16672

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27897	5637.27897.09	HHS/Centers for Disease Control & Prevention	Columbia University	11460	3784.09	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	\$1,400,000
10451	5637.07	HHS/Centers for Disease Control & Prevention	Columbia University	5506	3784.07		\$495,000
5637	5637.06	HHS/Centers for Disease Control & Prevention	Columbia University	3784	3784.06		\$160,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16669	5772.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$372,000
16670	5750.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$528,000
16671	5722.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$450,000
16672	10436.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$8,400,000

## Emphasis Areas

Construction/Renovation

Gender

- \* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- \* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- \* Child Survival Activities

- \* Family Planning

- \* Malaria (PMI)

- \* Safe Motherhood

- \* TB

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	52	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	46,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,350	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	324	False

## Target Populations

### Other

Pregnant women

People Living with HIV / AIDS

## Coverage Areas

Dire Dawa

Hareri Hizb

Oromiya

Sumale (Somali)

**Table 3.3.01: Activities by Funding Mechansim**

**Mechanism ID:** 593.08

**Prime Partner:** IntraHealth International, Inc

**Funding Source:** GHCS (State)

**Budget Code:** MTCT

**Activity ID:** 5586.08

**Activity System ID:** 16721

**Mechanism:** Capacity Project (HCD)

**USG Agency:** U.S. Agency for International Development

**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)

**Program Area Code:** 01

**Planned Funds:** \$1,000,000



**Activity Narrative:** Expansion of Integrated ANC/PMTCT Services

IntraHealth will continue to provide a comprehensive package of support for quality improvement, training, supervision, and technical assistance in COP08 in a total of 150 new health centers and health posts. IntraHealth will prioritize the expansion of PMTCT to the health-post and community level. IntraHealth will expand the pilot home-based delivery of Nevirapine (NVP) while working to strengthen Mothers' Support Groups at the community level to increase the overall quality, access, and use of ANC and PMTCT services in Ethiopia. The breakdown of IntraHealth's FY08 funding by activity is as follows: \$1,500,000 for MSG, \$1,700,000 for health center sites, and \$1.8 million to expand the NVP home-delivery for a total of \$5,000,000.

IntraHealth currently supports 248 health centers as of the end of August 2007. IntraHealth will transfer the supervision and support responsibilities in over 20 health centers in Gambella, Benishangul, and Somalia to USG university partners in October 2007. In FY08, IntraHealth will pick up an estimated 200 new health centers while transferring the current 248 sites to the Care and Support program under MSH. With FY08 funding, IntraHealth will maintain support to the 200 COP07 health centers until time to transition them to MSH, while picking up 150 new sites in COP08. IntraHealth will assess the capacity of the 150 new health centers and health posts in the areas of lab, staffing, equipment, etc. IntraHealth aims to train 320 new health providers in PMTCT according to the new national PMTCT guidelines. IntraHealth will provide additional refresher training in 2008 on the guidelines, covering such topics as the opt-out strategy, short-course combined prophylaxis, and early infant diagnosis. In addition to providing training, IntraHealth aims to improve the quality of the ANC and PMTCT services through the implementation of performance standards, quality assurance tools, and sharing best practices, which include a family-centered approach.

IntraHealth will support the health facilities in initiating the integration of PMTCT services into existing MCH services to ensure HIV+ women receive better referral linkages and increased access to a wide range of health services, especially ART. Pregnant women will be routinely tested for HIV during ANC, L&D, and/or postpartum, as appropriate. All HIV+ women should receive TB screening, FP counseling, clinical staging and CD4 count when possible, treatment for STI and OI and IPT as needed. IntraHealth will prepare health providers on how to better care for HIV+ pregnant women and their infants. Currently the health facilities supported by IntraHealth are testing, on average, 62% of women attending ANC with a 5.5% HIV prevalence rate. Of those testing positive, about 40% of mothers and 26% of infants receive NVP. There is a significant cascade effect that IntraHealth will aim to address in the coming year.

A key strategy for providing better care and support to HIV-positive women will be the expansion of Mothers' Support Groups (MSG). By the end of FY07, the MSG program under IntraHealth will expand to reach a total of 64 ART health networks, and during FY08 another 50 networks will be added, for a total of 114 ART health networks offering MSG services. JHPIEGO will be supporting MSG programs in 35 hospitals in these networks. About 2,300 HIV+ women are expected to enroll in the MSG program supported by IntraHealth during 2008. Given the chronic human-resource shortages health facilities are grappling with every day, appropriately selected and trained Mother Mentors will continue to prove valuable resources by serving as "expert patients." Mother Mentors and health providers will promote safe infant feeding and be well informed on family planning methods in order to better counsel HIV+ mothers about their options. The MSG program will continue to engage male partners of HIV+ mothers focusing on behavioral issues related to testing and counseling, secondary prevention, and stigma reduction. The activity will also be linked to IGA to improve women's access to financial resources and employment.

IntraHealth will provide on-site clinical mentoring, as well as routine supervision and site assessments, to monitor progress. This partner will also be responsible for tracking the status of PMTCT supplies, including test kits, infection-prevention materials, and drugs to make certain that PMTCT services are fully functional. Part of the monitoring role will also involve strengthening the data surveillance system at the health-facility level. IntraHealth will assist providers in collecting, reporting, and using data to evaluate the progress and gaps in PMTCT services.

Over the past three years, IntraHealth trained 370 TBA, 732 HEW, and 560 community action facilitators on social mobilization for PMTCT, referral of pregnant mothers for ANC/PMTCT, and male involvement. This training is an integral part of a safe motherhood intervention aimed at averting new pediatric infections through linking community and facility PMTCT endeavors. HEW and TBA are part of the community; they share local customs, common values and norms, speak the local languages, and often have the trust and respect of the community. These cadres can help mobilize the community to increase antenatal care-seeking behavior, reduce stigma and discrimination, and increase male involvement. IntraHealth will collaborate with EngenderHealth to incorporate Men As Partners activities into their program, which is currently in communities around 270 health posts. IntraHealth-supported facilities are testing only around 15% of male partners during ANC visits and will aim to significantly increase this number in the coming year.

Increasing the capacity of TBA and HEW to render household-level service delivery are vital to overcoming the prevailing poor uptake of the PMTCT service. IntraHealth will work closely with the new FP/MCH program to ensure coordination and collaboration of community outreach efforts. The PEPFAR partners will convene monthly forums with healthcare providers, including HEW, to review the ANC/PMTCT intervention being executed at the facility and community levels. The HEW and TBA will have their own mechanism to track referred mothers with community referral cards.

In COP08, IntraHealth will expand the pilot of NVP home-delivery by training over 400 TBA and HEW to educate and refer pregnant mothers for ANC/PMTCT and to administer NVP to the infant within 72 hours of birth. This activity began in March 2007 in Tigray and Oromiya regions in six health centers and 30 health posts. HEW take fixed doses of NVP from the health center or health post to the household to facilitate the mother and baby receiving the medicine. Alternatively, HEW accompany pregnant HIV-positive women to health centers/posts for delivery and follow-up visits to receive the NVP. The results from the first six months of this activity will be available in early October 2007. Between April-June 2007, HEW made 895 household visits, referred 216 pregnant women to ANC services, and delivered NVP at the household level to seven mothers and six infants. IntraHealth will work in collaboration with RHB, district health offices, HAPCO, and others to monitor and build sustainability for this intervention. Supervision is an important element of capacity building to ensure the proper application of the social mobilization and referral of mothers for ANC/PMTCT services. IntraHealth will emphasize joint supportive supervision and regular quarterly reviews in order to back up the duties of community actors. This activity will aim to refer and test 90,000 pregnant women, their partners, and HIV-exposed children. IntraHealth-supported facilities will

**Activity Narrative:** provide follow-up care and treatment for 3,500 HIV+ mothers and infants.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10615

**Related Activity:** 17755, 16726, 16593, 16722

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28102	5586.28102.09	U.S. Agency for International Development	IntraHealth International, Inc	11512	593.09	Capacity Project (HCD)	\$0
10615	5586.07	U.S. Agency for International Development	IntraHealth International, Inc	5549	593.07		\$2,670,000
5586	5586.06	U.S. Agency for International Development	IntraHealth International, Inc	3757	593.06		\$2,600,000

#### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16726	12232.08	7526	6125.08	ACQUIRE	Engender Health	\$280,000
17755	17755.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$840,000
16593	5791.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$240,000
16722	5688.08	7523	593.08	Capacity Project (HCD)	IntraHealth International, Inc	\$800,000

#### Emphasis Areas

##### Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources

##### Human Capacity Development

- \* Training
- \*\*\* Pre-Service Training

- \* Task-shifting

##### Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

##### Wraparound Programs (Health-related)

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

#### Food Support

#### Public Private Partnership

## Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	150	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	90,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	3,500	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	700	False

## Target Populations

### Other

Pregnant women

People Living with HIV / AIDS

## Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Oromiya

Southern Nations, Nationalities and Peoples

Tigray

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 6125.08

**Mechanism:** ACQUIRE

**Prime Partner:** Engender Health

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 12238.08

**Planned Funds:** \$0

**Activity System ID:** 16725

**Activity Narrative:** EngenderHealth began the pilot activity of training health providers using the Men As Partners (MAP) materials to increase couples counseling and male participation in PMTCT and ANC in FY07. Rather than extending this pilot to additional sites, PEPFAR Ethiopia will take the lessons learned from the pilot and aim to integrate them into the new Maternal and Child Health Wraparound award. The \$400,000 will be reprogrammed to this new MCH Award (Activity # 18614.08).

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12238

Related Activity: 16726, 16727

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12238	12238.07	U.S. Agency for International Development	Engender Health	6125	6125.07	ACQUIRE/EngenderHealth	\$400,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16726	12232.08	7526	6125.08	ACQUIRE	Engender Health	\$280,000
16727	12235.08	7526	6125.08	ACQUIRE	Engender Health	\$350,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

**Food Support**

**Public Private Partnership**

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 3790.08

**Prime Partner:** United Nations High Commissioner for Refugees

**Funding Source:** GHCS (State)

**Budget Code:** MTCT

**Activity ID:** 18267.08

**Activity System ID:** 18267

**Mechanism:** N/A

**USG Agency:** Department of State / Population, Refugees, and Migration

**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)

**Program Area Code:** 01

**Planned Funds:** \$85,600

**Activity Narrative:** Preventing Mother to Child Transmission of HIV for Refugees and Host Community Populations in Ethiopia

The United Nations High Commission for Refugees (UNHCR) would like to expand, and officially implement, the PMTCT program in the Fugnido, Kebrebayah, and Afar camps and host populations. UNHCR will create linkages among existing PEPFAR partners who are operating in the region, including Columbia University in the Somali Region, Johns Hopkins University in the Gambella region, and the University of Washington/I-TECH in the Afar region, in order to improve the level of service provided in the health center and to take advantage of additional government and regional resources.

In 2007, responding to the need for PMTCT, and under the voluntary counseling and testing (VCT) budget, UNHCR began to bring PMTCT to the refugee and host populations by delivering Nevirapine (NVP) in camps where possible, and by providing referrals for mothers for treatment in regional hospitals where necessary. In addition, seven midwives were trained on PMTCT.

In 2008, UNHCR is applying for separate PMTCT funds in order to expand its PMTCT services. In 2008, training/refresher training will be conducted for new/existing midwives on PMTCT. Counseling and testing staff will be trained on the provision of testing to all pregnant women who present at antenatal care (ANC) sites. The staff will also be trained on how to educate the women on the general protocol for PMTCT (which is currently NVP in the camps), and the importance of using this service. If camp health centers are identified as ART sites, they will be able to dole out dual therapy. Currently, however, this is not the case, and NVP remains the prescribed course for PMTCT amongst refugee and host-community populations. All pregnant mothers will be tested for HIV during antenatal follow-up, and HIV-positive women will be provided with basic health instruction, including information on prevention of opportunistic infections (OI) and NVP protocols.

HIV-positive newborns and their family members will receive appropriate care, including ART referral as required. Midwives and traditional birth attendants (TBA) will be trained on safe delivery, breast health, and exclusive breastfeeding so that they can provide this information to mothers. This activity will promote safer infant-feeding for women with HIV because all HIV-positive mothers will receive counseling and support on infant-feeding practices.

NVP will be provided by the Rational Pharmaceutical Management Plus (RPM+) program and will be given to women in the camps so that they do not have to travel to regional hospitals for delivery and PMTCT services.

Trained social workers/psychologists will be hired for each camp and the surrounding host community to provide psychosocial services to mothers who test positive for HIV. These professionals will either be from universities, as part of practical experience, or from the professional community. The same social workers will provide services for all PEPFAR service areas. For example, counselors at VCT clinics can counsel only on testing, even though some patients might require further assistance. Therefore, patients who test at VCT sites will be referred to these social workers for psychosocial counseling, as necessary. The same social workers will also serve other clients (e.g., those in the OVC program, people who have expressed difficulties with condom negotiation, and rape victims).

The number of trained social workers hired will be determined by the number of camp residents at the time of implementation.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16686, 16687, 16688, 16689,  
16690, 18200

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16686	5739.08	7506	3790.08		United Nations High Commissioner for Refugees	\$267,500
16687	10634.08	7506	3790.08		United Nations High Commissioner for Refugees	\$107,000
16688	5786.08	7506	3790.08		United Nations High Commissioner for Refugees	\$160,500
16689	10572.08	7506	3790.08		United Nations High Commissioner for Refugees	\$107,000
16690	10530.08	7506	3790.08		United Nations High Commissioner for Refugees	\$107,000
18200	18200.08	7506	3790.08		United Nations High Commissioner for Refugees	\$128,400

## Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	3	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	600	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	150	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	12	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 10-14

Girls

Ages 15-24

Women

Adults (25 and over)

Women

### Other

Pregnant women

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

## Coverage Areas

Afar

Gambela Hizboch

Sumale (Somali)

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 7609.08

**Prime Partner:** Management Sciences for Health

**Mechanism:** Care and Support Project

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 18562.08

**Planned Funds:** \$500,000

**Activity System ID:** 18562

**Activity Narrative:** Support for Integrated ANC/PMTCT Services

The Care and Support Program (CSP) is a three-year effort to focus on HIV/AIDS at health centers and communities in partnership with PEPFAR Ethiopia partners and the Government of Ethiopia (GOE). CSP is PEPFAR's lead health network care-and-support activity in Ethiopia at the primary healthcare-unit level and at health centers and satellite health posts. CSP provides coverage nationwide. This program will support the GOE to provide HIV/AIDS prevention, care, and treatment services at health centers and at the community and household levels through technical assistance, training in strengthening of systems and services, and expansion of best practice HIV prevention interventions. The lead partner is Management Sciences for Health (MSH).

This is a continuing activity begun in FY06 and previously conducted by IntraHealth International. IntraHealth has coordinated the introduction of PMTCT services in over 250 health centers and trained a substantial number of health professionals. While IntraHealth will continue to introduce and integrate PMTCT into antenatal care (ANC) services in new sites in 2008, MSH/CSP will systematically transfer the responsibility for maintaining quality PMTCT services at their current sites to the CSP. The GOE and PEPFAR remain committed to implementing HIV prevention, care, and treatment services that include moving PMTCT services into an integrated comprehensive HIV/AIDS treatment and care program. Without adequate investment in operational readiness, however, the quality of PMTCT services will be compromised. This activity addresses PMTCT services at health centers by increasing their operational capacity including integration into ART services and the health network. MSH/CSP will support PMTCT services in 240 sites under FY07 and 150 additional sites in FY08 with the activities below.

1) Supportive Supervision, Mentoring, and Training of Health Workers: Human resources will be strengthened through training in multiple program areas and supportive supervision in conjunction with GOE personnel. The activity will facilitate training on PMTCT using current PMTCT Guidelines that include multiple drug therapy. Updates and refresher training will be carried out for health workers previously trained on the single drug therapy regimen using Nevirapine and on PMTCT/ART integration. In close collaboration with regional health bureaus (RHB) and district health offices, standard operating procedures (SOP) and care protocols will be implemented with other relevant stakeholders and partners. To strengthen the provision of PMTCT services in the ART health networks, mentoring of health workers and monitoring of PMTCT clients with experienced hospital and private-sector clinicians will be organized. This will help build provider capacity to manage clients and improve client care. The mentoring activity will be jointly carried out by the ART mentors, who will be trained to mentor health workers providing the comprehensive continuum of HIV/AIDS care and treatment.

2) Strengthening the Referral System and Community Outreach: This component will be linked with multiple services in health centers and health posts to support the integration of PMTCT, ANC, TB, reproductive health (RH), and ART services. The existing community outreach activities begun under IntraHealth will be supplemented with new CSP outreach activities, including the introduction of community-oriented outreach workers (COOW). MSH/CSP will identify, train, deploy, and support 6,350 COOW over the next three years. The COOW will ultimately work with health extension workers (HEW), community groups, local leaders, and government health institutions to strengthen support to communities and households impacted by HIV/AIDS. CSP will support the training and capacity-building of the COOW in: basic HIV and symptom management for adults and children (e.g., integrated management of adult and adolescent illness (IMAI) and integrated management of childhood illness (IMCI)); appropriate and timely referrals to health centers for ART therapy for clinically eligible pregnant women; and pediatrics HIV case detection and referral. The program will reinforce provider-initiated counseling and testing (PICT) on an opt-out basis for ANC clients; cotrimoxazole prophylaxis for HIV-exposed infants; and systematic tracking, follow-up and support of mother-infant pairs emphasizing clear links with well-child services and the existing and expanded network of community services coordinated through the health posts and COOW.

HIV-exposed infants will be traced through mothers who access PMTCT and identification of infants at routine immunizations and community-based health and nutrition services (e.g., growth monitoring). The COOW will provide oversight for the Mothers' Support Groups (MSG). MSG provide educational, emotional, and psychosocial support to women living with HIV and their families during and after pregnancy. In addition to empowering the women, the MSG provide links to other services. The COOW will also focus their activities on families affected by HIV/AIDS and ensure increased partner involvement in HIV/AIDS treatment care and support activities.

By the end of COP08, CSP will be supporting an integrated package of HIV/AIDS services including PMTCT in 390 health facilities and the communities around them. The program will support all links in the PMTCT/ART and care-network continuum, from client and household to community and health center, with a focus on the delivery of PMTCT/ART services at the health center and community level.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16721, 16602, 16672, 16636, 16644, 16622, 18703

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16721	5586.08	7523	593.08	Capacity Project (HCD)	IntraHealth International, Inc	\$1,000,000
16602	5654.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$2,340,000
18703	18703.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$9,500,000
16636	10430.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$7,000,000
16622	10426.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$4,300,000
16672	10436.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$8,400,000
16644	10439.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$9,116,200

## Emphasis Areas

### Human Capacity Development

- \* Training
- \*\*\* In-Service Training
- \* Task-shifting
- \* Retention strategy

### Wraparound Programs (Health-related)

- \* Child Survival Activities
- \* Family Planning
- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

## Food Support

## Public Private Partnership



## Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	390	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	120,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	4,200	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	600	False

## Target Populations

### Other

Orphans and vulnerable children  
 Pregnant women  
 Discordant Couples  
 People Living with HIV / AIDS

## Coverage Areas

Adis Abeba (Addis Ababa)  
 Amhara  
 Oromiya  
 Southern Nations, Nationalities and Peoples  
 Tigray

**Table 3.3.01: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 649.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> International Rescue Committee	<b>USG Agency:</b> Department of State / Population, Refugees, and Migration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention of Mother-to-Child Transmission (PMTCT)
<b>Budget Code:</b> MTCT	<b>Program Area Code:</b> 01
<b>Activity ID:</b> 18625.08	<b>Planned Funds:</b> \$74,649
<b>Activity System ID:</b> 18625	

**Activity Narrative:** Preventing Mother to Child Transmission of HIV for Sudanese and Eritrean Refugees

The proposed project is a new component of the International Rescue Committee's (IRC) current PEPFAR-funded project, which provides counseling and testing (CT) services to refugees living in camp settings and the surrounding host communities. IRC's CT project was initiated in October 2004 in Sherkole Camp (in the Benishangul-Gumuz region) and in 2007 in Shimelba Camp (in the Tigray region). In FY08, IRC is proposing to expand PMTCT activities in both camps and host communities, in coordination with ARRA and the United Nations High Commission for Refugees (UNHCR).

IRC coordinates its activities closely with UNHCR, the Government of Ethiopia's (GOE) Agency for Returnee and Refugee Affairs (ARRA), regional, zonal, and district-level governments, and the Ethiopian HIV/AIDS Prevention and Control Office (HAPCO).

IRC encourages women and healthcare providers to know the woman's status before delivery, with the intent of reducing the risk of HIV transmission by administering Nevirapine to the pregnant woman and the newborn.

Since 2006, IRC has provided capacity-building training of relevant ARRA health staff in the Sherkole refugee camp, for PMTCT, including the Maternal and Child Health (MCH) department. From January 2007 to date, 294 pregnant women have been tested, with one woman testing positive. In FY07, in collaboration with Johns Hopkins University (JHU) and the Assosa Regional Hospital, IRC will make Nevirapine available in the Sherkole ARRA MCH clinic.

In Shimelba, since the opening of the voluntary counseling and testing (VCT) center on July 2, 2007, IRC has provided CT services to 75 pregnant women; three of whom have tested positive and have been referred to Shire Regional Hospital for follow up. IRC, in collaboration with University of Washington/I-TECH, will provide PMTCT training to ARRA health staff in FY07, with the intent of providing greater PMTCT services to the refugees. In FY08, these services will be continued and expanded to include Nevirapine.

In FY08, IRC will provide refresher trainings for traditional birth attendants and ARRA community-health volunteers to provide them with the skills to counsel and encourage pregnant women to be tested for HIV so that they may have access to ART.

The outreach services are designed to communicate openly with the community about HIV, with the hope of reducing the associated fear, stigma, and discrimination. In both camps, IRC will target and tailor behavior-change communication (BCC) messages specifically for pregnant mothers and their partners. The messaging will strive to increase maternal understanding of the purpose and benefits of knowing their HIV status for their own health and for the health of their unborn baby, the importance of using Nevirapine to prevent transmission of HIV from mother to child during delivery, and the importance of partner testing. Condoms and other methods of family planning will be provided to women coming for antenatal care (ANC) services.

IRC will continue to coordinate with the Gender-Based Violence (GBV) and Education teams to integrate HIV education, including preventing mother-to-child transmission of HIV and anti-stigma discussions, in IRC's informal education classes, primary school classes, and GBV community discussions at the ARRA health center and during outreach activities conducted by the IRC social workers.

In light of the repatriation and resettlement of refugees from both camps, more interventions are planned to engage community and religious leaders, women, and youth in health-education activities on HIV/AIDS and VCT issues to raise the awareness of as many refugees as possible prior to their return to Sudan or resettlement to the US. The program as outlined is based on the current situation, demographics, and population in the refugee camps, but it is likely that the situation will change in one year, as the mobility, influx of new refugees, and voluntary repatriation of current refugees cannot be predetermined.

In Sherkole and Shimelba Camps and host communities, FY08 PMTCT activities and strategies will include: ensuring the availability of, access to, and use of Nevirapine and ART therapy for refugee and host community women; providing Nevirapine to HIV-positive mothers and newborns; and providing commodities management training and support to relevant ARRA health staff to ensure that Nevirapine stock-outs do not occur. In addition, IRC will continue to build the capacity of VCT center staff and ARRA health staff through ongoing in-service trainings on PMTCT and Nevirapine administration, referrals, counseling, and opportunistic infections management. IRC will also provide refresher training to traditional birth attendants and community health workers who can mobilize the women in the community. Finally, IRC will maintain good relations and continue to strengthen referral links established between the VCT centers, the ARRA health centers, the regional hospitals, the post-test clubs, and the regional HAPCO offices, and with JHU and I-TECH for technical support and training.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16707, 16687, 16708

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16707	10600.08	7516	649.08		International Rescue Committee	\$92,460
16687	10634.08	7506	3790.08		United Nations High Commissioner for Refugees	\$107,000
16708	10646.08	7516	649.08		International Rescue Committee	\$43,545

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

\* Family Planning

\* Safe Motherhood

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	2	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	650	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	8	False

## Target Populations

### General population

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

## Coverage Areas

Binshangul Gumuz

Tigray

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 3794.08

**Prime Partner:** World Food Program

**Funding Source:** GHCS (State)

**Budget Code:** MTCT

**Activity ID:** 18585.08

**Activity System ID:** 18585

**Mechanism:** Urban HIV/AIDS Program

**USG Agency:** U.S. Agency for International Development

**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)

**Program Area Code:** 01

**Planned Funds:** \$1,000,000

**Activity Narrative:** WFP's Urban HIV/AIDS Program

This is a continuing activity with new funding available in PMTCT to provide nutritional support to HIV-positive pregnant women through the ongoing World Food Program (WFP) project titled "Supporting Households, Women and Children Infected and Affected by HIV/AIDS," also referred to as "Urban HIV/AIDS." The activity is part of WFP's Protracted Relief and Recovery Operation (PRRO), is a continuation of activities supported in FY06 and FY07, and is linked to USAID Title II contributions for nutritional support. Increased funding is requested in 2008 in order to reach larger numbers of food insecure families and to expand the geographical areas covered by the project. The FY08 funding for the World Food Program Urban HIV/AIDS program totals \$8,600,000 million (\$4,000,000 million for palliative care, \$3.6 million for OVC and \$1 million for PMTCT) which leverages \$7 million in food.

This activity will complement PEPFAR resources with food resources leveraged from WFP multilateral contributions, Title II USAID Food For Peace, and FY07 bilateral donors, including: France (\$500,000), Spain (500,000 Euros), Sweden (\$1 million), and Egypt (\$100,000), with additional contributions from other donors to be confirmed. PEPFAR resources will be used to purchase food commodities for HIV-positive pregnant mothers and their children and to cover the associated logistics costs. Approximately one third of the proposed budget will be used for food commodities. PEPFAR resources will support improved nutritional status and quality of life through nutrition assessments and counseling, nutrition education, and household access to economic-strengthening opportunities. The provision of food and nutritional support through WFP and partners is complementary with other services for OVC.

This project is currently implemented in 14 of the most populous urban areas in Ethiopia, in four large regions, (Amhara, Oromiya, Tigray, and the Southern Nations, Nationalities and Peoples Region (SNNPR)), and two urban administrative areas (Addis Ababa and Dire Dawa). Selection of existing and potential additional areas for the implementation of this project is done by assessing the level of need in urban areas and examining the HIV prevalence rate and urban poverty index. Up to 12 additional urban areas will be selected for the project after assessments conducted by regional HIV/AIDS Prevention and Control Offices (HAPCO) with participation and support from WFP, and based upon an increased level of contributions from donors. Regions where the project is implemented have been consistently asserting the necessity for extending this project to additional urban areas.

The beneficiaries of the project will be HIV-positive mothers identified through referral links from nongovernmental organizations (NGO), community-based organizations (CBO), and ward-level HIV/AIDS committees. Household assessments are conducted to ensure that all beneficiaries are food insecure and require the type of food support provided by WFP. The activity is implemented by town HAPCO and NGO partners. Each town has a coordination committee that is responsible for the selection of beneficiaries. The committee is composed of representatives of the town, HAPCO, health-service providers, NGO partners, and associations for people living with HIV/AIDS (PLWH). Activities include training for partners and providers of home-based, palliative care and beneficiaries in HIV/AIDS and nutrition. The activities are aimed at maximizing beneficiaries' abilities to improve their own nutritional status through selection and preparation of different types of food. In order to ensure the effective consumption of the Corn Soya Blend (CSB), a blended fortified food rich in micronutrients provided by this project, WFP has produced training materials and handbooks in preparation and consumption of CSB that are distributed to all beneficiaries. WFP also strengthens and provides ongoing support to town-level coordination structures by providing information-technology equipment and training in monitoring and evaluation. Nutritional, health, and hygiene counseling are integrated into the counseling and home-based care services supported by the project. The structures of coordination and communication established through the WFP-supported project have had an overall positive impact on the provision of integrated services in the urban areas where the project is implemented, beyond the provision of nutritional support.

In order to track the wider impact of the project, WFP uses PEPFAR resources to conduct Results-Based Management (RBM) Monitoring. Quarterly reports on commodity flow and numbers of beneficiaries receiving food and nutritional support, as well as on complementary activities, are submitted by partners in each of the implementation areas. Annual RBM surveys are conducted by WFP and partners to measure the impact of the project on a range of indicators. WFP also engages in qualitative forms of monitoring and evaluation, including the identification of best practices in particularly successful towns. It also sponsors experience-sharing workshops for all partners.

WFP will collaborate with PMTCT programs to pursue and implement sustainable food security options while simultaneously providing food inputs. These sustainable options will focus on increasing household assets through market-driven economic strengthening activities, such as small business development, savings and loan schemes, and micro-credit. Partnerships with economic-growth programs will be established or expanded to provide needed technical expertise and linkage to viable market options. WFP uses public and private contributions to strengthen partners' ability to implement economic strengthening options. WFP experience in the area of income-generation for beneficiaries includes provision of small loans that have led to increased household assets through small business development.

A strategy to stabilize the food security status of HIV-affected households and transition them from food aid is under development for implementation in FY08. This strategy is being planned with Government of Ethiopia and other stakeholders. Graduation from food aid will be managed by partners at the town level and is supported by economic-strengthening opportunities.

**HQ Technical Area:****New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:**

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources

### Human Capacity Development

- \* Training
- \*\*\* In-Service Training

### Wraparound Programs (Other)

- \* Economic Strengthening
- \* Education
- \* Food Security

## Food Support

Estimated PEPFAR dollars spent on food	\$1,309,392
Estimation of other dollars leveraged in FY 2008 for food	\$7,000,000

## Public Private Partnership

## Target Populations

### Other

Pregnant women

## Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Dire Dawa

Oromiya

Southern Nations, Nationalities and Peoples

Tigray

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 118.08

**Prime Partner:** US Agency for International Development

**Funding Source:** GHCS (State)

**Budget Code:** MTCT

**Activity ID:** 18715.08

**Activity System ID:** 18715

**Mechanism:** USAID M&S

**USG Agency:** U.S. Agency for International Development

**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)

**Program Area Code:** 01

**Planned Funds:** \$386,398

**Activity Narrative:** This funding will be used to support three full-time positions at USAID to manage PMTCT activities and provide technical leadership in the areas of maternal and child health (MCH). There will be three positions in FY08 to support PMTCT: an MCH/PMTCT Advisor (Personal Services Contractor, or PSC), PMTCT Technical Specialist (Locally Engaged Staff, or LES), and PMTCT Health Network Monitor.

The MCH/PMTCT Advisor will provide technical guidance for better integration of MCH issues with those pertaining to PMTCT. Under general supervision, this Technical Advisor will take the lead in VCT, ANC, tuberculosis (TB) testing, and referral for treatment, nutrition, and surveillance and monitoring as they relate to MCH/PMTCT and the health program as a whole. The Advisor will also advise USAID senior health staff in areas that include: policy and strategic development; program and project planning; implementation and evaluation of MCH and PMTCT services; and integration of the Agency's health program activities.

The PMTCT Technical Specialist will work under supervision of the MCH/PMTCT Advisor and collaborate closely with the rest of the HIV/AIDS Team. The PMTCT Technical Specialist and the PMTCT Health Network Monitor will support the MCH/PMTCT Advisor in the management and monitoring of PMTCT activities. The Specialist and Monitor will also coordinate with other Team members to enhance and support linkages between PMTCT and other activity areas such as MCH, family planning, ARV, and OVC. This funding will also be used to cover costs associated with any necessary PMTCT evaluations and technical assistance from USAID/Washington and/or USAID/East Africa.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.01: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7590.08	<b>Mechanism:</b> Presidential Malaria Initiative Wraparound
<b>Prime Partner:</b> Academy for Educational Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Prevention of Mother-to-Child Transmission (PMTCT)
<b>Budget Code:</b> MTCT	<b>Program Area Code:</b> 01
<b>Activity ID:</b> 6632.08	<b>Planned Funds:</b> \$340,000
<b>Activity System ID:</b> 18539	

**Activity Narrative:** Targeted Promotion and Community Mobilization for Antenatal Care

This is a continuing activity from FY07. This program is a wraparound activity with the Presidential Malaria Initiative (PMI) to mobilize women to attend antenatal care (ANC) in support of joint goals, enrollment in ANC/PMTCT services, and provision of a long-lasting insecticide-treated net. The activity will leverage \$900,000 in PMI funding. This activity is implemented in urban and peri-urban areas of Amhara and Oromiya. This activity reaches women ages 15-45 years old.

Ethiopia's 2005 Demographic and Health Survey found that low ANC attendance and assisted delivery remain major impediments to progress on PMTCT targets. Fifty-six percent of urban women delivered in their homes, and 30% of urban women did not receive delivery assistance from a health provider or traditional birthing attendant. Women who attend ANC are on average 4.2 months along in their pregnancy. Eighty-eight percent of urban-based pregnant women expressed several factors affecting their decision to attend ANC or assisted delivery:

- 1) Concern there may not be a health provider (71%)
- 2) Concern there may be no one to complete household chores (57%)
- 3) Getting money for treatment (53%)

The goal of this activity is to increase total ANC enrollment through interpersonal and interactive communications. As total ANC enrollment increases, the number of unique pregnant women using PMTCT services will increase throughout selected hospitals and health centers in Amhara and Oromiya. In FY07, the activity operated in 55 hospitals, health centers, and nongovernmental organization (NGO) clinics in Amhara and Oromiya regions where the USG has installed PMTCT and ART services.

The activity's objective is to reach pregnant women in communities through interpersonal and mass media campaigns promoting routine ANC attendance. Mass media activities are in the form of interactive radio dramas which are coupled with discussion papers distributed to community groups. Interpersonal approaches focus on community groups where women congregate.

Using USG partner's pre-existing communications platform regarding ANC attendance (i.e., umbrella media campaigns, low-level road shows, interactive attendance at community group meetings, and household-level promotion) in regional capitals and towns, the activity will promote ANC attendance and assisted delivery.

The activity focuses on reaching households and community groups where women congregate in communities where HIV prevalence remains highest, yet where ANC attendance and assisted delivery statistics are low. It is anticipated that 50% of Amhara and Oromiya's urban population will be covered. If this leads to an additional 20% of pregnant women attending ANC or assisted delivery within the health network, public facilities would increase ANC attendance by approximately 24,600 pregnant women.

Since 2004, NetMark has used USG Malaria funding for communications campaigns to increase knowledge about and use of insecticide-treated nets (ITN). In addition, NetMark participated in several activities with the Ethiopian Ministry of Health (MOH) and Amhara regional health bureau (RHB) to improve maternal and child health (MCH) uptake through targeted subsidy of ITN. NetMark facilitated, through a public private partnership, several commercial distributors to import, brand, and distribute ITN to improve accessibility. NetMark provided extensive support to the Amhara and Oromiya RHB and the MOH's Health Education Center to improve communication materials on ANC attendance and ITN use.

PEPFAR Ethiopia's investment in this activity represents a leveraging of USAID's child survival/malaria resources. NetMark's activities use interactive and interpersonal communications at the grassroots to increase demand for ANC services among adult women. Mass media, interactive and interpersonal communications is anticipated to increase patient flow at ANC clinics.

NetMark's first program component includes targeted promotion through a focus on 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 would increase PMTCT service uptake. Targeted promotion activities reach women and families, educate communities, and improve understanding of maternal health services, by emphasizing the advantages of ANC and assisted delivery (ANC/PMTCT/pediatric care services including treatment).

To support this component the following strategies will be used:

- 1) Leverage existing messages through a multichannel, comprehensive program using mass-media road shows and community-level and household-level communications to mobilize ANC attendance in/around selected hospitals and health centers in Oromiya and Amhara
- 2) Mobilize marketing agents in the community to participate in the communications campaign to increase ANC service uptake (e.g., district action committees, ward action committees, community malaria agents, community-based reproductive health agents, health promoters, and traditional birthing attendants)
- 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.

NetMark's second program component includes the targeted subsidy of ITN to ANC attendees. This component, funded by the PMI, provides a targeted subsidy to ANC attendees to obtain a commercial ITN product in the nearby community. This is completed through a voucher system distributed by the ANC provider to pregnant women during routine health-education counseling which includes malaria transmission and HIV prevention. This is supported by non-PEPFAR resources. To support this component, ANC providers and commercial sales agents require training, distribution of information-education-communication (IEC) materials and subsidy vouchers to ANC clinics.

In coordination with regional authorities, this activity will target outreach campaigns that promote services to audiences in peri-urban areas. The partner will coordinate with USG implementing partners to address capacity issues within ANC clinics and to prepare for increases in ANC attendance. The partner will



**Activity Narrative:** collaborate with IntraHealth and US universities to increase the number of women entering the ANC system.

This activity contributes to the PMTCT program area by providing targeted mass media, interactive and interpersonal communications campaigns to increase ANC attendance. The use of structured communication campaigns to attend ANC services in facilities will target urban and peri-urban areas where HIV prevalence is high. The outcome of this activity is expected to increase the total number of pregnant women attending ANC services, including PMTCT, in Amhara and Oromiya. This program does not provide PMTCT services such as the provision of HIV counseling or testing or ART prophylaxis to clients.

This activity is linked to implementing partners providing clinical PMTCT services at the hospital, health-center, and health-post/community level.

This activity leverages PMI funding for ITN utilization and ITN distribution to vulnerable populations through ANC service clinics at hospitals and health centers.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10569

**Related Activity:** 16669, 16672, 16722, 16633, 16636, 16619, 16622, 16643, 16644

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28329	6632.28329.09	U.S. Agency for International Development	Academy for Educational Development	11602	7590.09	Presidential Malaria Initiative Wraparound	\$750,000
10569	6632.07	U.S. Agency for International Development	Academy for Educational Development	5542	4135.07	Academy for Educational Development/FA NTA	\$300,000
6632	6632.06	U.S. Agency for International Development	Academy for Educational Development	4135	4135.06	Academy for Educational Development/Netmark	\$300,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16643	5767.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$550,000
16633	5618.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$469,836
16619	5770.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$373,200
16669	5772.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$372,000
16672	10436.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$8,400,000
16622	10426.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$4,300,000
16636	10430.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$7,000,000
16644	10439.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$9,116,200
16722	5688.08	7523	593.08	Capacity Project (HCD)	IntraHealth International, Inc	\$800,000

## Emphasis Areas

Wraparound Programs (Health-related)

\* Malaria (PMI)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	79	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	480	False

## Target Populations

### Other

Pregnant women

## Coverage Areas

Amhara

Oromiya

**Table 3.3.01: Activities by Funding Mechansim**

**Mechanism ID:** 8275.08

**Mechanism:** RPSO

**Prime Partner:** Regional Procurement Support Office/Frankfurt

**USG Agency:** Department of State / African Affairs

**Funding Source:** GHCS (State)

**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)

**Budget Code:** MTCT

**Program Area Code:** 01

**Activity ID:** 18843.08

**Planned Funds:** \$600,000

**Activity System ID:** 18843

**Activity Narrative:** Addition: 10/7/08

The FY08 country specific PHE activity on "assessment of the perception/knowledge and attitudes of women, men, and health care providers regarding PMTCT service and program" has not been approved by OGAC to be implemented in FY08. Therefore, this reprogramming request is to remove the activity and reprogram the fund 200,000 to RPSO activity renovation of 15 additional PMTCT sites (activity number 18843). The total number of facilities to be renovated will reach 115.

The remaining 25,000 is reprogrammed to multicountry PHE entitled "Evaluation of Interventions to Reduce Early Mortality among Adults Initiating ART in Emergency Plan Countries" activity ID 18807.

The rest of the narrative section for activity number 18843.08 will be kept as it is.

Ethiopia's national PMTCT coverage is very low and currently estimated at 2%. A major limiting factor to PMTCT uptake is believed to be poor antenatal care (ANC) and delivery coverage in health facilities. The 2005 Ethiopian Demographic and Health Survey (EDHS) report indicates that ANC coverage is as low as 28%, with only a 1% increase from the 2000 EDHS. Skilled attendance at birth is only 6% (EDHS 2005) showing no change whatsoever from the 2000 level. Even in urban areas only 44.6% had skilled attendance at delivery. Given this limited coverage, it is estimated that only about one-quarter of HIV-positive women attend at least one ANC visit. Consequently, only a small group of women have access to the available PMTCT services. Among those women who initiate PMTCT, significant numbers do not complete the full course due to poor quality of ANC and delivery services in the facilities.

The ultimate goal of PMTCT is to improve overall maternal and child survival, maximizing the number of AIDS-free children. To reach this goal, it is imperative that as many women as possible access antenatal care, delivery and postnatal care services. These services provide an important "gateway" for pregnant women, infants and families to access HIV prevention, care and treatment programs. Among the many ways to encourage more women to use ANC and PMTCT services, improving and ensuring the quality of the services are key. Quality services are also essential to strengthen national systems for sustainable PMTCT scale-up.

There are a number of reasons why women do not want to attend ANC and/or to deliver in health facilities. Ethiopia's National Reproductive Health Strategy lists poor access, weak referral systems, limited human resources, and shortages of supplies and equipment as major problems. In addition to these problems, women do not want to come to health facilities because of the quality of care they receive in these institutions. The majority of the health facilities do not meet minimum standards of quality. It is quite common to see shabby delivery rooms which are open and lack the privacy of even a screen, blood-soaked mattresses and plastic sheets, delivery coaches splattered by old dried blood, and/or no running water in the room and no place to wash or otherwise clean up for the mother who has delivered. There is also shortage of supplies and equipment needed for obstetric care and infection prevention.

One of the strategies to improve PMTCT uptake is to improve quality of labor and delivery services, in order to increase the number of facility-based deliveries. Minor renovation of health facilities in a manner that ensures privacy, availability of running water, proper toilet and wash room facilities, etc., will create sense of security among women, encouraging them to come for the service. The health facilities need support in supplies and equipment that are needed for obstetric care and infection prevention such as mattresses, proper plastic sheeting, gloves, gowns, detergents and other infection prevention supplies, etc.

As part of HIV/AIDS treatment, care and prevention, PEPFAR Ethiopia has supported infrastructure development of health facilities including renovations of laboratories, clinics, VCT sites, and pharmacy services. For scale up of PMTCT and achieving PEPFAR PMTCT targets, extensive renovations for ANC and delivery services are still required in most hospitals and health centers. Nationally, up to 20 hospitals and 80 health centers will be selected based on their potential for a high yield of HIV-positive mothers, and their ANC and labor and delivery sections renovated. The Regional Procurement Support Office (RPSO) will be responsible for the procurement and renovations in the hospitals and Crown Agents will handle renovations in the health centers. Actual numbers of sites renovated will depend on costs for needed repairs.

In selecting the sites for renovations, RPSO will collaborate with Crown Agents, the Government of Ethiopia (GOE), and PEPFAR Ethiopia to select health networks in higher prevalence areas. PEPFAR Ethiopia will provide technical assistance including follow up and regular supervision of renovation activities; and coordinate with regional health bureaus, US universities and other PEPFAR partners in selecting and determining the need and type of renovation. Renovation plans will also be linked and coordinated with the Global Fund for AIDS, Tuberculosis and Malaria-supported renovations. All renovated sites will also be supported for supplies and equipment related to obstetric care and infection prevention. The expected increase in PMTCT clients will be documented by the partners supporting the PMTCT program in the facility.

This activity will contribute to the PMTCT program area by improving the quality of services and thereby attracting more women to attend ANC and deliver in health facilities.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16617, 16631, 16656, 16667

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16656	5639.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$1,100,000
16631	5641.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$1,100,000
16617	5638.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$400,000
16667	5637.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$1,100,000

## Emphasis Areas

Construction/Renovation

## Food Support

## Public Private Partnership

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Pregnant women

**Table 3.3.01: Activities by Funding Mechanism**

**Mechanism ID:** 3792.08

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

**Funding Source:** GHCS (State)

**Budget Code:** MTCT

**Activity ID:** 19492.08

**Activity System ID:** 19492

**Mechanism:** Rapid expansion of successful  
and innovative treatment  
programs

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Prevention of Mother-to-Child  
Transmission (PMTCT)

**Program Area Code:** 01

**Planned Funds:** \$700,000

**Activity Narrative:** Scaling Up of PMTCT through National PMTCT Behavior Change Campaign  
PEPFAR aims at providing 80% of HIV+ pregnant women with ARV prophylaxis and reduce infant infection by 40% in focus countries including Ethiopia by 2009. Of the 2.2 million pregnancies expected in 2008, there will be up to 79,000 HIV positive women which may lead to 14,000 HIV positive infants if best strategies to reduce mother-to-child transmission are not in place. The PMTCT coverage of Ethiopia is estimated at 2%, which is the lowest compared to other 15 PEPFAR focus countries. According to the Ethiopia DHS 2005, the national ANC coverage is 28% and only 6% of births are delivered by skilled attendants.

Despite the expansion of PMTCT services to more than 50% of health facilities providing MNCH services, the PMTCT uptake remains low at different level. In 2006-2007, of women enrolled in ANC only about 50% were counseled and tested for HIV and of those women who were HIV positive, only 52% received ARV prophylaxis.

The low PMTCT service utilization among pregnant women could be attributed to many factors. Low ANC coverage, lack of access and/or poor quality of ANC/PMTCT services, services not user friendly, shortage of man power and other resources at sites, lack of knowledge of the availability and benefits of PMTCT services among clients, cultural barriers, misconceptions and attitude against the service, stigma and discrimination (feared and actual) and passive involvement of men in the service utilization are some of the factors that pull back the effort to reach as much pregnant women as intended..

Strategies for improving uptake of PMTCT services should give special emphasis to increasing awareness of the benefits of MNCH/PMTCT services and providing quality services. In an effort to improve the PMTCT uptake, the government of Ethiopia has started rolling out the revised PMTCT guidelines mainly focusing on providing comprehensive PMTCT services. Although there are efforts to improve the quality, it will be necessary to implement interventions focusing on changing behaviors of women, their partners and the community to improve utilization of the existing services.

The need to expand PMTCT services has to be backed up with consolidated effort to improve the knowledge, attitude and practices of women and men of reproductive age. However, though there are a number of programmatic initiatives, the activities done in terms of improving the knowledge, attitude and practice of pregnant mothers and women and men in the age of reproductive health are minimal. Furthermore, existing cultural practices that undermine health service seeking behavior are playing role in hindering pregnant women from attending ANC there by challenging PMCT initiative. The rampant harmful traditional practices with gender inequalities are fueling to this problem.

The objectives of these activities are to scale up PMTCT in Ethiopia through implementing a National PMTCT Behavior Change Campaign and expansion of outreach PMTCT services.

The BCC initiative will be implemented with the objective of improving PMTCT uptake among pregnant women tested HIV-positive, by working on and changing certain behaviors that hindered utilization of ANC and PMTCT services.

The Behavior Change Campaign will focus on attitudinal, knowledge and behavioral features of service users, service providers and the community that contributed to low PMTCT utilization. The effort fully utilizes BCC models and theories of BCC to the success of the initiative. This activity will carry out nation wide Behavior Change Communication to bring about desired behavior favoring ANC, institutional delivery, HIV testing of pregnant women and utilization of PMTCT services by HIV-positive pregnant women.

Effective PMTCT program require coordination and collaboration of the different stake holders. Pregnant women need support from their partners, the family and health service providers. The involvement of both men and women in PMTCT plays crucial role in attaining PMTCT initiative objectives. Hence, there is a need to catalyze and establish mass root support among men. Considering the situation in Ethiopia, where, men are the nuclei for the decision making process in seeking medical care, their involvement need to be improved. They should be oriented in ways that help them adopt behavior supportive to their women partner in accessing ANC and PMTCT services.

Stigma and discrimination is another barrier leading to low uptake of PMTCT services. Pregnant women, on the other hand, for fear of stigma do not want to go to CT even though they are attending ANC. Male partners share the same fear. The deep rooted stigma, that has manifestation of different forms, has worsening the problem with pregnant women. Health service providers, due to personal behavior, some times carry out stigmatizing actions against those tested positive pregnant women. This could be during ANC, labor and delivery. Such behavior need to be addressed systematically in a manner that ensures sustainability and consistency.

Taking in to account the above factors and reports from National AIDS Resource Center (NARC), it is seen that efforts should be exerted to work on Behavior Change among men and women of reproductive age, pregnant women, health service providers and other community members to bring about desired behavior change that enables pregnant women access and utilize ANC/PMTCT services.

While carrying out the BCC initiative certain components of middle level advocacy works will be carried out to influence decision makers at Regional Health Bureau level to take measures in working towards improving the ANC/PMTCT service utilization among pregnant women.

The BCC campaign will make use of opportunities and resources to achieve its objectives. The video production on PMTCT will be used for the same purpose in a manner that ensures efficiency and effectiveness. The BCC issues will be drawn from JHPIEGO assessment report on knowledge, perception and attitude of men and women of reproductive age group and health service providers towards PMTCT. Arrangements will be made with partner universities working on similar area to avoid duplication and overlapping of efforts.

The following are targets for the BCC campaign: women and men of reproductive age group, pregnant women, Health service providers, religious leaders, traditional birth attendants and traditional healers. The BCC initiative will take place in: MNCH clinics, community (idirs and other social structures, women and youth associations), religious institutions, transport (stations) and any other relevant service outlets.

The BCC activity will develop targeted messages with indicators, identify channels of communication, Print Materials; Brochures, booklets (Pocket size) and conduct sensitization workshops.

The main activities include:

1. Development/adaptation of IEC/BCC printed and electronic materials on PMTCT in local languages for distribution to pregnant women and their families and the community via Health Extension Workers.
2. Development of new, improved posters and visual aids on MNCH/PMTCT services;
3. Development of series of radio and TV spots, in local languages,
4. Targeted use of national and regional mass media including MOE's educational mass media;
5. Distribution and dissemination of print and electronic materials (includes air time costs for TV and Radio)

The BCC campaign will be coordinated and implemented by CDC-Ethiopia's PMTCT and BCC units in collaboration with PEPFAR PMTCT partners and the government.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Targets**

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

**HVAB - Abstinence/Be Faithful**

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

**Total Planned Funding for Program Area: \$16,198,284**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

**Program Area Context:**



The release of new HIV surveillance data has resulted in a new understanding of the nature of the epidemic in Ethiopia. Prevalence data indicates a far less generalized epidemic in Ethiopia than previously believed, sparking widespread and necessary dialogue about strategic priorities for prevention. In 2007, the Government of Ethiopia (GOE) and stakeholders developed consensus, single-point estimates of national and regional HIV prevalence that synthesize and reflect available data. The single-point estimate for HIV prevalence for adults 15-49 is 2.1%, with an urban rural difference of 7.7% versus 0.9%. These new estimates reflect a consistent pattern observed in both antenatal clinic (ANC) surveillance and the 2005 Ethiopia Demographic and Health Survey (EDHS) of a nearly nine-fold higher HIV prevalence in urban settings than in rural settings. Rural HIV prevalence is concentrated primarily along transport corridors and in peri-urban settings. Population-based EDHS data also indicates the highest prevalence among adults, especially those engaged in transactional sex and maintaining multiple, concurrent partnerships. HIV prevalence peaks among women aged 35-39 and men 40-44, suggesting a peak incidence of HIV infections among women in their early 30s, and men in their mid-to-late 30s. Among youth, age of sexual debut matches almost exactly the age of marriage for young women, with almost 98% of unmarried girls 15-19 and almost 95% of unmarried boys 15-19 reporting never having had sexual intercourse. In Ethiopia, 92.5% of men are reported to be circumcised, with only two of 11 regions reporting a circumcision below 94%.

Drawing on the available data, USG PEPFAR is shifting the prevention portfolio's focus to adult, urban populations and most-at-risk populations, while maintaining an appropriate focus on youth and the general population. USG PEPFAR will continue to focus on higher risk populations, including unformed service, police, refugees, university students, married adolescents, sex workers, and mobile populations along the transport corridors and between rural and urban areas. In FY08, target populations will expand to include individuals involved in multiple/concurrent sexual partnerships, which many may not perceive as risky. This includes divorced and widowed women who engage in informal transactional sex. As sexual transmission is the primary driver of HIV in Ethiopia, USG PEPFAR will commit 58.3% of the FY08 budget to sexual transmission. PEPFAR Ethiopia also requests a waiver to program a total of 46.5% of funding for AB activities in order to provide an epidemiologically appropriate portfolio of prevention services. Though USG PEPFAR is taking a more focused approach to prevention, FY08 partners aim to reach 10,712,534 people with AB messages and interventions.

PEPFAR/Ethiopia will directly support AB prevention through 21 continuing partners, one newly identified partner, and five TBD activities in FY08. USG PEPFAR will continue to coordinate and monitor prevention activities through quarterly partner meetings and biweekly USG PEPFAR Prevention Technical Working Group meetings. USG PEPFAR sits on the Federal HIV/AIDS Prevention and Control Office's (HAPCO) newly formed Prevention Task Force, which aims to harmonize all prevention efforts across Ethiopia. In 2008, PEPFAR will support the secondment of a Prevention Advisor to Federal HAPCO to improve that agency's ability to coordinate HIV-prevention programs among multiple donors. USG-funded AB programs support the national prevention priorities laid out in the Road Map.

Several current partners are shifting focus in order to better respond to the epidemiological data. John Hopkins University and Health Communications Partnership (JHU/HCP) and Population Council will ensure that messages about monogamy and partner reduction are benefiting adult populations not previously targeted in their programs. Population Council will develop Mens' Clubs to complement their work with young girls and better address male norms that lead to the increased vulnerability of young girls in Amhara. JHU/HCP will continue to support their Beacon Schools, Sports for Life, and Youth Action Kit curriculum-based programs to reach over 1,000,000 young people with AB prevention programs, but they will prioritize seven urban areas for expansion where the epidemic is more generalized. JHU/HCP will also widen their scope of work to reach adults with an interactive, module-based, HIV-prevention curriculum that will include messages about abstinence, fidelity, and partner reduction. HCP's Reaching Youth and Women program will specifically target women in university and workplace settings to complement and strengthen the efforts of the MARCH University program, Private Sector Partnership activities, and Fintrac's new workplace program.

A number of partners will maintain their main focus on youth. Pact, Samaritan's Purse, Food for the Hungry, YMCA, and CRS will continue youth-focused prevention programs which engage teachers, parents and other influential adults in supporting youth to adopt safe prevention behaviors. Partnering with faith-based initiatives will also remain an important strategy for reaching youth and the general population with HIV-prevention messages and referrals to CT services. In FY08, partners, including IOCC, Nazarene Compassionate Ministries, CRS, Population Council, and Pact will work with Muslim, Ethiopian Orthodox, Catholic and other Christian religious leaders and communities to expand efforts to discourage stigma, cross-generational sex, and multiple sexual partners. These partners will increase their efforts to engage men and proactively change negative male norms that support multiple partnerships, paying for sex, alcohol use, and other risky behaviors. EngenderHealth will provide technical assistance on gender issues to help prevention partners better address male behaviors.

FY08 will expand workplace interventions through existing and new partners. Addis Ababa University and the new EVOLVE project working in 23 Teachers' Colleges will begin providing workplace HIV-prevention education for faculty and staff in addition to the students. PEPFAR Ethiopia will support the inclusion of an HIV-prevention component in two new USAID-funded programs under the Business, Environment, Agriculture and Trade (BEAT) office – the Agribusiness and Trade Expansion Program and a new Eco-Tourism program.

Several mass media, community outreach, and OVC activities include an AB component as part of their program, including the PLWH radio diaries. There will also be an increased effort for PEPFAR clinical partners to provide prevention counseling and disseminate new information, education, and communication (IEC) materials to raise the risk perception of individuals testing negative, especially those involved in high risk behaviors. For individuals testing positive, health providers will be trained by clinical PEPFAR partners to provide comprehensive positive prevention education, including information on disclosure, discordance, condom use, and referral to family planning services. JHU/CCP will develop new IEC materials under FY07 to address gaps in current materials, such as gender-based violence materials, and will continue to attempt to fill gaps in needed materials, with a primary strategy of adapting previously developed materials from other countries or programs. The AIDS Resource Centers will continue to disseminate critical prevention materials and information, and will begin using the space for drop-in risk reduction counseling, as well as providing community space for other prevention providers to use. The Wegen hotline will continue to provide HIV-prevention information and risk-reduction counseling.

**Program Area Downstream Targets:**

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	9761114
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	281383
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	185645

**Custom Targets:****Table 3.3.02: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 8269.08	<b>Mechanism:</b> CDC-CSCS
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Abstinence and Be Faithful Programs
<b>Budget Code:</b> HVAB	<b>Program Area Code:</b> 02
<b>Activity ID:</b> 21662.08	<b>Planned Funds:</b> \$350,000
<b>Activity System ID:</b> 21662	
<b>Activity Narrative:</b> This funding will be utilized by CDC-Ethiopia to provide technical assistance to standardize IEC/BCC activities within the CDC-Ethiopia program areas including TB/HIV, Blood Safety, STIs, ART, Palliative care, prevention with positives, VCT, etc. Local and international TA will work as a team. Part of the funding under this activity will also be used to strengthen the technical assistance to MARCH program partners in terms of reproducing the Print Serial Drams, strengthening reinforcement activities by producing new and using existing IEC/BCC materials and resources to support the MARCH program.	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	
<b>Related Activity:</b>	

**Table 3.3.02: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 8181.08	<b>Mechanism:</b> CDC-M&S
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Abstinence and Be Faithful Programs
<b>Budget Code:</b> HVAB	<b>Program Area Code:</b> 02
<b>Activity ID:</b> 18717.08	<b>Planned Funds:</b> \$53,200
<b>Activity System ID:</b> 18717	
<b>Activity Narrative:</b> This activity represents the direct technical assistance which is provided to partners by CDC staff. The amount represents the salary and benefit costs for CDC Ethiopia local technical staff. Detailed narrative of CDC-Ethiopia Management and Staffing is included in Program Area 15 – Management and Staffing HVMS.	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	
<b>Related Activity:</b>	

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 6125.08

**Prime Partner:** Engender Health

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 12232.08

**Activity System ID:** 16726

**Mechanism:** ACQUIRE

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$280,000

**Activity Narrative: Men as Partners (MAP)**

This is a continuing activity began in FY07 under the Male Norms Initiative

As the lead partner for the PEPFAR-supported Male Norms Initiative, EngenderHealth began providing technical assistance and resources to local NGO and PEPFAR partners to address the issues of male engagement, gender-based violence, and the other social norms that exacerbate gender inequalities and negative health behaviors. With FY07 Plus-Up funding, EngenderHealth will be able to expand the reach of their Men As Partners (MAP) Program in Ethiopia. The program, established in 1996, works with men to promote gender equity and health in their families and communities. The MAP curriculum will be adapted from two MAP manuals that were developed in Kenya and South Africa – both of which were PEPFAR funded and have a heavy emphasis on HIV prevention. The four workshop modules are 1) gender, 2) HIV and AIDS, 3) relationships, and 4) gender-based violence. Each module constantly examines issues related to HIV prevention, which will encompass an ABC approach. The MAP workshop reaches participants with 15 hours of interaction on these topics. The objectives of this activity is to provide tools and technical assistance related to MAP to local partners and to reach communities, especially men and young boys, with messages about the links between HIV/AIDS, STI, alcohol and 'khat' chewing, and gender-based violence. The intervention will primarily target unmarried, out-of-school young men with multiple partners. This high-risk population is particularly vulnerable to HIV infection/transmission. The MAP intervention will also target other key beneficiaries, including older men, community leaders, parents, and out-of-school young women. EngenderHealth began working with two local nongovernmental organizations (NGO) - 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 are seven wards in Addis Ababa around the Mercato and Kazanechis neighborhoods. EngenderHealth began the project by conducting a rapid assessment. Next the program will train eight trainers and 80 peer educators on how to facilitate MAP three-day workshops with community leaders, NGO, and youth. The training sessions will include topics on how to create men's discussion groups and establish "buddy" support networks. Under FY07, the peer educators expect to reach 2,880 men (ages 25 and over), 3,000 street youth (ages 14-24), and 200 community leaders for a total of 6,080 individuals reached with the MAP curriculum. These individuals will make action plans for community outreach activities to raise awareness of gender and HIV issues as well as plans for how they will make personal changes in their own lives. 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 growth 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 ward buildings or compounds. The peer educators will facilitate the discussions and document progress within the groups.

In addition to working with Hiwot and IFSO, EngenderHealth will also provide technical assistance and support to a number of PEPFAR-supported programs to improve the integration of gender into HIV-prevention programs. After the initial Male Norms Initiative launch in May 2007, EngenderHealth developed a technical assistance plan that includes supporting the work of Population Council, JHU/HCP, Federal Police, and the AIDS Resource Centers. In FY08, EngenderHealth plans to assist JHU/HCP in developing a module on male norms and HIV prevention for their new Adult Prevention curriculum. Working with the Population Council, the MAP program will conduct a series of three-hour educational dialogues in which young men and women come together to share their perspectives on gender issues. The dialogues will provide an opportunity for young women enrolled in the Population Council's Brighter Futures project to share their experiences and articulate how they would like young men to serve as allies in their quest for gender equality. These conversations will be used to develop plays, street drama, and enhance community mobilization efforts. In FY08, EngenderHealth will also support the Men's Clubs that Population Council will create to better address the male norms that encourage early marriage and often lead to the social marginalization and vulnerability of young girls in Amhara region.

As a part of the MAP program, EngenderHealth will adapt communication materials and IEC tools for HIV-prevention partners to use when working with men and young boys. There are several local NGO already working to support victims of domestic violence and rape and to prosecute the perpetrators, but 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. The MAP program will produce IEC materials, including posters, a documentary film, audio tapes, story boards, card games, stickers, T-shirts, and caps. Other community outreach activities will include a live dialogue on radio with a MAP expert that allows for phone-in questions and discussion and feature articles on the MAP project in local newspapers. MAP plans to train 30 journalists and media professional under FY07.

The program will also support a number of community awareness raising events to reinforce the peer educator activities. During the 16 Days of Activism Against Gender-Based Violence, EngenderHealth will recruit 1000 men to march and wear a white ribbon as a personal pledge never to commit, condone nor remain silent about violence against women. Key community leaders and politicians will be asked to speak and share their support for the march. The event will occur November 25 – December 10, 2007 and will be coordinated with UN agencies and local organizations.

In FY08, EngenderHealth will continue these activities and expand to work with two new local partners. EngenderHealth will maintain support to a number of local and international NGO to increase their capacity to address gender issues in an HIV program context. In FY08, EngenderHealth would receive \$280,000 in AB and \$420,000 under HVOP for a total funding of \$700,000 for MAP activities. This partner will train 1,000 adolescents and men (ages 15 and up) using the MAP curriculum and reach an estimated 30,000 individuals with HIV-prevention education.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12232

**Related Activity:** 16725, 16565, 16579, 16580,  
16591, 16680, 16715, 16861,  
17830, 16566, 16581, 16582,  
16716, 16727, 18711

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12232	12232.07	U.S. Agency for International Development	Engender Health	6125	6125.07	ACQUIRE/EngenderHealth	\$350,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16725	12238.08	7526	6125.08	ACQUIRE	Engender Health	\$0
16861	10573.08	7582	1210.08	HCP	Johns Hopkins University Center for Communication Programs	\$950,000
16715	5633.08	7519	2249.08	Strengthening HIV/AIDS, TB & STI Prevention, Control & Treatment Activities	Federal Police	\$42,000
16680	5726.08	7502	3789.08		Population Council	\$900,000
16579	10386.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$975,000
16580	10592.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$1,300,000
16565	5605.08	7471	645.08	Private Sector Program	Abt Associates	\$370,000
17830	17830.08	7605	7605.08		Young Mens Christian Association	\$0
16566	5603.08	7471	645.08	Private Sector Program	Abt Associates	\$180,000
16581	5777.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$828,750
16582	5793.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$950,000
16716	5632.08	7519	2249.08	Strengthening HIV/AIDS, TB & STI Prevention, Control & Treatment Activities	Federal Police	\$168,000
16727	12235.08	7526	6125.08	ACQUIRE	Engender Health	\$350,000

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources
- \* Reducing violence and coercion

### Human Capacity Development

- \* Training
- \*\*\* Pre-Service Training

### Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

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

## Target Populations

### General population

#### Ages 10-14

Boys

#### Ages 15-24

Men

#### Adults (25 and over)

Men

### Special populations

#### Most at risk populations

Street youth

## Coverage Areas

Adis Abeba (Addis Ababa)

**Table 3.3.02: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7615.08	<b>Mechanism:</b> Grant Solicitation and Management
<b>Prime Partner:</b> World Learning	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Abstinence and Be Faithful Programs
<b>Budget Code:</b> HVAB	<b>Program Area Code:</b> 02
<b>Activity ID:</b> 17756.08	<b>Planned Funds:</b> \$240,000
<b>Activity System ID:</b> 17756	
<b>Activity Narrative:</b> This is a continuing activity.	

The Grants, Solicitation, and Management (GSM) project run by World Learning (WL) will assist PEPFAR Ethiopia in the solicitation, review, award, and management of grants to local Ethiopian partners. The GSM recipients will conduct a wide range of technical and administrative tasks to support the involvement of local NGO in HIV/AIDS prevention and care activities. The program began in August 2007 with a total FY06 and FY07 funding level of \$2,100,000 (\$600,000 for OVC, \$200,000 for AB, and \$1,300,000 in Other Prevention). Applicants were required to meet a 15% cost-share, either in monetary contributions or through services, volunteers, property, equipment, and supplies. With FY08 funding, GSM will maintain support to partners selected in 2007 and add new partners with a total budget of \$2,060,000 in funding (\$720,000 for OVC, \$240,000 in AB Prevention, \$900,000 in Other Prevention, and \$200,000 for HBHC).

In August 2007, World Learning released a solicitation for concept papers to support HIV prevention and care activities in urban areas of Amhara, Oromiya, and SNNPR. The solicitation emphasized reaching the following target populations: formal sex workers, their clients, and women and men engaged in informal transactional sex, with a special emphasis on vulnerable girls and women ages 15-35. GSM received over 50 concept papers of which six to eight will be funded in 2007. There are a number of different types of activities that will be supported under the GSM mechanism and most projects will include both prevention and care activities for a more integrated family-centered approach. Prevention programs supported under GSM will be addressing higher risk, older adolescents and adults and thus will provide ABC comprehensive HIV education. This will include messages about abstinence, monogamy, and partner reduction. OVC supported under GSM will receive life skills and HIV-prevention information that addresses coercive sex, violence, rape, transactional and cross generational sex.

New partners selected under the GSM program will receive technical assistance from WL and other PEPFAR partners to ensure quality program design, implementation and monitoring. Recipients will have access to the existing curriculum-based tools and forms developed by Johns Hopkins University/ Health Communications Partnership (JHU/HCP) for providing structured behavior-change communication (BCC) interventions. Recipients under GSM will be educated on the Youth Action Kit curriculum, as well as the Adult Prevention modules developed by HCP in order for them to adopt these materials into their existing prevention programs. New partners will also have access to technical assistance through EngenderHealth to incorporate gender issues into prevention programming. PEPFAR-supported programs should address how gender-based violence (GBV), sexual abuse, cross generational sex, and alcohol use impact HIV transmission and recommend strategies to address these issues. GSM recipients will partner with PEPFAR-supported clinical partners to ensure linkages to counselling and testing services, as well as other health and HIV services.

GSM will continue to support the activities funded in 2007 and will release a new solicitation with FY08 funding to select additional local partners, for an estimated total of 12 local partners. Prevention activities under the GSM program will reach an estimated 100,000 individuals with HIV-prevention programming and will train 400 individuals to provide HIV-prevention education. The targets for this activity are found under the HVOP section. New partners will be required to develop sustainable community-based programs with exit strategies in place. Recipients will also be monitored to ensure that prevention and care activities are well-integrated and focused on serving high-risk vulnerable populations.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16726, 16861, 16593, 16596, 18263

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16726	12232.08	7526	6125.08	ACQUIRE	Engender Health	\$280,000
16861	10573.08	7582	1210.08	HCP	Johns Hopkins University Center for Communication Programs	\$950,000
16593	5791.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$240,000
16596	10647.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$1,690,411
18263	18263.08	7615	7615.08	Grant Solicitation and Management	World Learning	\$720,000

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

### Human Capacity Development

- \* Training
- \*\*\* Pre-Service Training

### Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Target Populations

### Special populations

#### Most at risk populations

Persons in Prostitution

#### Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Orphans and vulnerable children

## Coverage Areas

Amhara

Oromiya

Southern Nations, Nationalities and Peoples



**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 1210.08

**Prime Partner:** Johns Hopkins University  
Center for Communication  
Programs

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 10573.08

**Activity System ID:** 16861

**Mechanism:** HCP

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Abstinence and Be Faithful  
Programs

**Program Area Code:** 02

**Planned Funds:** \$950,000

**Activity Narrative: Reaching Youth and Women**

This is a continuing and expanding activity from FY07 with new activities.

Johns Hopkins University/Health Communications Partnership (JHU/HCP) will continue their existing youth activities under the Youth Action Kit, Beacon Schools, and Sports for Life, while developing new prevention interventions to reach adults, especially women in university and workplace settings. These activities are linked to JHU/HCP's activity under HVOP.

The Beacon Schools program seeks to provide basic life skills and knowledge about HIV prevention through an interactive curriculum for young adolescents aged 10-12. The program was launched in January 2006 in 158 primary schools in the Oromiya Region and ten administrative regions of Addis Ababa. Currently, the number of Beacon Schools has increased to 546, reaching nearly half a million youth. The program has been actively embraced by the Ministry of Education and since it is run through the primary school system, it has proved to be a highly cost-effective and sustainable program focused on abstinence and fidelity.

The overall objectives in 2008 will be to reach 60% of all schools in seven urban hotspots (Addis Ababa, Adama/Nazareth, Jimma, Dire Dawa, Mekele, Bahir Dar and Dessie.) with the Beacon Schools program. In addition to strengthening the Beacon Schools Program in the existing 120 schools in the Addis Ababa region with refresher trainings, HCP will introduce the Beacon Schools program into the approximately 230 Sports for Life (SFL) schools (program for 7th and 8th graders) in the above seven urban areas. This will permit students in these 230 schools to participate for four continuous years in an HIV-prevention program. HCP will also strengthen partnerships with districts, regional educational officers, World Learning, the Ethiopian Orthodox Church, and World Vision to expand the Beacon and Sports for Life programs to 455 additional schools through other PEPFAR partners. In total, HCP aims to reach 420,000 young people and train 4,500 individuals through the Beacon Schools program in 2008.

HCP and its initial partner, the Ministry of Youth and Sports, launched Sport for Life (SFL) in June 2004 and as of June 2007 the program was in over 1,660 schools throughout Ethiopia. The SFL program targets in-school youth aged 12 - 15 in grades 7 and 8. This AB program encourages youth to use their creative and athletic talents to develop life skills and reduce their HIV/AIDS risk. Because the vast majority of students who participate in SFL are not sexually active, the program promotes basic skill building, such as decision-making, communication with parents, preparing for the future, and delaying sexual debut.

In FY08, HCP will focus on strengthening its SFL program in the same seven hotspot cities identified above by working with parents, teachers, and Urban Advisory Committees to promote sustainability and ownership of the SFL activities. Following the Beacon program's successful integration into the school system, HCP and the Addis Ababa Education Office will formally integrate SFL into the 7th and 8th grade curriculum. HCP in partnership with the Ethiopia Football Federation will launch sports and HIV-prevention activities for older adolescents ages 13-17 years old (of which about 40% have already left school) in the seven target cities. In 2008, HCP aims to reach 650,000 youth and train 4,700 individuals through the SFL program. HCP's overall approach to scaling up will continue through new partners and transferring complete program ownership to them within a one year period. The International Rescue Committee, CRS and Pact, all active in the Youth Action Kit (YAK) program, have expressed interest in reinforcing their programs by introducing SFL. Geneva Global, YMCA, and Forum for Street Children, are also interested in integrating SFL into their activities.

To increase parental involvement and raise awareness of HIV risk among the general population, HCP will introduce the Parents' Passport to catalyze greater parental support and involvement in their children's adolescent development. Building on the success of the Youth Passport, a vital SFL component, HCP and its partners will develop a Parents' Passport to encourage parents to learn the hard facts about AIDS in Ethiopia, including the frequency of transactional and cross generational sex, the emotional and physical cost of FGM, alcohol and chat use and other high risk behaviors. To complement the face-to-face information sharing, SFL in partnership with the Addis Ababa Educational Mass-Media agency will include a second 30-minute weekly radio program aimed at capturing and broadcasting the voice of youth engaged in SFL. The program will focus attention on the "tough" transitional issues many youth face once they leave school after eighth grade.

In addition to these two youth-focused activities, HCP will continue to expand the Youth Action Kit (YAK) program. YAK is a participatory prevention program for young people between the ages of 15-22 years that builds life skills, encourages emotional development and the use of creative talents to fight AIDS. It promotes HIV-preventive behaviors such as abstinence, mutual fidelity, negotiation, emotional control, and personal reflection around values and goals. The targets for this comprehensive ABC activity can be found under JHU/HCP in the HVOP section. HCP launched YAK in September 2004 through the Ethiopian Youth Network and is currently implemented by the Ethiopian Orthodox Church, Save the Children, CRS and Pact. HCP's approach is to train partner staff, who in turn, implements programs through youth groups and schools. After 6-10 months of effort, when a youth club has met its goals, it is certified as a "Champion." To date YAK has been implemented in 75 schools and 1,324 out-of-school clubs and Sunday schools. A total of 155 of these clubs are in the seven hotspot areas.

A March 2007 YAK evaluation documented major changes in attitudes and behavior among program participants. The percentage of youth who discussed HIV/AIDS with their parents increased by 19.2%. Attitudes towards abstinence improved with the percentage of youth who believed that secondary abstinence is possible increasing by 6.7%. The proportion of participants who reported testing for HIV increased by 27%. In 2008, HCP will launch the YAK Level II "Tsehay" ("Sun") Program in the same seven urban hot spots areas to advance youth clubs that have already achieved champion status. The YAK evaluation showed that these clubs are eager to become more engaged in community outreach and possess the human resources to do so. The goal of the Level II program is to further assist the transformation of youth groups into frontline community leaders.

HCP completed a field test of the "Tsehay" program in 15 clubs in Bahir Dar, Jimma and Mekele in the first half of 2007. The results to date have been promising and HCP will build upon the successes to reach the most vulnerable youth. In response to the 2005 EDHS findings, the program will refocus efforts on bringing group activities and peer counselling to hard-to-reach neighbourhoods and out-of-school youth. During the

**Activity Narrative:** initial design of the YAK program, HCP used the Media and Materials Clearinghouse (MMC) at JHU, to review and capture the best prevention activities from 20 programs across Africa. HCP will return to the MMC and other resources to review prevention work carried out with high risk populations to compile an activity core for the Level II “Tsehay” program. HCP plans to encourage clubs to conduct more CT campaigns, especially with outreach efforts to reach sex workers and at-risk youth. The YAK program will introduce a “Let’s Talk” component which will use short dramatic stories and skits during club meetings and street festivals to capture the interest of participants. Trained facilitators would initiate discussions designed to “break the silence” around themes such as transactional sex.

HCP anticipates that there will be several overlapping areas between the Level II “Tsehay” program and the new “Adult Prevention Kit”. HCP will include information about partner reduction, fidelity, GBV and condom use in the new module-based curriculum for adults. Based on the success of the YAK materials, HCP will use their MMC at JHU to adapt, create, and test a collection of modules which can be used to target a number of different at-risk populations – adults in the workplace, women attending universities, and women and men engaged in transactional sex and/or maintaining multiple sexual partners.

The Adult Prevention Kit will consist of two basic components: “core activities” which will respond to the common or universal needs of vulnerable, at-risk groups and “electives” – activities designed to respond appropriately to the concerns and/or risk perceptions of specific target groups. In order to insure rapid adaptation and deployment of the curriculum, HCP will initially field test a common version of the kit with women in university and workplace settings. The program will focus on populations reporting higher-risk sex in urban areas, including never-married women and women with a secondary or higher education. HCP anticipates that this kit will be considerably shorter than either YAK or SFL – perhaps taking six to eight sessions to complete. HCP will field test the new adult curriculum at 25 factories and seven universities in Addis Ababa, Adama/Nazareth, Jimma, Dire Dawa, Mekele, Bahir Dar and Dessie. JHU/HCP will collaborate closely with Abt Associates, and Addis Ababa University to ensure that interventions are not duplicative in nature. For more information about the adult curriculum and activities, please see the JHU/HCP activities under the HVOP section. Targets for the adult-focused activities can be found in the HVOP narrative.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10573

**Related Activity:** 16553, 16557, 16707, 17830, 17833, 16589

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10573		U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	5470	1210.07	HCP	\$1,300,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16553	5596.08	7462	609.08	Track 1	Catholic Relief Services	\$715,000
16707	10600.08	7516	649.08		International Rescue Committee	\$92,460
16557	5597.08	7466	610.08	Track 1	Pact, Inc.	\$2,670,364
17833	17833.08	7593	7593.08	New Partner Initiative	Geneva Global	\$0
17830	17830.08	7605	7605.08		Young Mens Christian Association	\$0
16589	5578.08	7477	298.08	*Positive Change: Communities and Care (PC3)	Save the Children US	\$4,500,000

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

### Human Capacity Development

- \* Training
- \*\*\* In-Service Training

### Local Organization Capacity Building

### Workplace Programs

### Wraparound Programs (Other)

- \* Education

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,070,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	9,200	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	9,200	False

## Target Populations

### General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Women

### Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Business Community

## Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Dire Dawa

Oromiya

Tigray

**Table 3.3.02: Activities by Funding Mechansim**

**Mechanism ID:** 7609.08

**Prime Partner:** Management Sciences for Health

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 17755.08

**Activity System ID:** 17755

**Mechanism:** Care and Support Project

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$840,000

**Activity Narrative:** This is a continuing FY07 activity that is linked to other Care and Support Program activities under HTXS (10604), HVCT (10399), HVTB (10400), HBHC (10647), and HVOP (10403). These activities will complement other community outreach efforts involving Health Extension Workers and Community-Based Reproductive Health Agents, such as those used in the PMTCT programs of IntraHealth and the new FP/MNCH program.

The Care and Support Program (CSP) is a three-year effort to focus on HIV/AIDS at health centers and communities, in partnership with PEPFAR Ethiopia partners and the Government of Ethiopia (GOE). CSP is PEPFAR's lead health network care and support activity in Ethiopia at Primary Healthcare Units, health centers and satellite health stations, and provides coverage in . This project will support the GOE to provide HIV/AIDS prevention, care, and treatment services at health centers and at the community and household levels through provision of technical assistance, training in strengthening of systems and services, and expansion of best-practice HIV-prevention interventions.

Given the low urbanization rates, a significant proportion of HIV/AIDS cases remain in rural areas. Antenatal care (ANC) surveillance in many peri-urban health centers indicates a high HIV/AIDS case burden where limited services are available. Furthermore, Demographic and Health Survey (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 GOE efforts to deploy health extension workers (HEW) to these areas. The activity has several components.

The first component uses non-medical case managers in health centers to support consistent HIV prevention, abstinence, be faithful, and consistent and correct condom use (ABC) communications for people living with HIV and most-at-risk groups. 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 integrated management of adult illness (IMAI) 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 HEW. Technical assistance will encompass engagement by Management Sciences for Health (MSH) and its partners to ensure adequate in-service training, referrals for 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 in peri-urban fringe and rural areas. In total, 30,000 HEW will be deployed by 2010. The HEW is the first point of contact at the community level for the formal healthcare 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 move vulnerable and underserved populations into the formal health system through community counseling and mobilization. HEW 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 the HEW. Through this activity, outreach volunteers will provide technical support to the Regional HIV/AIDS Prevention and Control (HAPCO) activities 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, stigma 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 HIV Care and Support Project's coverage is anchored in predominantly peri-urban settings reaching out from health centers to health posts through outreach volunteers in coordination with HEW and other community agents for social mobilization activities. Case managers will refer HIV-positive clients to lay counselors for prevention for positive counseling. Outreach volunteers, in coordination with HEW, 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 (funded under HVOP). Outreach volunteers will play an active role in broader community and family-based counseling , including the distribution of GOE and PEPFAR Ethiopia information education and communication (IEC) 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 Program will collaborate with existing prevention partners so as to complement ongoing PEPFAR Ethiopia and GOE activities. This activity will consolidate the delivery of prevention messages to clients of ANC, voluntary counseling and testing (VCT), family planning (FP), TB and sexually transmitted infections (STI) services, and PLWH and ART clients to capture programming synergies and cost efficiencies. Case managers and outreach volunteers will use 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.

This activity will reinforce the HIV-prevention community efforts of such as partners as the Ethiopian Orthodox Church (10512), PACT's Muslim Faith-based HIV-prevention program (10520), FHI's work in Amhara with MARPS (10594), and the new transport corridor program (10593). This activity will strongly support regional government prevention efforts through social mobilization. The Care and Support Program's coverage is anchored in predominantly peri-urban settings reaching out from health centers to health posts through outreach volunteers in coordination with HEW, Peace Corps, and other community agents for social mobilization activities. Community members will be reached through these volunteers, who are already members of and accepted within the community, as well as through HEW. The use of HEW and outreach volunteers also helps to ensure that relevant messages appropriate for the audience are disseminated. Training and building of local capacity will be achieved through the collaboration with regional and district health bureaus and the participation of HEW and outreach volunteers in this activity.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16593, 16596, 16598, 16602,  
18703

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16593	5791.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$240,000
16596	10647.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$1,690,411
16598	5749.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$1,534,500
16602	5654.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$2,340,000
18703	18703.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$9,500,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	400,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	4,000	False

## Target Populations

### General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 7605.08

**Prime Partner:** Young Mens Christian Association

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 17830.08

**Activity System ID:** 17830

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$0



**Activity Narrative:** This is a continuing activity from FY07.

The YMCA's AIDS Volunteerism and Community Engagement (ADVANCE) Program began in late FY07 with Plus-Up funding. ADVANCE is a three-year Global Development Alliance (GDA) program that aims to improve the HIV-prevention knowledge and practices of youth and young adults. YMCA will leverage matching resources at a ratio of two to one. USAID provided \$500,000 in funding in FY07 with YMCA matching it with \$1,000,000. The YMCA of the USA will provide technical assistance and support to both the YMCA and YWCA of Ethiopia to ensure long term sustainability of the program and activities.

With FY07 funding, YMCA anticipates reaching 10,000 young people ages 10-29 with peer education and community outreach activities in five target urban communities in Addis Ababa and Adama where YMCA of Ethiopia operates. The program aims to improve youth and young adult's knowledge of HIV and increase their access to HIV testing and other health services. The program will recruit and train over 500 volunteer peer educators during the first year of the program (100 peer educators per YMCA branch). The peer educators will be segmented into two age groups 10-16 and 17-29. The younger group will be trained on delivering AB messages while the older group of volunteers will provide comprehensive ABC messages. Their primary function will be to educate other community youth and young adults on HIV transmission, risk behaviors, and how to protect themselves. The peer educators will use 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. YMCA will work with existing PEPFAR prevention partners such as JHU/HCP and MARCH to learn about and integrate existing IEC materials into the YMCA program.

The YMCA's approach to health and HIV 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 services, including HIV counseling and testing.

In FY08, YMCA USA will continue to provide technical assistance to the YMCA and YWCA of Ethiopia on HIV-prevention education for youth, their parents, and community members. YMCA aims to reach a total of 15,000 young people with AB messages and another 15,000 individuals with ABC prevention programming. The program will also train 1,000 peer educators to deliver AB prevention messages about abstinence and fidelity. As the leading youth organization in the world, the YMCA believes that youth development initiatives are successful when genuine relationships with young people are nurtured. These relationships are enhanced through the involvement of young people in the entire project cycle, from the conceptualization through the implementation of the program. The YMCA and YWCA place emphasis on peer education, practical learning opportunities, gender sensitivity, respect for diversity and leadership in order to build a strong sense of ownership and empowerment amongst youth. It is also vital to involve parents and business, government, religious and NGO leaders to positively improve youth-adult dialogue and cooperation. This assets-building approach of YMCA life skills, leadership, and service learning creates the building blocks for holistic youth development.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16579, 16861, 16632, 17871, 18251

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16579	10386.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$975,000
16861	10573.08	7582	1210.08	HCP	Johns Hopkins University Center for Communication Programs	\$950,000
16632	10635.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$550,000
17871	17871.08	7605	7605.08		Young Mens Christian Association	\$0
18251	18251.08	7605	7605.08		Young Mens Christian Association	\$0

## Emphasis Areas

Gender

\* Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,000	False

## Target Populations

### General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

## Coverage Areas

Adis Abeba (Addis Ababa)

Oromiya

**Table 3.3.02: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7610.08	<b>Mechanism:</b> Agribusiness and Trade Expansion
<b>Prime Partner:</b> Fintrac Inc.	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Abstinence and Be Faithful Programs
<b>Budget Code:</b> HVAB	<b>Program Area Code:</b> 02
<b>Activity ID:</b> 17742.08	<b>Planned Funds:</b> \$125,000

**Activity System ID:** 17742

**Activity Narrative:** This is a new wrap-around activity with an existing USAID-funded economic strengthening program.

The Agribusiness and Trade Expansion Program (ATEP) is a USAID-funded initiative to improve the productivity and sales of thousands of farmers, processors and traders in Ethiopia. The project focuses on four agricultural sectors: oilseeds/pulses, horticulture/floriculture, leather/leather products, and coffee. The primary objective is to increase exports in these sectors by \$450 million in three years. ATEP is increasing production and exports in the above sectors, resulting in increased economic activity and employment in concentrated urban and rural areas, mainly in Oromiya and SNNPR with some activities in Amhara and Tigray. ATEP is a \$10,500,000 project over three years, with a possible two-year cost extension.

PEPFAR Ethiopia proposes to contribute \$250,000 in funding (\$125,000 in HVAB and \$125,000 in HVOP) to this program in order to introduce an HIV-prevention component to the existing program. The prime partner Fintrac, Inc. works with coffee cooperatives, other produce groups, exporters, and trade associations. This project is well placed to reach a large number of migrant farm workers as well as business people who own and manage these activities. For example, the sesame harvest requires thousands of seasonal employees who are housed on location. Commercial flower, vegetable and leather processing enterprises are rapidly increasing concentrations of relatively well-paid workers. Some of these enterprises employ large numbers of women. With this increased employment and migration of workers comes a higher risk of exposure to HIV. Currently the majority of these employers do not provide any workplace health or HIV education.

With PEPFAR funding, the ATEP Program will provide HIV/AIDS prevention education and awareness raising activities for employees and leverage employer contributions for these efforts. Fintrac will hire an HIV/AIDS Prevention Specialist and trainers to conduct rapid assessments of the HIV knowledge, behavior, and services at different workplace sites. Based on the assessment, the project will conduct an orientation session with senior management to reach agreement on a memorandum of understanding regarding activities and the contributions to be made by Fintrac and the participating company.

The ATEP activity will follow the Abt Associates Private Sector Partnership model of training a cadre of peer educators over a two-to-five-day period on HIV-related topics. Peer educators also learn skills to support effective counseling and communication with family and community members. Ideally the project trains one peer educator for every 20 to 30 workers. In turn, the peer educators conduct eight to 16 sessions which focus on increasing knowledge and fostering behavioral change. The sessions require 30 minutes to one hour of staff time, which the company provides during working hours. The monthly education sessions use peer interpersonal communication to teach positive behaviors, including correct, consistent, condom use, seeking treatment for sexually transmitted infections (STI), and accessing counseling and testing services. Sessions also address stigma and self-risk perception of males engaging in cross-generational, coercive or transactional sex.

The project will engage PLWH association members in the delivery of HIV-prevention messages and will also support companies to design and complete HIV/AIDS workplace policies. To the maximum extent possible, peer educators will coordinate with local public health workers and facilities to increase the awareness and access to health services, including counseling and testing for HIV. The targets for this comprehensive ABC prevention activity are under HVOP. This activity will provide HIV/AIDS education to an estimated 25,000 employees and train 1,000 peer educators in over 100 workplace sites.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16565, 16566

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16565	5605.08	7471	645.08	Private Sector Program	Abt Associates	\$370,000
16566	5603.08	7471	645.08	Private Sector Program	Abt Associates	\$180,000

## Emphasis Areas

Workplace Programs

Wraparound Programs (Other)

\* Economic Strengthening

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	25,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	False

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Business Community

## Coverage Areas

Amhara

Oromiya

Southern Nations, Nationalities and Peoples

Tigray

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 2249.08

**Prime Partner:** Federal Police

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 5633.08

**Activity System ID:** 16715

**Mechanism:** Strengthening HIV/AIDS, TB & STI Prevention, Control & Treatment Activities

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$42,000

**Activity Narrative:** Federal Police Prevention Activities

The objective of this continuing activity is to strengthen and integrate the Federal Police Commission's (FPC) HIV prevention, care, and treatment activities for police and their dependents with other prevention activities employing the MARCH model (Modeling and Reinforcement to Combat HIV/AIDS).

In 2005, the HIV seroprevalence among antenatal care (ANC) attendees of the Federal Police Referral Hospital was 24.8%, suggesting that HIV prevalence among police members and their families is significant. Moreover, the formative assessment carried out among the Federal Police and Addis Ababa police identified HIV risk factors related with behavior, socio-demographic characteristics, police duties, and relationships in their personal life, including young age, substance/alcohol abuse, willingness to experiment, frequent movement, sexual dissatisfaction with condoms, and lack of faith in condoms.

MARCH is a behavior-change communications (BCC) strategy that promotes behavioral changes that reduce the risk of HIV infection and transmission, and encourages communities to use services to care for people living with HIV (PLWH) and children orphaned by the epidemic. This Other Prevention intervention: promotes consistent, correct, condom use; promotes early treatment of sexually transmitted infections (STI); addresses problems related to stigma and discrimination towards PLWH; and promotes uptake of services (e.g., voluntary counseling and testing (VCT) and ART). MARCH also addresses related attitudes to gender, gender-based violence, stigma, and risk perception. Technical assistance from Johns Hopkins University/Center for Communications Programs (JHU/CCP) and CDC helped the project to accelerate implementation of activities and achieve results.

There are two main components to the MARCH program: education through entertainment, and interpersonal reinforcement. The entertainment component uses a printed serial drama (PSD) format to introduce role models in a storyline to provide information about behavior change, to motivate the audience, and to enhance a sense of self-efficacy. Reinforcement activities use interpersonal strategies like peer-group discussions to achieve the objective of having group members apply messages from the drama to their own lives. The group discussions also provide accurate information about HIV/AIDS and behavior change, provide opportunities to practice new skills that may be required to avoid infection, and provide support to those who have been infected.

In FY05, structural adjustments were made to the MARCH Office, allowing it to function under the Director General's Office, with project advisory boards consisting of higher officials from all departments. Project staff were employed and trained on MARCH principles and PSD design. In FY06, a total of 5,263 police members were reached with a variety of MARCH activities, including PSD and reinforcement activities such as live drama presentations, panel discussions, police radio and TV ads, fliers, posters, and banners. An additional 715 police members were trained with the MARCH handbook to promote correct and consistent condom use, early treatment of STI, and risk reduction, and 1,400 peer-discussion groups were convened.

In FY07, an additional 875 police members were trained to promote correct and consistent condom use and early treatment of STI. The PSD was produced and distributed to more than 1,400 peer groups, and various interactive reinforcement activities were held, reaching 5,000 police members. Various information-education-communication (IEC) materials, including fliers, posters and banners were produced and distributed. The project used police radio and TV programs to promote MARCH and link prevention with HIV services. The project also created a working relationship with the University of California, San Diego (UCSD) program at the Federal Police Referral hospital.

In FY08, the project will keep the momentum and build on FY07 accomplishments, focusing on existing major activities including:

- 1) Continuing to build organizational capacity of the Federal Police Commission and Addis Ababa Police Commission by working closely with the advisory board to improve financial and procurement systems to better implement MARCH
- 2) Strengthening the technical capacity of project staff to :develop PSD and IEC materials; conduct peer discussions, training, and mentoring; and monitor the progress of MARCH implementation
- 3) Continuing to produce and disseminate PSD with comprehensive HIV/AIDS prevention messages to police members. This effort will be supported by biweekly interactive peer-group discussions.
- 4) Recruiting and training police members as peer leaders, as well as offering refresher training for existing peer leaders
- 5) Continuing to incorporate male-norms issues into all materials and activities begun in FY07
- 6) Producing IEC materials needed to augment PSD and addressing gaps identified during peer discussions. IEC materials will be created and will focus on various issues related to HIV/AIDS, such as gender-based violence, alcohol us, risk reduction, etc.
- 7) Conducting regular peer-group discussions and other reinforcement activities (e.g., using police media including radio, TV, and newspaper)
- 8) Strengthening project monitoring, evaluation, reporting, and documentation systems and conducting process evaluation
- 9) Strengthening linkages with other services (e.g., VCT, ART, and PMTCT) in the police hospital and with other service providers

Since the PSD and reinforcement activities encompassed in MARCH are designed to reach the police with a comprehensive ABC message, all targets will be counted under Other Prevention, though AB is a significant part of the overall prevention intervention.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10576

**Related Activity:**

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28039	5633.28039.09	HHS/Centers for Disease Control & Prevention	Federal Police	11488	2249.09	Strengthening HIV/AIDS, TB & STI Prevention, Control & Treatment Activities	\$42,000
10576	5633.07	HHS/Centers for Disease Control & Prevention	Federal Police	5543	2249.07		\$35,000
5633	5633.06	HHS/Centers for Disease Control & Prevention	Federal Police	3781	2249.06		\$75,000

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Reducing violence and coercion

### Human Capacity Development

- \* Training
- \*\*\* In-Service Training

### Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

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

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

## Coverage Areas

Adis Abeba (Addis Ababa)

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 2250.08

**Prime Partner:** Ministry of National Defense,  
Ethiopia

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 5634.08

**Activity System ID:** 16717

**Mechanism:** Improving HIV/AIDS/STI/TB  
Prevention and Care Activities

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Abstinence and Be Faithful  
Programs

**Program Area Code:** 02

**Planned Funds:** \$500,000



**Activity Narrative:** AB-focused Prevention Intervention in the Military

The objective of this intervention is to strengthen and integrate the National Defense Forces of Ethiopia's (NDFE) HIV/AIDS prevention, care, and treatment programs for soldiers and their dependents through abstinence and be faithful (AB) activities using the MARCH (Modeling and Reinforcement to Combat HIV/AIDS) model of behavior change. Research conducted in 2004 among 72,000 urban and rural male army recruits indicated high HIV prevalence among the armed forces: an overall 7.2% among urban and 3.8% among rural recruits. Higher education levels in rural recruits were associated with higher HIV infection. Members of the armed forces come from all parts of Ethiopia. They live a camp lifestyle, away from family and friends, and are often exposed to rural and urban hotspots. In short, they represent a most-at-risk population (MARPs) requiring strong prevention intervention.

MARCH is a behavior-change communications (BCC) strategy promoting HIV prevention behaviors and community care for people living with HIV (PLWH) and children orphaned by AIDS. The MARCH program works with the NDFE to develop print-based serial dramas (PSD) in the form of comic books for use in peer-led discussion groups. PSD attempt to reduce risky behaviors by addressing issues of: stigma and discrimination; gender inequality; community support for those infected or affected by the virus; and most specifically, correct and consistent condom use and early treatment of sexually transmitted infections (STI) among the armed forces. The comic books employ role models who gradually evolve towards better behaviors; the audience is encouraged to internalize the messages presented through peer discussion groups. In these comic books, entertainment is incorporated to evoke emotion, empathy, and character identification from the audience, while imparting a health message.

In FY06, the project trained 6,392 peer leaders, produced and distributed the first six editions of the comic books, conducted peer-group discussions in the five divisions of the North and West commands, and assigned project staff (creative team and project management) both at the headquarters and command levels.

In FY07, 4,450 additional peer leaders were trained, and 6,674 peer groups were organized to hold discussions every two weeks. Currently, peer leaders use the MARCH handbook as a guide for group discussions and information sharing; they guide soldiers to reduce their risk of infection through modifying their risky behaviors, adopting safe sexual behaviors, delaying sex, reducing sexual partners, encourage positive living, and reducing stigma. A year's storyline of 26 episodes has been developed and more than one million copies of the comic books have been printed and distributed for peer groups. In FY07, the scope and depth of this program was strengthened through collaboration with Johns Hopkins University Centers for Communication Programs (CCP). The capacity of NDFE has strengthened at different levels to enable NDFE to implement MARCH effectively and efficiently.

In 2007 MARCH was implemented in two commands. Based on the lessons learned from the two commands, feedback collected from sites, and high demand created among the other commands, NDFE plans to scale up MARCH in the remaining three commands of NDFE. This will achieve national coverage and reach all members of the military. Also in FY07, MARCH activities and budgets were decentralized to the command level, which has helped in tailoring MARCH implementation to individual soldiers' needs.

Since comic-book-format PSD have already been produced, the time required to implement in other commands is minimal. However, due to the expansion to an additional three commands, the individual reach and training targets significantly increase: 133,470 individuals will be reached through community outreach and 8,900 individuals will be trained to promote prevention. In addition, the NDFE are distributed to all parts of the country, giving the project national coverage. This significant increase in targets and coverage area requires a 50% budget increase. The additional budget will be used for printing more copies of PSD, additional staff, logistics and transportation, documentation, the production of additional IEC materials, capacity building for staff, linkages with other services, and strengthening the monitoring and evaluation system.

Due to high turnover and mobility in the military workplace, additional prevention activities besides MARCH are also necessary. A number of existing opportunities and structures exist which can be used to build on MARCH's messaging. Music and sports clubs, outreach development activities, national defense radio programs, and the biweekly newsletter are all opportunities to help reach more target populations with alternative approaches within the NDFE context.

NDFE will develop or adapt a curriculum to train individuals involved in implementing the above activities to initiate discussion and distribute communication materials. CCP will also develop a branded communication campaign of print and electronic materials. Defense Ministry radio will support the program through interactive talk shows and radio spots. At the grassroots level, peer leaders trained by CCP will implement the campaign and facilitate discussions.

This activity will leverage the structure and system designed for MARCH and resources of the NDFE logistics department, as well as support from the Global Fund for AIDS, Malaria, and Tuberculosis. This is advantageous in that adding an alternative approach (in addition to MARCH) does not require much additional technical assistance.

This activity will also implement specific campaigns to increase service uptake of voluntary counseling and testing (VCT), PMTCT, and ART by linking with UCSD. HIV-positive soldiers will share experiences and become role models, promoting condom use, risk reduction strategies, and prevention with positives. Soldiers' groups will also do outreach to communities surrounding military camps, as the military population is closely linked to neighboring towns and cities. Military members are MARPs, linked socially and sexually to other MARPs groups. The activity addresses issues such as male norms, comprehensive ABC prevention, gender-based violence, and concurrent partnerships.

The following activities will be implemented in FY08:

- 1) Training of peer leaders in three new commands to strengthen comprehensive HIV/AIDS prevention activities to reach army personnel in the five commands through a biweekly interactive peer group discussion using the printed serial drama.
- 2) Adopt existing training manual for work with the military, and train peer leaders for all five commands and

**Activity Narrative:** headquarters

- 3) Produce and distribute 2,077,632 copies of 26 PSD issues
- 4) Conduct various interactive education programs and discussion groups at NDFE music and sports clubs, radio programs, newsletters, and peer support structures
- 5) Produce and distribute military-specific, information, education, and communication/behavior-change communication (IEC/BCC) materials on condom use, STI and other issues for peer discussion groups. Augment the comic books and fill the gaps identified during the peer discussion groups.
- 6) Strengthen the AIDS Resource Centers (ARC) at NDFE through: procurement of audio-visual materials; collection and documentation of available IEC materials on HIV-related topics; production of military-specific IEC materials.; creation of linkages with national ARC; improvement in functionality of the ARC website; and training on production of IEC/BCC materials
- 7) Establish and furnish project offices at ten divisions in the five commands, as well as strengthen the headquarters and command offices with training and material support
- 8) Conduct sensitization and review meetings with NDFE officials at headquarters and command level
- 9) Capacity building and training for project staff and NDFE staff at different levels (headquarters, command, division, regiment, and unit).
- 10) Strengthen the link between MARCH and HIV services to increase service utilization and treatment adherence through reinforcement activities
- 11) Strengthen the established collaborations with University of California at San Diego (UCSD) and Department of Defense (DOD), and organize activities to increase service uptake of ART, VCT, STI, TB, and HIV/AIDS
- 12) Monitor and evaluate activities, including supportive supervision and outcome evaluation. The funding for the outcome evaluation will come through the CCP MARCH technical assistance budget. CCP will hire an external consultant to conduct the evaluation of NDFE MARCH.

Since these activities are designed to reach the military population with a comprehensive ABC message, all targets will be counted under other prevention, though abstinence and be faithful is a significant part of the comprehensive prevention program.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10578

**Related Activity:** 16579, 16581, 16718

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28166	5634.28166.09	HHS/Centers for Disease Control & Prevention	Ministry of National Defense, Ethiopia	11535	2250.09	Improving HIV/AIDS/STI/TB Prevention and Care Activities	\$500,000
10578	5634.07	HHS/Centers for Disease Control & Prevention	Ministry of National Defense, Ethiopia	5544	2250.07		\$260,000
5634	5634.06	HHS/Centers for Disease Control & Prevention	Ministry of National Defense, Ethiopia	3782	2250.06		\$144,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16579	10386.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$975,000
16581	5777.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$828,750
16718	5635.08	7520	2250.08	Improving HIV/AIDS/STI/TB Prevention and Care Activities	Ministry of National Defense, Ethiopia	\$600,000

## Emphasis Areas

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

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

## Target Populations

### Special populations

Most at risk populations

Military Populations

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 7592.08

**Prime Partner:** Nazarene Compassionate Ministries

**Funding Source:** Central GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 17834.08

**Activity System ID:** 17834

**Mechanism:** New Partner Initiative

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$0

**Activity Narrative:** Nazarene Compassionate Ministries Inc. (NCMI) will rapidly scale up its HIV/AIDS prevention services in Ethiopia using faith-based and community-based networks of churches, mosques and schools. The NPI abstinence, be faithful (AB) project promotes primary and secondary abstinence until marriage among youths, faithfulness among married couples and reduction of sexual coercion and abuse. The AB prevention program follows the successful peer education model developed by Food for the Hungry and successfully implemented with track one ABY PEPFAR funding with Fayyaa Integrated Development Association (FIDA) as a subpartner. The model involves youth-to-youth (Y2Y) groups of 14 leader youth (LY) per group led by trained promoters who provide ongoing training for the LY to lead their peers in additional groups of 14 through 12 months of training and discussion of Choose Life, a curriculum developed by World Relief with supplemental enhancements provided from Food for the Hungry (FHI). This program promotes a positive approach to abstinence and uses barrier analysis and behavior change communication methods to identify and overcome barriers to abstinence and faithfulness. In addition, married couples will attend small group (5-6 couples) discussions on the weekends. Trained co-promoters will moderate the discussion on a voluntary basis. This activity uses the Faithfulness manual produced by Food for the Hungry International.

The program will promote abstinence among youths, youth leaders, and leader youths primarily through church youth groups and secondary schools through participatory education and behavior change communication techniques. Using an integrated approach, a variety of creative methodologies will be used to reinforce abstinence and faithfulness messages, including videos, school events, sporting events, drama, and music. Parents/guardians will also receive prevention training and will be encouraged to support the commitment of their children in remaining abstinent and to serve as co-promoters for the Y2Y groups. The program will make significant progress in FY08 toward end of project targets by utilizing the multiplication effect of the Y2Y training model in training promoters for ongoing training of groups of leader youth, who will in turn train their peers in small groups. In FY08, the partnership will reach 68,691 individuals with direct AB promotion through AB training. Couples will be encouraged to remain faithful by attending faithfulness classes, primarily in church-based training events, and discordant couples will be encouraged to protect the uninfected spouse through correct usage of condoms. Volunteer co-promoters will receive monthly incentives to enable them reach the clients and reduce volunteer burnout.

NCMI will work through its lead agency, FIDA, operating in partnership with sub-recipients Justice for All-Prison Fellowship Ethiopia (JFA-PFE). FIDA is already working in Ethiopia under a PEPFAR AB grant through a Track 1 subgrant from Food for the Hungry International Ethiopia. This ongoing alliance under the New Partners Initiative (NPI) provides prevention programs through abstinence and be-faithful (AB) messages and training reaching 68,691 youths and adults in FY08. Individuals practicing unsafe sex will be counseled on safe sex and referred for condoms to health institutions and other service outlets. Moreover, motivational interviewing will be conducted with these beneficiaries to encourage behavior change. NCMI will also work and share experiences from project activities and exchange best practices with Samaritan's Purse and other partners working on AB.

The NPI AB project serves youths aged 10-26 and married couples. The targets will be reached through schools, churches, mosques and youth associations. In addition, youth prisoners will be accessed through prison officials, who are at the same time co-promoters for AB messages.

For ongoing quality assurance of the AB program, NCMI is placing a high priority on strengthening monitoring and evaluation systems for the AB program in FY08. Posttests will be given to the youth after every three sessions to ensure that youth are retaining the AB messages. The youth leaders are expected to score 70% in their posttests, and those who fail to score the minimum result will be advised to attend make up sessions. The tests will be prepared centrally and sent to the project sites. Quality improvement and verification checklists will be used in activities such as trainings and counseling sessions to ensure the quality of the service provision.

The project design seeks to ensure sustainability by building ownership from within at the local community level and at the local nongovernmental organization (NGO) level. All project activities are designed to encourage independence and self-governance in the planning, design, implementation of outputs, and outcomes. Communities will be empowered for decision-making on harmful practices addressing risky behaviors, male norms, to increase gender equity in AB program and reducing violence and coercion. This local ownership and involvement will begin with focus group discussions among all community stakeholders that are conducted in preparation of initiating a training cohort in each new geographic location. The role of the NGO partners is to build the capacity of communities to do their own direct service with the skills and knowledge gained during their trainings in an effective and quality manner. The faith-based organizations networks are essential to the ongoing sustainability of the program as the local faith-based organizations have a long term commitment to their local communities. The targeted training of church and mosque leaders and utilization of key youth leaders, volunteers and promoters from church youth groups and schools will enable the program to continue beyond the initial investment under NPI.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16555, 16559, 17839, 18239

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16555	5595.08	7464	608.08	Track 1	Food for the Hungry	\$529,000
16559	5631.08	7468	1531.08	Track 1	Samaritan's Purse	\$566,573
17839	17839.08	7592	7592.08	New Partner Initiative	Nazarene Compassionate Ministries	\$0
18239	18239.08	7592	7592.08	New Partner Initiative	Nazarene Compassionate Ministries	\$0

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

### Human Capacity Development

- \* Training
- \*\*\* In-Service Training
- \* Task-shifting
- \* Retention strategy

### Local Organization Capacity Building

### New Partner Initiative (NPI)

### Wraparound Programs (Health-related)

- \* TB

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	324,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	5,000	False

## Target Populations

### General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Incarcerated Populations

### Other

Discordant Couples

Religious Leaders

Teachers

## Coverage Areas

Adis Abeba (Addis Ababa)

Afar

Dire Dawa

Hareri Hizb

Oromiya

Southern Nations, Nationalities and Peoples

Sumale (Somali)

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 7593.08

**Prime Partner:** Geneva Global

**Funding Source:** Central GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 17833.08

**Activity System ID:** 17833

**Mechanism:** New Partner Initiative

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$0

**Activity Narrative:** In FY07, Geneva Global (GG) selected and trained 30 Ethiopian community-based organizations (CBO) and faith-based organizations (FBO) to deliver HIV/AIDS prevention and care services. GG defines HIV prevention through a behavioral change framework that seeks to change harmful sexual practices, thus reducing the spread of HIV/AIDS through this primary route of infection. The safest forms of behaviors are abstinence (A) the practice of fidelity (B – be faithful) and effective condom use for at risk groups (C). GG will not fund projects which simply focus on awareness and HIV/AIDS information as they have proven to be ineffective in promoting behavior change. GG will support prevention education activities that use a variety of participatory methods of education. Course content will focus on individual and community behavior and attitude development. Education will take place over a period of time and not be a “one-off” didactic education session. Involving youth in prevention efforts aimed at young people will be central to the prevention programs as it will foster a sense of personal responsibility in young people.

In order to develop behavior change, GG will select prevention materials and curricula from the existing in-country selection (HCP’s Youth Action Kit, World Relief’s Choose Life, CRS’ In Charge!, etc) that focus on life skills that empower young people. In so doing, individuals will be better equipped to make positive decisions concerning their health. The prevention education materials and methodologies selected will be culturally applicable, gender appropriate, and age sensitive. Gender equity will be maintained through training a minimum of 50% female trainers. GG will work with EngenderHealth to ensure that male norms and behaviors are addressed in the prevention education activities. GG will work with their local partners to create and strengthen referral networks to counseling and testing (CT), sexually transmitted infections (STI), and other health services as well as other sources of prevention information such as the regional AIDS Resource Centers. In addition to peer education, GG will use one-on-one counseling, mass media, community events, and films to promote abstinence among the unmarried youth and being faithful among young, married couples.

Geneva Global will work through its 30 implementing partners in 2008 to strengthen their capacity to deliver HIV/AIDS prevention services to Ethiopians in both urban and rural areas of Addis Ababa, Amhara, and Oromiya Regional States of Ethiopia. GG will identify intervention sites that are highly affected by HIV. This program hopes to reach about 116,000 people with AB-focused programming and train 1,116 individuals to provide AB messages in 2008.

The 30 partners selected by GG will implement prevention education as part of a larger HIV/AIDS care and support program. Most of the 30 partners will also be serving OVC and PLWH. In this way, these partners can ensure that HIV-affected families and communities receive a comprehensive package of prevention and care services. As an example of one of the planned projects for 2008, the local partner Integrated Service for AIDS Prevention and Support Organization (ISAPSO) will transform the behavior and attitudes of 8,000 women and 12,000 primary and secondary students in three wards in Addis Ababa City and ten wards in Amhara Region. To mobilize the communities and set up local core committees responsible for the programs, ISAPSO will conduct rapid appraisals, stakeholders meetings and leadership trainings. Simultaneously, it will establish local linkages with health facilities offering CT and HIV services, as well as schools and government units. It will then train 1,000 peer educators. Together with the core committees and peer educators, it will identify and assess the needs of 800 OVC and PLWH in order to provide access to education, healthcare, and livelihood training as needed. The program aims to establish a number of school clubs, support groups and/or self-help groups in these communities.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16726, 17863, 17838, 18192, 18465

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16726	12232.08	7526	6125.08	ACQUIRE	Engender Health	\$280,000
17863	17863.08	7593	7593.08	New Partner Initiative	Geneva Global	\$0
17838	17838.08	7593	7593.08	New Partner Initiative	Geneva Global	\$0
18192	18192.08	7593	7593.08	New Partner Initiative	Geneva Global	\$0
18465	18465.08	7593	7593.08	New Partner Initiative	Geneva Global	\$0

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources

### Human Capacity Development

- \* Training
- \*\*\* Pre-Service Training
- \*\*\* In-Service Training

### New Partner Initiative (NPI)

### Wraparound Programs (Other)

- \* Economic Strengthening
- \* Education

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	116,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,166	False



## Target Populations

### General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

## Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Oromiya

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 604.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 18009.08

**Activity System ID:** 18009

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$125,000

## **Activity Narrative:** HIV Prevention Activities in Gambella

This is a continuing activity from FY07 reprogrammed funding. In FY08, funds for this activity will be split evenly across AB (\$125,000) and OP (\$125,000).

Gambella is the westernmost region of Ethiopia, bordering Sudan. The region is sparsely populated with the Ethiopian Central Statistics Agency estimating a regional 2005 population of only 247,000, 80% of whom live in rural areas. Pastoralism and agriculture are the major economic activities for the people of Gambella. One of the major ethnic groups in Gambella is the Anuak people, who comprise about 30% of the region's population. The Anuak are considered to be ethnically, culturally, linguistically, historically and religiously different from most other Ethiopians, and there have been ethnic conflicts in recent years in the region with significant tensions persisting.

The 2005 Demographic and Health Survey (DHS) revealed a surprisingly high HIV prevalence of 6.0% in Gambella region. Gambella has the highest regional prevalence recorded by the DHS and is nearly three times higher than the national prevalence of 2.1%. Behavioral data also reveals high levels of risk behavior. Compared to other regions and the national average, men in Gambella reported high rates of multiple partners, high-risk sex, life-time sex partners, and having paid for sex. Women in Gambella reported higher than average risky sexual behavior. The draft Epidemiological Synthesis of HIV/AIDS in Ethiopia, commissioned by HIV/AIDS Prevention and Control Office (HAPCO) and the World Bank, identifies Gambella as a "hotspot." Gambella's circumcision rate is the lowest in the country, with only 47% of men circumcised, compared to a national rate of 93% for circumcision coverage. Furthermore, there are very few civil society groups working on HIV in Gambella, and USG-supported prevention efforts in Gambella prior to FY07 reprogramming have been largely limited to work in the refugee camps on the Sudanese border. Pact is one notable exception with its Track 1 Abstinence and Being Faithful youth program Y-CHOICES which has been active in four districts in Gambella since FY06.

Through reprogrammed FY07 funds, Pact will expand HIV-prevention interventions focused on behavior change to address the prevention needs of adults in Gambella. Building off of a similar approach to that of Y-CHOICES, Pact will provide technical assistance and organizational capacity development support to a select number of local organizations that will carry out the prevention interventions in Gambella. However, there is very limited civil society activity in Gambella and depending on the presence and capacity of local organizations to target adults, Pact may also engage in some direct implementation of prevention services.

Because the region is quite different from many other parts of Ethiopia and there is little civil society experience to draw from, a rapid assessment of prevention needs and local partners to work with will be conducted in 2007. Some adaptation of Pact's established approaches in other regions of the country may be necessary in order to be relevant to the populations in Gambella. Though largely rural, due to the disparate population, initial prevention efforts will focus on the capital city, Gambella town, as well as other districts where Y-CHOICES activities are already in place. Assessments for feasible means of outreach to rural populations will be conducted.

The needs assessments already conducted by the health network partner in Gambella, Johns Hopkins University, will also be considered in the program design. With so few partners in Gambella, linkages between services will be essential, as there will be few other organizations to reach this high prevalence population. Pact will establish a strong referral program for counseling and testing with JHU, the care and treatment provider in Gambella who manages CT sites at health facilities. Connections with the new activity related to male circumcision (MC) by JHPIEGO will also be established. As behavior-change messages are a critical component of any male circumcision intervention, the assessments Pact conducts and the information they provide will be an important link for MC activities. An ongoing Nike Foundation program for Girls Empowerment will also be leveraged. Pact is also implementing a USAID-funded peace project in Gambella called "Restoration of Community Stability in Gambella." Lessons learned from this project in working in a heavily underserved region will be drawn upon for stronger program design.

Initial assessments of venues where HIV-prevention efforts may be expanded include the use of public transport and public transport workers, as they are the hub of nearly all mobility in the region and heavily depended upon by the public. Transport workers and systems may be used to address social norms contributing to HIV risk, to address HIV prevention directly and heighten risk perception among those using public transport. There will be training transport workers to engage riders in dialogue about HIV while using the transport system, production of audio materials or radio programs with HIV-prevention information and behavior change messages. Training and support to help those engaged in transactional or commercial sex to enter the high-demand market of public transport may also be explored as an alternative means of income for some high-risk and economically vulnerable individuals. Other platforms for prevention activities in addition to public transport will also be assessed.

Although the results of the rapid assessment will be critical to program design, based on the DHS data, some likely priorities are evident. Focusing on adult men and women, with a particular emphasis on men, in order to raise risk perceptions related to multiple/concurrent sexual partners as well as transactional and commercial sex appear to be key needs. Condom skills building and distribution in order to promote correct and consistent condom use, particularly with non-marital or cohabitating partners, will be emphasized (funded in OP). Peer education approaches will likely be used to raise individual risk perception among adults. Beyond individual risk perception and skills building, community organizations will be challenged to find forums to address community norms that heighten HIV risk. This may take place in the form of community conversations, identifying and training community leaders, or targeted use of media (e.g., radio, community drama, church sermons, etc.) for consistent messages that address harmful norms.

By addressing with new activities, Pact will also establish linkages between Y-CHOICES efforts and new activities aimed at higher risk populations and adults. Public forums to raise awareness and challenge social norms, community conversations, etc. will be implemented in concert with Y-CHOICES so that community groups working to address particular populations have an opportunity to come together to develop strategies to support one another and assure that the prevention needs of both youth and adults are addressed.

As Pact will be providing comprehensive prevention activities, the targets for this adult-focused program will

**Activity Narrative:** be counted in the HVOP section. Interventions and trainings will include A, B, and C approaches. The program will aim to train 50 people and reach about 3,000 people with HIV-prevention messages and education. Pact will also establish a consistent definition of person “reached” as having received some intensive dose of the intervention designed (e.g. Completing a curriculum, multiple sessions with a peer educator, etc) to assure that the focus of the intervention is on quality, leading to greater plausibility for behavior change. As needs are assessed and approaches are tested in FY08, targets will be relatively modest with the expectation that capacity to reach larger segments of the population will increase with time.

Expanding prevention activities into high-prevalence areas is a critical strategy for addressing HIV transmission where new infections are occurring. A focus on high-prevalence urban populations with a emphasis on adults and high-risk populations represents a response to recommendations made through two technical assistance visits by members of the Office of the Global AIDS Coordinator’s general population and most-at-risk populations working groups. As the highest prevalence region in Ethiopia with almost no current prevention efforts ongoing, this activity addresses a critical gap in Ethiopia’s prevention needs.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16633, 16627, 16557, 16632, 16636

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16557	5597.08	7466	610.08	Track 1	Pact, Inc.	\$2,670,364
16632	10635.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$550,000
16633	5618.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$469,836
16636	10430.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$7,000,000

**Targets**

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	0	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	0	False

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

## Coverage Areas

Gambela Hizboch

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 603.08

**Prime Partner:** International Orthodox  
Christian Charities

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 5592.08

**Activity System ID:** 16675

**Mechanism:** \*

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Abstinence and Be Faithful  
Programs

**Program Area Code:** 02

**Planned Funds:** \$762,000

**Activity Narrative:** Prevention component of the Ethiopian Orthodox Church Development and Interchurch Aid Commission/IOCC HIV/AIDS Response

The International Orthodox Christian Charities (IOCC) conducts HIV prevention, care, and support activities with the Ethiopian Orthodox Church's Development Inter Church Aid Commission (DICAC). The Ethiopian Orthodox Church (EOC) has approximately 40 million faithful, over 500,000 clergy and a network of 40,000 parishes found throughout Ethiopia. DICAC operates in over 200 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 uses peer education and interactive communication to reach these goals.

This is a continuing activity implemented by the IOCC with DICAC. The comprehensive HIV/AIDS activity started in FY06 and provides a package of prevention modules to include peer education, public rallies, information-education-communication (IEC) materials, media intervention and clergy training, all of which interact to slow the spread of the epidemic. During the first half of FY07 alone, the partners reached almost 1.2 million individuals (54% women) with abstinence and be faithful (AB) messages and trained 6,700 persons in AB outreach approaches.

During FY08, the activity will operate in 140 districts in 28 dioceses. IOCC anticipates that several districts will be transitioned to the status of "areas of higher HIV prevalence" using both antenatal care (ANC) and Ethiopia Demographic and Health Survey (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, lay counselors and 55 public rallies (five by the Patriarch and 50 by the Archbishops).

The communications strategy uses several approaches:

1) Interpersonal Peer Education: During FY05, DICAC implemented a youth prevention program through the existing Sunday school structure, with 2,000 peer educators reaching 50,000 youth. In FY06 and FY07, DICAC adapted the Youth Action Toolkit (YAK), produced by Johns Hopkins University/Health Communications Partnership, for the Sunday school setting. In FY06, 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.

2) Interactive Communication and Public Rallies: In FY06 and FY07, 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 FY08 with strategic emphasis on the vulnerability of young girls and sanctioning male behavior in relation to multiple sexual partnerships and cross generational sex.

In FY05, IOCC/DICAC trained 100 clergy trainers who in turn trained 40,000 clergy and community members on key AB issues. During FY06, 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 use 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 voluntary counseling and testing (VCT) and support discordant couples and others seeking advice, by referral to local service providers, on condoms, secondary prevention, care, and support and ART. Lastly, a new module was incorporated into the training manual for clergy on the complementarity between holy water and ART.

3) Pre-Service HIV/AIDS Curriculum in Theological Colleges: During FY05, 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 FY06 and FY07 further supportive supervision was 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 drew on lessons from the core curriculum.

Activities in FY08 will include the above three, as well as supportive supervision of district activities by the Ethiopian Orthodox Church to ensure consistency, quality assurance and improvements in programmatic performance against management indicators. This program will continue to use interpersonal communication through Sunday school and clergy counseling. IOCC anticipates additional technical assistance from the Johns Hopkins University Health Communications Partnership to implement the Youth Action Toolkit to support risk reduction, improved knowledge of HIV/AIDS and adoption of AB practices. Ninety-five thousand youths and young adults will be reached through Sunday Schools. Other strategies include 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.

IOCC will continue to integrate the HIV/AIDS core curriculum into 18 clergy training institutes and three theological colleges. Training through these outlets will reach 2,000 individuals. The maintenance of training standards will be fostered through the modification of curricula on an as need basis, refresher courses and regular reporting. The program will support in-service training for 10,000 clergy with follow-up from district branch coordinators. IOCC will provide capacity building and exit strategy/planning with the Ethiopian Orthodox Church/DICAC to support a multi-year transition of activities from IOCC to the Ethiopian Orthodox Church, thus assuring sustainability of the program. This program will continue to provide 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. These IEC messages and materials will be reinforced by development and dissemination of new audio visual presentations. Community members and

**Activity Narrative:** PLWH trained as lay counselors to support community outreach will help disseminate these materials and messages to the general population. These persons will function as messengers of hope to give public testimony about their experiences with the program.

DICAC has supported the development of local community networks linking community organizations offering HIV prevention, care, and treatment services. Efforts during FY05 allowed important partnerships to be formed with local government, the Ethiopian Red Cross, PLWH associations and the Organization for Social Services for AIDS. In FY08, the program will continue to support these networks with technical assistance from DICAC staff in the regions. DICAC will cultivate additional partnerships with other organizations active in interpersonal communications, including Population Service International, Population Council, Family Guidance Association, World Food Program, and Action Aid.

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, income generating activities, and counseling and training activities will continue. By the same token, steps will be taken to increase male participation in the program at all levels in collaboration with Engender Health (12235). In FY06, explicit female participation targets were raised to 50% for lay counselor and peer educator staffing with satisfactory results. IOCC will maintain these targets in FY08.

In addition to the explicit multi-year planned transfer of responsibility from IOCC to the Ethiopian Orthodox Church/DICAC, IOCC and DICAC will collaborate with the National Partnership Forum and the Inter Faith Forum for Development and Dialogue and Action both to assure sustainability of this program as well as to reinforce Ethiopia's faith-based organization response to the HIV/AIDS epidemic.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10512

**Related Activity:** 16676, 16677

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10512	5592.07	U.S. Agency for International Development	International Orthodox Christian Charities	5515	603.07	*	\$635,000
5592	5592.06	U.S. Agency for International Development	International Orthodox Christian Charities	3759	603.06	*	\$532,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16676	5593.08	7499	603.08	*	International Orthodox Christian Charities	\$719,501
16677	5591.08	7499	603.08	*	International Orthodox Christian Charities	\$984,240

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,200,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	95,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	14,855	False

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Religious Leaders

## Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Binshangul Gumuz

Oromiya

Southern Nations, Nationalities and Peoples

Tigray

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 604.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

Activity System ID: 16679

Activity Narrative: Muslim Agencies Recharging Capacity for AIDS

PACT Ethiopia conducts HIV prevention and capacity building through three indigenous Muslim faith-based organizations. With PEPFAR/Ethiopia funding, in FY06 PACT collaborated with the Ethiopian Muslim Development Agency (EMDA) to implement abstinence, be faithful (AB) prevention activities in and around Jimma (Oromiya region), Dire Dawa and Harari. Based on the successes achieved with EMDA, two additional local partners were engaged: Ogaden Welfare and Development Association (OWDA) based in Somali region and Rohi Weddu Pastoral Women's Development Organization based in Afar. In total the project covers several zones where a large percentage of Muslims reside in Oromiya, Harari, Dire Dawa, Afar, Somali, Amhara, and Tigray.

HIV/AIDS is still a major health crisis in Ethiopia. Adult HIV prevalence within the program's geographic coverage, based on the Ethiopian Demographic and Health Survey (EDHS) 2005 and newer single-point estimated (SPE) 2007 data, is summarized below:

Dire Dawa: ANC/2005: urban 8.0%, rural 0.9%; EDHS/2005: 3.2%; SPE/2007: 4.2%  
 Jimma (Oromiya): ANC/2005: urban 8.0%, rural 1.3%; EDHS/2005: 1.4%; SPE/2007: not available  
 Harari: ANC/2005: urban 6.9%, rural 0.5%; EDHS/2005: 3.5%; SPE/2007: 3.2%  
 Somali: ANC/2005: urban 3.5%, rural 0.7%; EDHS/2005: 0.7%; SPE/2007: 0.8%  
 Afar: ANC/2005: urban 13.7%, rural 1.7%; EDHS/2005: 2.9%; SPE/2007: 1.9%

According to the EDHS 2005, polygamy accounts for 16% in Jimma and 5.5% in Harari. These are cash crop areas known for coffee or khat (*catha edulis*, a stimulant) production. During the harvest season, there is an influx of migrant workers to rural areas and commercial sex workers to urban areas.

PACT provides technical assistance to institutionally strengthen local partners to effectively plan, manage and implement HIV/AIDS prevention projects. The project reached 1.2 million people in its first year (FY05/06) with AB messages. In FY06/07 PACT Ethiopia's local partners reached an additional 707,068 adults and youth. Working through local imams, youth groups and interested community members, EMDA facilitated weekly interactive congregational sessions at the mosques, youth groups and community gatherings to discuss AB prevention, stigma and existing care and treatment services.

In FY08, PACT and its partners will continue to implement capacity building and HIV-prevention activities. Using activity grants through PACT, local partners will implement AB messaging through Mosques to reach men, community clubs to reach women, youth anti-AIDS clubs to distribute information and education materials, use volunteers to organize public gatherings and support radio broadcast of AB messages.

The geographic scope will be expanded to cover Mekele (Tigray), Bahir Dar and Dessie (Amhara), Nazareth (Oromiya) and additional urban towns in Afar using the existing Islamic Council and community-based structures.

Basic HIV transmission, AB and gender training of imams and community leaders supported a greater consistency of messaging from Muslim leaders and succeeded in challenging taboos and attitudes and behaviors of religious leaders and their followers. Voluntary counseling and testing (VCT) has also increased. Some areas went as far as introducing new by-laws to prevent marriages without certificates from a VCT center.

PACT and its partner organizations promote awareness about and the use of existing public health services such as VCT, sexually transmitted infections treatment, ART, childhood immunization, family planning, and other primary healthcare through provision of technical assistance to clubs and community educators. PACT collaborates with Johns Hopkins University/Health Communications Program (JHU/HCP) to provide training and technical assistance to the three local partners on using the Youth Action Kit developed by JHU/HCP.

PACT will foster linkages between local partners and other PEPFAR funded HIV prevention, care, and treatment activities. In addition, PACT will create opportunities for club members to share their Y-CHOICES experiences (abstinence and be faithful for youth (ABY)) and promote joint out-of-school and local faith-based association efforts in all project locations of the M-ARCH/EMDA program.

The target population in this program is a) youth between the ages of 10 and 24 reached through clubs and b) adults of ages between 25 and 49 reached in mosques and through community educators. Individuals are reached through mosques, community groups and youth anti-AIDS clubs.

This activity addresses male norms and behaviors through the use of training for Imams throughout several areas of the country. The imams directly address AB messages to Muslims in the area. The majority of those addressed in mosque are males, offering a structured environment for behavior change messages and education. PACT has made an effort to increase the number of females included in HIV-prevention programming under this program through girls clubs and married women venues.

PACT builds the organizational and technical capacity of three local subpartners. The Ethiopian Muslim Development Agency is a national partner operating in all regions of Ethiopia, although the M-ARCH activity focuses on Amhara, Harari, Oromiya, and Tigray in and around major urban centers. The Rohi Weddu Pastoral Women Development Organization operates in Afar region. The Ogaden Welfare and Development Association operates in Somali region.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10520



**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10520	5594.07	U.S. Agency for International Development	Pact, Inc.	5517	604.07		\$421,440
5594	5594.06	U.S. Agency for International Development	Pact, Inc.	3760	604.06		\$400,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16557	5597.08	7466	610.08	Track 1	Pact, Inc.	\$2,670,364
16861	10573.08	7582	1210.08	HCP	Johns Hopkins University Center for Communication Programs	\$950,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	800,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	1,250	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	300	False

## Target Populations

### General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Religious Leaders

## Coverage Areas

Dire Dawa

Oromiya

Afar

Hareri Hizb

Sumale (Somali)

**Table 3.3.02: Activities by Funding Mechansim**

**Mechanism ID:** 3789.08

**Prime Partner:** Population Council

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 5726.08

**Activity System ID:** 16680

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$900,000

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

Evidence suggests that girls who marry early have increased risk of HIV infection, even compared to their unmarried sexually active peers. A study in Kenya and Zambia revealed that married adolescent girls have 50% higher HIV rates compared with unmarried sexually active girls. Married girls' high infection rates are related to more frequent intercourse, almost no condom use, and husbands who are significantly older, more experienced, and more likely to be HIV-positive compared with boyfriends of unmarried girls.

Amhara region has the lowest age at marriage in the country, with 46% of girls marrying by 15 years. Most of these girls have not had sex before marriage and, in this population, the earlier a girl marries, the earlier she has sex. In addition, Amhara region has one of the highest rates of divorce in the world, with early marriage being a predictor of divorce (Tilson and Larsen, 2000). Demographic and Health Survey (DHS) data from Ethiopia highlights that the HIV epidemic is concentrated among ever-married women, including young women. Ethiopian women who are divorced are a population highly affected by HIV, with 8.1% of divorced women HIV-positive, nationally.

The HIV epidemic in Ethiopia is concentrated in urban areas of the country; however, it disproportionately affects migrants to urban areas, rather than natives. Many young women migrate to urban areas following divorce, to pursue educational or livelihoods goals, or to escape early marriage. A study by Population Council in low-income areas of Addis Ababa found that 45% of adolescent girls had migrated from rural areas; among the most common reasons given for migration were education, work, and to escape early marriage (Erulkar et al. 2006). Though migrants hope for a better future in urban centers, many end up highly vulnerable, often in low-paid and exploitive domestic work or in sex work. Being economically vulnerable and socially isolated, such girls and young women are highly vulnerable to forced or coerced sex, transactional sex for daily or periodic support, and negative reproductive health outcomes, including HIV infection. Indeed, among young urban women below the age of 30, 6.8% of migrants to the urban center are HIV-positive compared to 2.8% of young women who are native to the urban area; likewise 16% of urban women who are divorced and migrated to the area are HIV-positive (PC tabulations of 2005 Ethiopian Demographic and Health Survey (EDHS)).

This gender, early marriage and HIV infection activity addresses the HIV risks associated with early marriage as well as associated divorce, and migration. 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 beforehand may help delay marriage, prevent transmission and/or foster long-term faithfulness. Delaying marriage may result in lower rates of divorce and related migration following divorce. Few programs have addressed the HIV risk of pre-married and married adolescent girls, including the risk of migration, either escaping marriage or following divorce. This activity implements community awareness and premarital voluntary counseling and testing (VCT) interventions in Amhara to promote later, safer, chosen marriage and marital fidelity. In view of unequal marital relationships, this activity develops interventions encouraging married men to remain faithful. Key faith and community leaders will reinforce these messages.

This expansion of a continuing activity will be undertaken in urban and peri-urban areas of Bahir Dar, Gondar, Debre Markos, Dessie, and Addis Ababa, with the latter three being new sites during the current year. All districts are contiguous with the urban centers and along truck routes, where many girls migrate in the event of divorce and where many husbands go on market days, often representing an opportunity for drinking and/or engaging in extramarital relations. Strategies include: 1) educating communities on the risks associated with early marriage, marital HIV transmission and promoting faithfulness, 2) promoting premarital VCT for engaged couples and VCT for married couples, and 3) supporting and educating married adolescent girls and their husbands through clubs.

Religion is a powerful force in Ethiopia and for many communities the church may be their only sustained institutional contact. An additional 1000 religious leaders will be trained through 'Days of Dialogue,' to reach congregations and community members with prevention messages, tailored to the nature of HIV risk in Amhara. Over 1,000,000 individuals will be reached with prevention messages related to HIV, delaying marriage, male norms and behaviors, faithfulness, and premarital VCT. During the current year, core messages will integrate information on linkage between early marriage, divorce, migration, and vulnerability, as well as male norms and risks associated with market days and other types of short term movements. Two hundred selected religious and community leaders from the new project sites will be trained as VCT promoters to promote premarital VCT and refer couples to VCT sites. Clients testing positive will be provided ongoing support and referral to existing care and support services.

This activity will establish married girls' clubs to reach over 15,000 married adolescent girls, providing venues through which girls can receive information, advice, and social support, including in instances where they feel their husbands pose HIV risk or when they are contemplating migration. The clubs will include livelihoods and mentoring opportunities, as well as non-formal education and HIV information and referral. In collaboration with EngenderHealth's Male Norms Initiative, the activity will establish married men's clubs, reaching 12,000 men, as a venue through which to discuss male roles and gender norms, gender based violence, and faithfulness, among others.

This activity will be closely linked to Engender Health's Male Norms Initiative in establishing men's clubs to promote faithfulness in marriage and creating a positive male role in gender norms and gender based violence; contributing to reduction of violence. It will also be linked to counseling and testing programs through referrals for pre-marital VCT. The focus of the program will be young girls (married and unmarried) thereby addressing gender equity in HIV programming. It will also increase the girls' access to income and productive resources through the non-formal education and livelihood skills training that they receive through their clubs. The faith-based organizations, Amhara Regional Youth & Sports Bureau, and other local organizations partnering with Population Council will have their capacity built in through trainings directed at addressing the problem at the community level.

The program conforms to the PEPFAR Ethiopia Prevention Strategy of targeting high-risk groups; and uses existing faith and community structures to reach the young women (especially those at risk of migration), (prospective) husbands, their families and communities that support early marriage.

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10521**Related Activity:** 16675, 16679, 16697, 16589**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28184	5726.28184.09	U.S. Agency for International Development	Population Council	11544	3789.09	Vulnerable Adolescent Girls	\$1,000,000
10521	5726.07	U.S. Agency for International Development	Population Council	5518	3789.07		\$800,000
5726	5726.06	U.S. Agency for International Development	Population Council	3789	3789.06		\$500,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16675	5592.08	7499	603.08	*	International Orthodox Christian Charities	\$762,000
16679	5594.08	7501	604.08		Pact, Inc.	\$500,000
16589	5578.08	7477	298.08	*Positive Change: Communities and Care (PC3)	Save the Children US	\$4,500,000

**Emphasis Areas**

## Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources
- \* Reducing violence and coercion

## Local Organization Capacity Building

**Food Support****Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,034,500	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,300	False

**Target Populations**

**General population**

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

**Special populations**

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

**Other**

Orphans and vulnerable children

Religious Leaders

**Coverage Areas**

Amhara

Adis Abeba (Addis Ababa)

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 3790.08

**Mechanism:** N/A

**Prime Partner:** United Nations High Commissioner for Refugees

**USG Agency:** Department of State / Population, Refugees, and Migration

**Funding Source:** GHCS (State)

**Program Area:** Abstinence and Be Faithful Programs

**Budget Code:** HVAB

**Program Area Code:** 02

**Activity ID:** 5739.08

**Planned Funds:** \$267,500

**Activity System ID:** 16686

## **Activity Narrative:** HIV Prevention Services for Refugees and Host Populations in Ethiopia

This program targets the populations living in Fugnido, Kebribeyah, Teferiber, and Afar camps. These activities aim to reduce the transmission of HIV by promoting delayed sexual activity, abstinence, and faithfulness within the refugee and host communities. The prevention activities in the AB section are part of a larger comprehensive plan for HIV/AIDS in the refugee camps in Ethiopia and were developed in consultation with the Ethiopian Governmental Agency for Refugee and Returnee Affairs (ARRA).

In order to prevent the spread of HIV, an integrated package of activities is required to increase knowledge, reduce risky behaviors, promote protective attitudes, develop safe practices, and reduce stigma and discrimination among refugees and surrounding host populations. The activities in this service area will mobilize the community through various activities in order to implement "AB" (Abstinence, Be faithful) principles, and emphasize information-education-communication (IEC) and behavior-change communication (BCC), as being central to successful HIV-prevention initiatives. IEC includes various activities, from intensive one-on-one education, to mass dissemination of information, while BCC is a multilevel tool for promoting and sustaining risk-reducing behavior-change in individuals and communities through various 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.

Materials for the camps will be created in all relevant languages and will accommodate relevant learning and communication styles. In addition to the difficulty posed by multiple languages, implementing programs will require significant logistical inputs due to the tenuous security situation. Intra- and inter-ethnic conflicts frequently erupt in the Gambella region; three ARRA officials were murdered in December 2003, just ten miles outside of Gambella town. Trips to Fugnido camp must be made with armed military escort, which adds considerable cost and additional logistical maneuverings just to perform routine visits. Despite these difficulties, the need for prevention activities in Gambella is great. Data from the Ethiopian Ministry of Health's 2005 antenatal clinic (ANC) surveillance data suggests that the HIV prevalence in Fugnido was 2.8%, while the national average for rural populations was 2.2%. Syphilis rates were also significantly higher than the national average.

The AB campaigns described below will fill a critical need in the refugee communities and within the host populations. Implementing prevention programs in Kebribeyah and Teferiber, in the Somali region, poses its own set of challenges. Although Kebribeyah has housed displaced Somalis for more than ten years, the level of services is decidedly lower than in many other camps. Prevention activities began in 2007 in Kebribeyah, and the region is characterized by a general ignorance of HIV/AIDS and modes of transmission. This lack of knowledge, combined with frequent risky behaviors (including abduction and rape of young girls, and practice of female genital mutilation in extremely unsanitary conditions) points to the need for implementation of services and prevention activities. There is high interaction between residents of Kebribeyah camp and the adjacent Kebribeyah town; as a result, interventions will target both refugee and host communities. Teferiber is a new refugee camp and services and activities will be implemented using 2008 funds.

The following specific activities will be implemented:

Culturally appropriate IEC/BCC materials (posters, leaflets, brochures, billboards, etc) will be developed, adapted, and produced in local languages for refugees and host communities. This material will emphasize sexual abstinence before marriage, partner fidelity, and social norms promoting AB principles. Materials will also address stigma and discrimination against people infected with, and/or affected by, HIV/AIDS, as well as gender-based violence (GBV). ARRA and IP will hold a contest for the creation of the best AB message within the camp. The winning design will be placed on billboards to be erected within the camps. Murals, conveying AB messages, will be painted on the walls of buildings by the youth in the camps. The youth will be from one of the AIDS clubs already established. Resource centers exist within each camp and additional material will be printed by UNHCR and provided for residents in the camps. The printing of material, and the contests held within the camps, requires paper, paints, and markers.

As part of an ongoing activity, forums for religious and opinion leaders will be conducted four times per year by our implementing partners working the refugee camps. The forums for discussion will take place for a full day. It is important to have the support and cooperation of the local leaders, and their input will help in the creation of appropriate interventions regarding AB in the community. In addition, they will assist IP in the education of the local community on HIV/AIDS and prevention.

Community conversations will be conducted by IP in order to engage the community in discussions and solutions to the spread of HIV. The number of staff trained, and the total population served, is difficult to estimate in the refugee context. The number of refugees served in Ethiopia is dependent on the political situation in the local countries. In addition, the camps listed are subject to change based on the political situation, both in and out of Ethiopia. In 2007, one community conversation leader, and one other community service worker, were trained for each camp. (This full-time community conversation leader will be hired at 3,420 birr per month, will train a staff within the camp, and will follow-up with staff each month. The leader will train facilitators from the community (approximately 30 per camp). The community conversation facilitators will be both male and female and will come from each of the ethnic groups (both within the camps and the host communities). Each month the staff will meet with the full-time leader to review barriers, problems, and solutions. Leaders will be hired and facilitators chosen for all new camps. Refresher trainings will be provided within camps for all leaders, and facilitators.

Coffee conversations will be conducted six times in each of the camps and will be conducted separately for men, women, youth, and commercial sex workers. Each ceremony will have a topic and will be run by facilitators who will be provided with incentives for their work. Approximately 20 coffee-conversation facilitators will be trained and will conduct the ceremonies with the assistance of IP.

Camp coordinators and resource coordinators were trained on multisectoral approaches to coordination of voluntary counseling and testing (VCT) and capacity building of program managers. This three-day workshop conducted in 2007 will be implemented again in 2008.

Peer educators will be used to promote and spread AB messages throughout the refugee and host

**Activity Narrative:** communities. Peer educators will be both male and female and will come from each of the ethnic groups living in the camps and host communities. The peer educators (one for each 500 refugees) will be trained for two days on peer education; that training will be provided to both returning and new peer educators. The peer educators will also be used to promote counseling and testing and provide support to identified OVC. T-shirts, hats, and bags will be provided to the peer educators so that they are easily recognizable. Bicycles purchased in 2007 for peer-educator supervisors will be repaired and replaced, and bicycles will be purchased in the new camps for the newly hired supervisors. Senior peer educators will be identified and trained using OP funds.

Social workers, divided equally between males and females, will be hired to assist with the spread of prevention messages. The social workers will work with OVC in VCT clinics and with people living with HIV/AIDS (PLWH). There will be approximately 200 social workers trained per camp–300 for Fugnido (this number will be raised depending on population size). Bags and t-shirts will be purchased for social workers.

Anti-AIDS clubs will be available both in and out of local schools. The anti-AIDS clubs will be involved with the local competition for creating AB messages to be placed on billboards, etc. The clubs will provide opportunities for youth to become involved with interactive drama that will convey AB messages. The drama created will be produced for entire communities. In 2007, staff was trained on interactive drama and theater. New staff will be trained on this initiative. Approximately a dozen staff members will be trained. Youth will be involved in Sports for Life, provided by DICAC. DICAC was trained in 2007 by the Academy for Educational Development (AED), a PEPFAR partner. AED will also provide training in peer education for implementing partners. New staff will be trained on implementing Sports for Life by the IP. In 2007, 16 people were trained in Sports for Life and refresher trainings will be provided to existing staff while new staff in each camp will be trained. Materials and resources for Sports for Life will be provided and distributed by DICAC. Additional sports equipment will be distributed to each of the camps.

Funding will be set aside for the celebration of Women's Day, World Refugee Day, World AIDS Day, and GBV Day. Implementing partners will decide the activities for each camp.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10528

**Related Activity:** 18267, 16687, 16688, 16689

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28206	5739.28206.09	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	11554	3790.09		\$267,500
10528	5739.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	5524	3790.07		\$268,200
5739	5739.06	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	3790	3790.06		\$32,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18267	18267.08	7506	3790.08		United Nations High Commissioner for Refugees	\$85,600
16687	10634.08	7506	3790.08		United Nations High Commissioner for Refugees	\$107,000
16688	5786.08	7506	3790.08		United Nations High Commissioner for Refugees	\$160,500
16689	10572.08	7506	3790.08		United Nations High Commissioner for Refugees	\$107,000



## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs

### Human Capacity Development

- \* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

### Local Organization Capacity Building

### Wraparound Programs (Other)

- \* Education

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	85,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	165	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

## Coverage Areas

Gambela Hizboch

Sumale (Somali)

Afar

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 494.08

**Mechanism:** Strengthening HIV/AIDS, STI & TB Prevention, Control & Treatment Activities

**Prime Partner:** Addis Ababa University

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Abstinence and Be Faithful Programs

**Budget Code:** HVAB

**Program Area Code:** 02

**Activity ID:** 5584.08

**Planned Funds:** \$85,000

**Activity System ID:** 16691

**Activity Narrative:** This ongoing abstinence and being faithful (AB) prevention activity is designed to improve prevention, care, and treatment activities related to HIV/AIDS, sexually transmitted infections (STI), and tuberculosis (TB) in Addis Ababa University (AAU). A Knowledge, Attitudes, and Practices (KAP) study conducted at AAU in 2002 indicated that only a few respondents (22%) mentioned abstinence from sex as an effective protective method. This attitude is one of the factors that puts youth at greater risk of contracting and/or transmitting HIV—only 29% of survey respondents perceived themselves as at risk for acquiring HIV.

As students come to Addis Ababa from all corners of Ethiopia, factors such as maturity level, desire for new experiences, peer pressure, absence of immediate parental control, change of environment, and a need to “fit in,” make them particularly vulnerable to HIV infection. In addition, they are exposed to various hot spots surrounding the university campuses. AAU has 12 campuses within Addis Ababa and Debre-Zeit town (45 km east of the capital), encompassing a student population of about 32,000, an academic staff of about 3,000, and an administrative staff of about 2,000. Preventive behavior-change interventions that combine activities to promote safer behaviors (including use of services) and help build students’ ability to implement the interventions are crucially important.

The aim of this project is to prevent and control HIV/AIDS within the entire university community (regular and summer students, faculty, and administrative staff) through behavioral-change communication. It focuses on improving HIV/AIDS/STI/TB prevention and care activities on the 12 campuses using the MARCH model (Modeling and Reinforcement to Combat HIV/AIDS). MARCH is a behavior-change communications (BCC) strategy that promotes behavioral changes that reduce the risk of HIV infection and transmission, and encourages communities to use services to care for people living with HIV (PLWH) and children orphaned by the epidemic.

There are two main components to the MARCH program: education through entertainment, and interpersonal reinforcement. The entertainment component uses role models in a storyline to provide information about, and model, behavior change; this motivates the audience and enhances a sense of self-efficacy. Reinforcement activities use interpersonal strategies like peer-group discussions, with the objective of group members applying messages from the drama to their own lives. The group discussions also provide accurate information about HIV/AIDS and behavior change, provide opportunities to practice new skills that may be required to avoid infection, and provide support to those infected. A serial drama is distributed every two weeks, and follows the evolution of positive behavior change by role models; the serial drama storyline forms a basis for peer-group discussions and other forms of interactive discussions.

Research shows that effective interventions are often personalized ones, so MARCH reinforcement activities try to personalize the behavior-change intervention. The reinforcement activities aim to promote audience internalization of positive behavior change through interactive discussion and opportunities to practice new skills required to avoid infection and support PLWH. Printed serial dramas (PSD) are published every two weeks and distributed among the students. Interactive reinforcement activities focus on issues in the PSD and give students and staff support for behavior change. Reinforcement activities include public debates, lectures, exhibitions, music concerts, live talk shows, plays, and sports competitions, which give the student community opportunities to discuss the PSD.

In FY05, MARCH was begun on the main AAU campus and medical faculty; it was expanded to all AAU campuses during FY06. In FY06, a total of 29,472 students were reached with a variety of MARCH activities, including PSD, live theater programs created by AAU students and faculty, observation of World AIDS Day, and an interactive MARCH website. The website has been visited by 12,700 students. One of the most significant achievements of FY06 was the establishment of training curricula for selected students to receive additional instruction toward obtaining a certificate. The certificate program is designed for students who wish to go beyond a casual knowledge level and make HIV prevention part of their academic and career skills.

In FY07 the MARCH project built on the achievements made in the previous fiscal years and accomplished the following major activities: printed serial dramas (PSD), information-education-communications (IEC) materials, a newsletter, poem book, fliers, posters, and banners were all produced and distributed to all campuses of the university. The certificate curriculum was revised to make it more interactive and practical, with six required modules, one optional module, and a practicum. Five hundred students were trained on HIV/AIDS prevention, particularly on abstinence and being faithful (AB). Out of that group, 50 were retrained and became reinforcement agents. The reinforcement agents conducted various interactive reinforcement activities through which the project reached 30,000 university students and staff members. Technical assistance from the Johns Hopkins University Center for Communications Programs (CCP) and CDC helped the project to accelerate implementation of activities and achieve results. The University has also built its capacity in financial and procurement procedures, which helped it to manage and accommodate projects.

During FY08 the project will:

- 1) Strengthen the capacity of the campus liaison offices to implement MARCH fully in the university, distribute PSD to students every two weeks, and augment IEC materials and student-led reinforcement activities in which the entire university takes part to practice skills presented in the PSD
- 2) Conduct training for university students in HIV/AIDS prevention and reinforcement activities. From these students, 200 reinforcement agents will be selected and retrained, using the revised certificate curriculum.
- 3) Produce and distribute 26 editions of the PSD
- 4) Undertake various reinforcement activities to personalize PSD messages through events such as drama, music, exhibitions, quizzes, sport competitions, talk shows, lectures, etc.
- 5) Continue production and distribution of campus newsletters and other IEC materials
- 6) Explore possibilities for using AAU materials at other schools in Addis Ababa, including private universities
- 7) Strengthen alliances between AAU and other Ethiopian universities, colleges, and high schools
- 8) Regularly maintain and upgrade MARCH websites to expand functionality for online interactive discussion on printed serial dramas, other HIV-related fora, data collection, monitoring, and data analysis.
- 9) Conduct a process evaluation to identify major monitoring activities and assess early signs of behavior change

AAU will also implement another area of intervention in FY08: the establishment of workplace HIV-

**Activity Narrative:** prevention and control programs at the 12 campuses of the university. This project will target all academic and administrative staff with comprehensive HIV-prevention activities. The MARCH project at Addis Ababa University primarily targets students, and the story lines in the PSD also address the problems which students face in the fight against AIDS during their stay at the university. However, a 2005 report completed in Ethiopia indicates that there is a high adult HIV prevalence rate, which indicates a need to focus on targeting the adult population with HIV prevention information.

Therefore, this new workplace activity reaches academic and administrative staff at the university with an intensive and comprehensive program to reduce risky behaviors and stigma and discrimination. It also promotes: abstinence, being faithful, and correct and consistent condom use; service uptake (voluntary counseling and testing and ART); and care for HIV-positive people.

Major workplace program activities will include:

- 1) Conducting a baseline assessment of HIV knowledge, attitudes, and practices (KAP) through an external consultant
- 2) Developing or adopting HIV workplace policy, strategy, and implementation guidelines
- 3) Producing or adapting training manuals
- 4) Conducting BCC training for a selected focal person from each campus
- 5) Organizing various sensitization workshops and interactive fora
- 6) Producing IEC materials, including fliers, posters, banners, newspapers, and magazines
- 7) Building capacity for AAU staff anti-AIDS clubs with materials and technical support
- 8) Creating referral linkages for HIV/AIDS services within the university
- 9) Establishing an HIV resource corner at each faculties' library
- 10) Hiring and remunerating a project focal person at each campus of AAU for implementation

Since the PSD and reinforcement activities encompassed in MARCH are designed to reach the university with a comprehensive ABC message, all targets will be counted under Other Prevention, though AB is a significant part of the overall prevention intervention.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10537

**Related Activity:** 16692

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10537	5584.07	HHS/Centers for Disease Control & Prevention	Addis Ababa University	5525	494.07		\$10,000
5584	5584.06	HHS/Centers for Disease Control & Prevention	Addis Ababa University	3755	494.06		\$200,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16692	5766.08	7507	494.08	Strengthening HIV/AIDS, STI & TB Prevention, Control & Treatment Activities	Addis Ababa University	\$85,000

## Emphasis Areas

Gender

\* Addressing male norms and behaviors

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

\* Education

## Food Support

## Public Private Partnership

## Targets

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

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

## Coverage Areas

Adis Abeba (Addis Ababa)

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 649.08

**Prime Partner:** International Rescue  
Committee

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 10600.08

**Activity System ID:** 16707

**Mechanism:** N/A

**USG Agency:** Department of State /  
Population, Refugees, and  
Migration

**Program Area:** Abstinence and Be Faithful  
Programs

**Program Area Code:** 02

**Planned Funds:** \$92,460

**Activity Narrative:** AB Programs in Sherkole and Shimelba Refugee Camps

The proposed project is a continuation of the International Rescue Committee's (IRC) current PEPFAR-funded project, which provides current counseling and testing (CT) services to refugees living in camp settings and the surrounding host communities. IRC's CT project was initiated in October 2004 in Sherkole Camp (in the Benishangul-Gumuz region) and in 2007 in Shimelba Camp (in the Tigray region). For FY08, IRC is proposing to continue its current Abstinence/Be Faithful (AB) activities in both camps and host communities.

IRC coordinates its activities closely with the United Nations High Commission for Refugees (UNHCR), the Government of Ethiopia's Agency for Returnee and Refugee Affairs (ARRA). IRC has established relationships with Johns Hopkins University (JHU) and the University of Washington/I-TECH for technical support and training, and with the Ethiopian HIV/AIDS Prevention and Control Office (HAPCO) which provides training to field staff.

**Outreach and Awareness-Raising**

IRC provides CT and HIV/AIDS awareness and education through strategic behavior-change communication (BCC) campaigns and community group discussions. Messaging will promote understanding among at-risk populations of the importance of abstinence in reducing the transmission of HIV, the importance of delaying one's sexual debut until marriage, life skills for practicing abstinence, and faithfulness to one's partner within a marriage. The campaigns will focus on at-risk groups, including those who travel and are away from their families for extended periods, women who engage in commercial sex work (both in and out of the camp), women who are vulnerable to sexual exploitation due to their living conditions, former and current military combatants, and adolescents. The campaigns will address prevalent gender inequalities and male norms which encourage risky behaviors.

The awareness-raising activities will contribute to the comprehensive IRC strategy of mainstreaming HIV information through its program sectors, including Education and Community services and the new gender-based violence (GBV) services for the refugee population. The integration of three IRC programs leverages the prevention, counseling, and testing campaign in the camp. The refugees are hearing similar HIV messages from a greater number of sources in their surroundings, thus increasing their awareness of their risk, their need to address current male norms that are spreading HIV, and the need to engage in safer behavior practices.

IRC's information-education-communications (IEC) and BCC materials (e.g., posters, leaflets, billboards) will be designed in collaboration with the refugee and local communities to ensure relevance and appropriateness. These will be distributed to CT clients and placed in strategic locations where they can be seen by both the focus populations and the population at large. IEC materials will reinforce project outreach activities and ensure further AB education of the targeted population. IRC will also investigate additional venues to disseminate sexually transmitted infections (STI) and HIV/AIDS messages and to illustrate behavior-change options.

In conducting discussions with the camp and host communities in Sherkole and camp community in Shimelba, IRC will use the Community Conversations model developed by the United Nations Development Program (UNDP). Community Conversations was introduced in Sherkole Camp in 2006. With the assistance of a facilitator, communities engage in discussions to: create a deeper understanding of HIV/AIDS; to identify and explore factors fueling the spread of HIV/AIDS in their respective contexts; and to reach decisions and take action to mitigate the effects of the disease in their communities. Those actions may include abstaining from premarital sexual activities and addressing gender inequalities and male norms which encourage the spread of HIV.

In FY07, IRC trained 35 HIV/AIDS refugee social workers and youth peer educators in Sherkole Camp to facilitate this innovative strategy. In FY08, the Community Conversations strategy will be expanded to Shimelba Camp if it proves to be successful with the refugees in Sherkole Camp.

IRC will continue to coordinate with the GBV and Education teams to integrate AB promotion activities in IRC's informal education classes, primary school classes, GBV community discussions at the ARRA health center, and in outreach activities conducted by the IRC social workers. In light of the repatriation and resettlement of refugees from both camps, more interventions are planned to engage community and religious leaders, women, and youth in health-education activities on HIV/AIDS and voluntary counseling and testing (VCT) issues to raise the awareness of as many refugees as possible before their return to Sudan or resettlement to the USA.

**Prevention/Abstinence/Be Faithful Activities for Sudanese and Eritrean Refugees**

In FY08, IRC will continue to provide support for the youth anti-AIDS clubs in Sherkole Camp, the host community in the Benishangul-Gumuz Region, and in Shimelba Camp in the Tigray Region. IRC will also support four peer-education groups (one adult and three youth). The anti-AIDS clubs and peer educators are actively educating youth and adults on HIV/AIDS and STI using a peer-to-peer model of information-sharing. IRC will provide the anti-AIDS clubs and the peer educators with additional training to increase their community mobilization capacity. In Shimelba, IRC will focus on strengthening the anti-AIDS club and encouraging the participation of females.

In FY08, IRC's CT activities and strategies will include the continuation of the Community Conversations in Sherkole Camp and the host community, with the expectation that they will be incorporated into the HIV/AIDS program in the Shimelba Camp. Refugee community and religious leaders will be targeted for participation and leadership in HIV/AIDS awareness-raising and anti-stigma activities. Groups at risk for HIV will be involved in discussions to encourage their understanding of their risk and to promote the AB message. Informal education sessions on AB prevention will be held in alternative basic education centers, accelerated learning classes, refugee primary schools, GBV sessions, and the ARRA clinic. Life-skills sessions, video presentations, and other activities will be used to reach the out-of-school youth. IRC will continue to provide technical and material assistance and support to youth and adult peer-education groups and youth anti-AIDS clubs in the refugee camps and surrounding communities. IEC materials on HIV prevention and AIDS will be distributed in the camp and to host community outreach centers.



**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10600**Related Activity:** 16708, 16709**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28081	10600.28081.09	Department of State / Population, Refugees, and Migration	International Rescue Committee	11504	649.09		\$112,460
10600	10600.07	Department of State / Population, Refugees, and Migration	International Rescue Committee	5536	649.07		\$96,219

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16708	10646.08	7516	649.08		International Rescue Committee	\$43,545
16709	5606.08	7516	649.08		International Rescue Committee	\$130,635

**Emphasis Areas**

## Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

## Human Capacity Development

- \* Training
- \*\*\* In-Service Training

**Food Support****Public Private Partnership****Targets**

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	34,200	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	126	False

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Pregnant women

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

## Coverage Areas

Binshangul Gumuz

Tigray

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 118.08

**Prime Partner:** US Agency for International  
Development

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 18718.08

**Activity System ID:** 18718

**Mechanism:** USAID M&S

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Abstinence and Be Faithful  
Programs

**Program Area Code:** 02

**Planned Funds:** \$80,187

**Activity Narrative:** This funding will help support three full-time PEPFAR prevention positions at USAID. The Senior HIV/AIDS Social Mobilization and Policy Program Specialist will serve as the technical lead in the facilitation and support of a broad range of health-promotion activities to strengthen community-based responses to HIV/AIDS, including behavior-change communications (BCC) and community empowerment activities. The Program Specialist will liaise with USAID's Democracy and Governance Office and work closely with all relevant donors and supporting agencies. The Program Specialist will assist the Ministry of Health and HIV/AIDS Prevention and Control Office to support capacity development of civil society to aid in the reduction of HIV/AIDS and stigma and discrimination.

The At Risk Population Advisor will provide technical leadership to PEPFAR for the implementation of programs and activities that focus on or include at risk populations. The At Risk Population Advisor will serve as an Activity Manager for relevant activities. The Advisor will collaborate with other members of the Team in the development of sustainable services and activities that reach at risk populations. The Prevention Administrative Assistant will assist the HIV/AIDS Team in the full range of secretarial and administrative functions related to the area of Prevention. This funding will also support any needed short-term technical assistance visits.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.02: Activities by Funding Mechansim**

**Mechanism ID:** 645.08

**Prime Partner:** Abt Associates

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 5605.08

**Activity System ID:** 16565

**Mechanism:** Private Sector Program

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$370,000

**Activity Narrative:** Private Sector Program (Prevention AB)

This is a continuing activity.

The Private Sector Program (PSP) led by Abt Associates works with large workplaces and private clinics to improve access to HIV prevention, care, and treatment services for the general population and employees and dependents. PSP focuses on developing abstinence, being faithful, and correct and consistent condom use (ABC) programs which reflect the needs and demands of private and parastatal business firms. The project seeks to establish management and labor ownership of its workplace ABC activities and encourages companies to share a significant part of ABC program costs. As of 2007, the project provided routine support and supervision for 75 workplace sites for both AB and ABC (10374) activities in seven regions of Ethiopia.

In workplaces, PSP conducts a rapid assessment of HIV services, knowledge, and behavior. Based on the assessment, the project conducts an orientation session with senior management to reach agreement on a memorandum of understanding regarding activities and the contributions made by PSP and the company.

PSP trains a cadre of peer educators over a two-to-five-day period on a variety of HIV topics, including prevention, TB, and stigma. Peer educators also learn skills to support effective counseling and communication with family and community members. Ideally the project trains one peer educator for every 20 to 30 workers. In turn, the peer educators conduct eight to 16 sessions which focus on increasing knowledge and fostering behavioral change. The sessions require 30 minutes to one hour of staff time which the company provides during working hours. The monthly education sessions use peer interpersonal communication to teach positive behaviors, including correct, consistent, condom use, seeking sexually transmitted infection (STI) treatment, and accessing counseling and testing services. Sessions also address stigma and self-risk perception of males engaging in cross-generational, coercive, or transactional sex.

PSP sponsors "family days" to recognize the employer/employee commitment to workplace peer education. The project engages PLWH associations to deliver messages on HIV prevention. The project also supports companies to design and complete HIV/AIDS workplace policies and strengthens the capacity of company health and anti-HIV committees. In 2006, PSP leveraged resources from the International Labor Organization to expand HIV-prevention programs in ten additional workplaces throughout the country.

In FY07, PSP prepared and enabled large Ethiopian companies to conduct peer-education programs with ABC and TB/HIV messages by providing training for peer educators, supportive supervision, and consultation with company senior management. PSP integrated materials on ABC, cross-generational and transactional sex, TB and HIV, gender norms and the HIV burden on women. Utilizing cross-generational sex study results, PSP developed three video spots focusing on male behaviors which will be used in the program component on stigma and discrimination.

In FY08, PSP implementing partners will continue implementation of the peer-education program in the existing 75 medium to large workplaces. The project intends to propose some innovations in its peer education program after completing a review of the 40 workplaces which have not yet begun to train peer educators. Many of these 40 companies assert that their economic circumstances make them unable to enter the longer-term commitment to an eight-month peer-education program. The PSP rapid review will assess the opportunity to offer a new option to companies that are reluctant to embark on the eight-month peer-education program. PSP will assess whether these companies would be willing to participate in ABC and TB/HIV information sessions which compress key messages into a half-day format delivered by professional educators. If the target companies indicate an interest in the half-day event format, the project will seek opportunities to connect these half-day sessions with PSP's mobile counseling and testing (CT) activities in order to give staff the opportunity to be counseled and tested. PSP experience in January and February 2007 during the Millennium AIDS campaign indicates that there is strong demand in workplaces for mobile or external CT services.

PSP will test the acceptability of a half-day interpersonal communications (IPC) program of ABC and TB/HIV messages with existing workplaces. If the results are positive, the project will look actively for opportunities to implement the half-day program with agricultural, industrial, and service sector workplaces along the four corridors where PSP is implementing mobile CT activities. This activity will focus on identifying and targeting at-risk populations in the workforce. PSP will also provide assistance to the Agriculture and Trade Expansion Program (ATEP) which will begin introducing HIV-prevention activities with their existing private sector clients and companies. PSP will share their IEC materials and best practices to support ATEP in replicating successful HIV-prevention workplace programs.

PSP's existing, intensive eight-month workplace peer education program, and the possible new half-day IPC program, are expected to reinforce positive behavioral norms and build more accurate self-perception of risk among workers. PSP will provide peer educators with follow-up training and supportive supervision to ensure the consistency of message delivery and support their motivation. In workplace and private clinics, PSP provides technical assistance to support counseling on prevention for positives, which uses existing materials. PSP emphasizes prevention for urban males of high educational and socioeconomic status based on Ethiopia Demographic and Health Survey (EDHS) data which indicates that this group has a large number of sexual partners. Self-reported condom use among urban males is 48% (EDHS 2005) and there is an opportunity for increased HIV-prevention programming. This activity will collaborate with HIV-prevention partners to use or adapt pre-existing audio and print materials to address issues surrounding male social norms and low self-risk perception.

This workplace program involves sectors such as tourism, transportation, plantation and seasonal agriculture which employ workers with a higher risk of HIV/AIDS infection. The modified half-day program approach should allow more transportation, agriculture, and service sector employees to participate in workplace communication activities. It will also enable PSP to reach out to new enterprises along the major transportation corridors whose employees are at risk because of their contact with the mobile population along the corridor.

The PSP program is complementary to AB programs implemented with public sector, government partners, and affords significantly more reach for PEPFAR than would the public sector alone. PSP reaches the

**Activity Narrative:** employees and dependents in the general population through its workplace and private clinic programs. It also reaches at-risk populations through the workplace program by selecting a majority of its intervention sites in companies whose employees are thought to have one or more risk factors. The target enterprises include transportation companies (trucking, airline, and railway), agricultural and floricultural enterprises, tourism, and manufacturing. Through the workplace, PSP reaches men in their sexually active years who also earn a regular income. At the management level, PSP reaches males of higher educational and socioeconomic status, who the EDHS indicates are at risk due to their high number of sexual partners and low reported condom use.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10376

**Related Activity:** 16861, 17742, 16566, 16582, 17860, 16568

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10376	5605.07	U.S. Agency for International Development	Abt Associates	5465	645.07	Private Sector Program	\$312,000
5605	5605.06	U.S. Agency for International Development	Abt Associates	3767	645.06	Abt Private Sector Partnership	\$260,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16861	10573.08	7582	1210.08	HCP	Johns Hopkins University Center for Communication Programs	\$950,000
17742	17742.08	7610	7610.08	Agribusiness and Trade Expansion	Fintrac Inc.	\$125,000
16566	5603.08	7471	645.08	Private Sector Program	Abt Associates	\$180,000
16582	5793.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$950,000
17860	17860.08	7610	7610.08	Agribusiness and Trade Expansion	Fintrac Inc.	\$125,000
16568	6452.08	7471	645.08	Private Sector Program	Abt Associates	\$1,627,031

**Emphasis Areas**

Workplace Programs

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Business Community

## Coverage Areas

Adis Abeba (Addis Ababa)

Afar

Amhara

Hareri Hizb

Oromiya

Southern Nations, Nationalities and Peoples

Tigray

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 609.08

**Mechanism:** Track 1

**Prime Partner:** Catholic Relief Services

**USG Agency:** U.S. Agency for International Development

**Funding Source:** Central GHCS (State)

**Program Area:** Abstinence and Be Faithful Programs

**Budget Code:** HVAB

**Program Area Code:** 02

**Activity ID:** 5596.08

**Planned Funds:** \$715,000

**Activity System ID:** 16553

**Activity Narrative:** This is an ongoing, five-year, Track 1-funded AB activity.

This activity aims to reduce HIV transmission among youth ages 15-29 through increasing the number of youth and young adults practicing abstinence, secondary abstinence, and mutual fidelity. CRS began implementing the Avoiding Risk, Affirming Life Program in FY05 with the aim of challenging unhealthy sexual behaviors that increase young people's vulnerability to HIV. Since that time, the project has expanded its geographical coverage in partnership with the Ethiopian Catholic Secretariat to cover five 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).

As of June 2007, CRS reached 88,725 young people with AB prevention messages, which far exceeded their target. The program currently has over 1,000 peer counselors and volunteers working in churches, schools and communities. CRS will conduct a mid-term evaluation in early FY08. Using the lessons learned from this evaluation, CRS will make any needed implementation adjustments under FY08. During the remaining two years of the program, CRS will focus on ensuring the sustainability of the program by continuing to train religious leaders, parents, facilitators and peer educators. CRS will also establish and strengthen more anti-AIDS clubs, conduct supervision monitoring visits, and continue to distribute the information-education-communication (IEC) materials listed below. In FY08, the program plans to train an additional 600 individuals in AB in order to reach an estimated 90,000 individuals with AB messages.

The project has three strategic approaches: 1) Training of Catholic religious leaders in HIV/AIDS, counseling and message delivery; 2) Support to the diocesan Social and Development Coordination Offices to scale up youth-focused HIV/AIDS prevention and support program and challenge social norms, which contribute to the spread of HIV/AIDS; and 3) Accessing teachers, parents and in- and out-of-school youth using large scale interactive communication methods. These methods include mass events, In Charge! – a participatory methodology that helps youth to learn about HIV/AIDS prevention, and life skills tools such as the Youth Action Kit developed by JHU/Health Communication Partnership in Ethiopia.

The project initiated all three strategies in three dioceses in FY05 and FY06 and expanded to two dioceses in FY07. Three additional tools were added to strengthen targeting of parents and older adults, married couples and teachers and other peer group leaders. The tools are: 1) We Stop AIDS, a participatory methodology to mobilize community groups to help discuss and take action to prevent HIV/AIDS; 2) Faithful House, a counseling tool targeting church-going young people and married couples (developed originally for Uganda, under the Affirming Life, Avoiding Risk grant and adapted for Ethiopia); and 3) Education For Life, an in-depth behavior modification process targeting peer counselors and other community leaders.

CRS provides technical assistance to Ethiopian Catholic Secretariat (ECS) and their Development Coordination offices in the different dioceses. The partner provides support in developing annual workplans, reports, and networks with other faith-based and community-based organizations. CRS supervises and monitors program implementation and works to build the sustainability of the program.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8091

**Related Activity:** 16861

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27887	5596.27887.09	U.S. Agency for International Development	Catholic Relief Services	11456	609.09	Track 1	\$706,405
8091	5596.07	U.S. Agency for International Development	Catholic Relief Services	4697	609.07	Track 1	\$485,628
5596	5596.06	U.S. Agency for International Development	Catholic Relief Services	3762	609.06	T1	\$549,568

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16861	10573.08	7582	1210.08	HCP	Johns Hopkins University Center for Communication Programs	\$950,000

## Emphasis Areas

Gender

- \* Addressing male norms and behaviors
- \* Reducing violence and coercion

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	47,057	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	36,933	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	0	False

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Religious Leaders

Teachers



## Coverage Areas

Dire Dawa

Oromiya

Tigray

Adis Abeba (Addis Ababa)

Amhara

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 608.08

**Prime Partner:** Food for the Hungry

**Funding Source:** Central GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 5595.08

**Activity System ID:** 16555

**Mechanism:** Track 1

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$529,000

**Activity Narrative:** This is an ongoing, Track 1-funded, AB-only activity in prevention

Food for the Hungry International Ethiopia (FHI/E), is an officially registered Christian relief and development organization and has been operating in five regional states of Ethiopia since 1984. FHI/E implements PEPFAR-funded HIV/AIDS prevention projects directly and through sub-partners in ten districts of the country.

In the Healthy CHOICES program, youth leaders are trained on the prevention of HIV/AIDS using a well-structured manual composed of 12 serial sessions. The content of these sessions focus on life-skills-based education aimed at building the confidence and self-esteem of youth, developing their communication skills, increasing knowledge about sexual health and encouraging youth to practice abstinence and hence avoid the risks of HIV/AIDS. Upon completion of training, each youth leader will in turn reach a group of 13 youth using the same curriculum.

This program also includes teaching married couples on faithfulness using a structured manual that will be given over few days. This particular effort is undertaken by making a house-to-house visit, as well as using various community events.

Apart from shaping youth behavior through the Choose Life curriculum, the project also provides special attention to females aged 15-24 in such a way that they will be empowered to avoid engagement in cross-generational and transactional sexual relationships. Sexually active youth, who fail to practice secondary abstinence are referred for comprehensive prevention service.

In the first six months of FY07, FHI/E and its sub partners reached a total of 53,307 youth with appropriate AB messages and 9,541 people were trained to provide HIV-prevention education. AB awareness campaigns were also conducted at mass events like the World AIDS Day. During the same period, translation to local languages of additional lessons on sexual abuse and trans-generational sex was also completed, and implementation has been started.

In FY08, the program will continue working to reach more youth with AB messages. Taking in to account lessons from FY07, the project will revisit the relatively few adolescents who could not commit to abstinence and provide supplemental sessions on risk-reduction options and further behavioral communication approaches. The program will also strengthen its referral to comprehensive prevention services. More influential adults and volunteer health educators will be trained on HIV-prevention programs that promote abstinence and/or faithfulness.

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

Other PEPFAR as well as non-PEPFAR partners currently operate in the three regions in which FHI works. Operational and technical collaboration among these partners is essential for successful implementation of programs and effecting wider impact.

The program targets youth 10-25 years, and married couples in the geographic areas the partner operates in. The youth are the primary targets of this project. The project also works with married couples towards promoting faithfulness in marriage or long-term relationship. Influential adults (such as parents, teachers, religious leaders and other influential people) are instrumental in communicating HIV/AIDS prevention messages and hence bring about the desired behavior change.

By focusing efforts on empowerment of adolescent and young adult women to refrain from engaging in unhealthy sexual behaviors, the project seeks to increase gender equity. The curriculum focuses on tools for prevention of transactional and cross-generational sexual relationships and on other situations of coercive sex, which also addresses the cross-cutting area of gender, male behavior norms, and female empowerment.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8093

**Related Activity:** 16557, 17834

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28044	5595.28044.09	U.S. Agency for International Development	Food for the Hungry	11490	608.09	Track 1	\$409,559
8093	5595.07	U.S. Agency for International Development	Food for the Hungry	4699	608.07	Track 1	\$295,770
5595	5595.06	U.S. Agency for International Development	Food for the Hungry	3761	608.06		\$449,986

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16557	5597.08	7466	610.08	Track 1	Pact, Inc.	\$2,670,364
17834	17834.08	7592	7592.08	New Partner Initiative	Nazarene Compassionate Ministries	\$0

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

### Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	112,591	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	92,191	False

## Target Populations

### General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Religious Leaders

Teachers

## Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Oromiya

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 1531.08

**Prime Partner:** Samaritan's Purse

**Funding Source:** Central GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 5631.08

**Activity System ID:** 16559

**Mechanism:** Track 1

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$566,573

**Activity Narrative:** This is an ongoing, Track 1-funded, AB-only activity. Samaritan's Purse (SP) implements the Mobilizing, Equipping, and Training (MET) youth 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 behaviors 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.

For this program, youth leaders participate in a five-day initial training led by staff trainers using the There Is Hope curriculum. Each youth leader is meant to work with 40 youth in his or her community. Active Peer Educators has the opportunity to participate in a second level training that allows them to reach more youth with life-skills based mentoring. Those who remain committed to the task of promoting healthy behaviors will join Community-based Volunteer Teams (CBVT). SP will provide administrative support and toolkits for starting additional activities for young people. SP program staff will supervise each team to provide technical assistance and track progress. CBVT are entrusted with maintaining the community mobilization and sustaining abstinence and faithfulness focused prevention messages for youth.

In the first six months of FY07, SP reached 18,417 youth with community outreach that promotes HIV prevention through abstinence and faithfulness. Seven hundred seventy three youth leaders were also trained to provide prevention education. Lot Quality Assurance Sampling (LQAS) survey was conducted which enhanced better understanding of the local situation and highlighted some of the progresses made by the program.

In FY08, SP will continue to emphasize successful strategies undertaken in FY06 and FY07. The SP MET team will train 1,627 individuals on stigma and discrimination, basics of voluntary counseling and testing (VCT), facts about HIV and AIDS, and abstinence and faithfulness-based prevention. Trained youth leaders will reach 62,766 individuals through community outreach programs. By the end of FY08, 37 CBVT will be added to the already established volunteers' teams in Gedeo zone.

Based on the findings of the LQAS, SP will give special emphasis to increasing comprehensive knowledge on HIV among youth aged 15-24. In particular, SP will facilitate discussions about misconceptions during training sessions. SP will also emphasize decreasing stigma and increasing acceptance of people living with HIV/AIDS (PLWH) among both married and never-married youth.

In FY08, the program will strengthen its media component which was launched in FY07. Through the Southern Nations, Nationalities, and Peoples (SNNP) FM radio station the media program will target youth in Dilla town. Posters and billboards in local languages will be used to communicate HIV/AIDS messages in Gedeo zone.

The MET program targets youth, one of the population groups in Ethiopia with a high prevalence of HIV. The program uses church and community leaders and school teachers to reach youth through churches, anti-AIDS clubs, community youth centers, or other locations. Efforts to increase comprehensive knowledge on HIV/AIDS and thereby bring about behavior change will be critical to avert new infections. Capacity building of volunteer groups will ensure sustainability of prevention activities in the community. This activity is linked with other AB programs focusing on youth. It also relates with prevention programs that reach various population groups in SNNP.

This activity particularly emphasizes addressing male norms and behaviors, increasing gender equity in HIV/AIDS program, reducing violence and coercion, and building the capacity of local organizations. This will be accomplished through development and enhancement of skills and knowledge on HIV prevention with already established community and church leaders as well as teachers who already have relationships with groups in the target population. Their influence combined with their training in HIV prevention, communication skills, and facilitation of discussions on misconceptions and comprehensive awareness of issues surrounding HIV will enable the volunteers to deliver messages effectively. The capacity of the volunteers will be further developed as they form groups of CBVT and gain experience in developing and implementing new activities with the support of SP.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8097

**Related Activity:** 16555, 16557

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28196	5631.28196.09	U.S. Agency for International Development	Samaritan's Purse	11551	1531.09	Track 1	\$813,139
8097	5631.07	U.S. Agency for International Development	Samaritan's Purse	4703	1531.07	Track 1	\$566,186
5631	5631.06	U.S. Agency for International Development	Samaritan's Purse	3780	1531.06		\$491,076

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16557	5597.08	7466	610.08	Track 1	Pact, Inc.	\$2,670,364
16555	5595.08	7464	608.08	Track 1	Food for the Hungry	\$529,000

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

### Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	62,766	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

## Target Populations

### General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

People Living with HIV / AIDS

Religious Leaders

Teachers

## Coverage Areas

Southern Nations, Nationalities and Peoples

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 655.08

**Mechanism:** Expansion of the Wegen National AIDS Talkline and MARCH Model Activities

**Prime Partner:** Johns Hopkins University  
Center for Communication Programs

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Abstinence and Be Faithful Programs

**Budget Code:** HVAB

**Program Area Code:** 02

**Activity ID:** 10386.08

**Planned Funds:** \$975,000

**Activity System ID:** 16579

**Activity Narrative:** I. MARCH Technical Assistance:

Johns Hopkins University–Bloomberg School of Public Health/Center for Communication Programs (CCP) provides technical support for all partners implementing Modeling and Reinforcement to Combat HIV/AIDS (MARCH), including the National Defense Force of Ethiopia (NDFE), Addis Ababa University (AAU), and the Federal Police Commission (FPC). CCP began providing technical assistance (which now includes financial management for AAU and FPC) to these CDC partners in FY06 to facilitate the MARCH project among these three key audiences. Intensive HIV-prevention activities among the military, police, and university students are critical for these at-risk populations, which are highly mobile groups frequently away from home.

Targeted interventions to most-at-risk subgroups are essential to stem the spread of the epidemic. Sustained success of these programs is therefore a crucial aspect of the national response. There are two main components to the MARCH program: entertainment as a vehicle for education and interpersonal reinforcement at the community level. Printed serialized dramas (PSD) portray role models evolving towards positive behaviors. PSD are published every two weeks and are distributed among the target populations. Discussions are held every two weeks, while informal discussions among peers continue throughout. Peer discussions explore issues raised by the PSD and give individuals community support for behavior change.

In FY07, CCP continued work with CDC Ethiopia and CDC Atlanta to provide technical assistance (TA) and guidance to the partners in the areas of: planning and designing projects; monitoring activities; organizing trainings; and assisting with materials production, including both modeling and reinforcement materials and activities. CCP provided training to the creative team and program staff for the three MARCH partners. The training resulted in the development of high-quality, research-based, information-education-communication (IEC) and behavior-change communication (BCC) materials on relevant HIV/AIDS topics. CCP provided TA to partners on monitoring and evaluation of reinforcement activities; and data collection and dissemination. CCP also conducted site-level support and training, and helped AAU develop and implement its certificate curriculum program through a collaborative TA relationship with AfriComNet.

In FY08, CCP will continue to build the capacity of all three MARCH partners through ongoing training, TA, and staffing, with particular emphasis on program and materials development and implementation. NDFE will, with CCP support, continue expansion and decentralization of its MARCH intervention to three new commands with both PSD and reinforcement activities. NDFE will also conduct outcome evaluations in the two NDFE commands where MARCH has been implemented for more than three years. CCP will build upon its activities with AAU to conduct a feasibility study exploring the potential to expand MARCH to new youth audiences, and may subsequently expand to additional universities in Jimma and Mekele. Activities with the FPC will focus on consolidation of progress to date, with an emphasis on building capacity. This will include ongoing technical assistance to the FPC's public relations and television programming.

Activities with all three partners will include strengthened capacity-building in program management, development of PSD, and reinforcement activities with the aim of institutionalizing MARCH program management and implementation within all three partners. CCP will foster new linkages between MARCH activities and partners and male-norms interventions and HIV/AIDS services such as the University of California at San Diego's mobile voluntary counseling and testing services.

There are no targets for MARCH technical assistance with this activity, as it is assistance toward the targets reported with AAU, FPC and NDFE activities.

II. Technical Assistance to Produce Information-Education-Communication and Behavior-Change Communication (IEC/BCC) Material Production:

In FY06, three documentary films on HIV/AIDS were developed and produced by CDC, and in FY07, CCP produced a variety of IEC/BCC print materials designed to strengthen quality of care at service sites through coordination of major PEPFAR partners operating at all levels. In FY08, CCP will continue to duplicate and distribute these three documentary films (and accompanying discussion materials) and print materials.

In addition, CCP will develop and produce materials for service providers, communities, and individuals promoting Other Prevention (OP) strategies, help providers identify gender-based violence, train providers on utilization of counseling and educational aids, and monitor and evaluate utilization of materials. CCP will also develop and implement communication activities to address prevention-for-positives messaging. Among other audiences, materials will target young people and married couples (including discordant couples and those with concurrent partners), and will highlight themes such as gender norms and masculinity, transactional sex, and sexual networks. These materials will address PEPFAR wraparound areas (and respond to feedback from Wegen AIDS Talkline callers) with greater integration of HIV prevention and other health topics, including reproductive health and family planning. Whenever possible, CCP will involve local partners in the development of materials so as to ensure ongoing in-country capacity building in IEC/BCC.

CCP will strengthen links with other prevention partners to ensure broad distribution and use of these communication materials. All materials will be disseminated and reinforced through expanded outreach and community mobilization activities, such as HIV-related trainings, seminars, and discussion groups, peer-education sessions, mini classes, and panel discussions to be conducted by CCP at national and selected regional sites and by partners nationwide. These activities will be implemented in close collaboration with national and regional HAPCO through establishment of national and regional IEC/BCC working groups.

The communication materials reaching the targets will be comprehensive; targets reached will be reflected under Other Prevention activity 10387.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10386

**Related Activity:** 16580, 16715, 16717, 16716,  
16718



## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10386		HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	5469	655.07	jhu-ccp	\$562,500

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16717	5634.08	7520	2250.08	Improving HIV/AIDS/STI/TB Prevention and Care Activities	Ministry of National Defense, Ethiopia	\$500,000
16580	10592.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$1,300,000
16715	5633.08	7519	2249.08	Strengthening HIV/AIDS, TB & STI Prevention, Control & Treatment Activities	Federal Police	\$42,000
16716	5632.08	7519	2249.08	Strengthening HIV/AIDS, TB & STI Prevention, Control & Treatment Activities	Federal Police	\$168,000
16718	5635.08	7520	2250.08	Improving HIV/AIDS/STI/TB Prevention and Care Activities	Ministry of National Defense, Ethiopia	\$600,000

## Emphasis Areas

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

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

## Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Military Populations

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 655.08

**Prime Partner:** Johns Hopkins University  
Center for Communication  
Programs

**Funding Source:** GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 10592.08

**Activity System ID:** 16580

**Mechanism:** Expansion of the Wegan  
National AIDS Talkline and  
MARCH Model Activities

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Abstinence and Be Faithful  
Programs

**Program Area Code:** 02

**Planned Funds:** \$1,300,000

**Activity Narrative:** Added 10/15/08 with August 2008 Reprogramming:

This funding will be used to incorporate behavior change and life skills programming into "School Net", a state-of-the-art ICT initiative established by the Ethiopian government. Approximately 8,498 computers in 214 high schools in 11 regions all linked to the internet via VSAT and broadband technology. These groups are among the Most at risk populations.

Currently 864,733 students are available in 706 high schools in the country. At an average class size of around 60 students, 458 schools (509,980 students) have access to Plasma-TV, with the remaining schools to receive equipment soon. 2978 television programs are ready for use by the Educational Media Agency using terrestrial and VSAT satellite networks (Education Statistics Annual Abstract 1997 E.C, (2004/2005), Ministry of Education, 2005). These technologies provide tremendous potential to reach students and teachers throughout the nation. The Educational Mass Media Agency officially requested ARC to develop HIV/AIDS prevention messages to broadcast between programs throughout the day free of charge. Part of this funding will also be used to provide technical assistance to university partners in the production, development and mounting of billboards in different regions.

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**I. National AIDS Resource Center (ARC) – Abstinence and Be Faithful**

This project is designed to expand access to AB (abstinence and be faithful-focused HIV/AIDS prevention) by enhancing the relevance of the activities carried out by the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP) in support of the AIDS Resource Center (ARC), and by building the capacity of partners and the HIV/AIDS Program Coordinating Office (HAPCO) to implement HIV-prevention communication activities.

CCP/ARC will promote AB prevention strategies through two interrelated activity areas. First, CCP/ARC will continue to provide accessible, current, and accurate information on AB strategies and service uptake to governmental and nongovernmental partners, journalists and media professionals, healthcare providers, researchers, and the general public through its national and regional resource centers. In FY08, CCP/ARC will focus on maintaining and strengthening its premier, virtual-information center and library for HIV/AIDS information resources. Particular areas of emphasis will be improved quality of library and IT services, such as increasing the library's capacity to serve an increasingly tech-savvy public. Other areas of emphasis include a major overhaul of the library's collection, and expansion of the library's resource-monitoring and retention strategy. CCP/ARC will also work to establish defined areas in the resource center that can serve populations with special needs (e.g. introducing audio booths and software for the visually impaired).

CCP/ARC will also systematize outreach activities by leveraging its existing resources. Outreach activities will be targeted to the general public and special audiences such as youth aged 15-24, students, health professionals and other individuals working in HIV/AIDS in Ethiopia. These activities will include a regular schedule of single-session, drop-in, information-education-communication and behavior-change communication (IEC/BCC) activities (e.g., classes, panel discussions, lunchtime presentations, and/or discussion groups) pertaining to HIV/AIDS. CCP/ARC will also encourage groups and organizations in the wider Addis Ababa region to use ARC space to conduct their own trainings and peer-education sessions.

As part of its second activity area, CCP/ARC will work to strengthen the expanded Wegen Talkline's capacity to respond to escalating demand and to provide accurate and valid information, referral, and counseling services on non-AB focused prevention. This will be done by hiring additional counselors fluent in key local languages. The Wegen Talkline currently receives more than 6,000 calls per day. In FY08, the Talkline's hours will be extended to allow for service seven days a week. CCP/ARC's current system for monitoring the Talkline and analyzing Talkline data will be streamlined to allow for easier tracking of behavioral trends and appropriate development of IEC/BCC materials. CCP/ARC will compile and analyze hotline data to recommend a mechanism for feedback and dissemination of data for program improvement and monitoring. ARC will also produce a newsletter highlighting findings of Talkline monitoring and a monthly article on top issues addressed by Wegen counselors. These materials will be distributed to the general population and to partner organizations to help them in the development of their own activities. CCP/ARC will also continue to build the capacity of its own staff to retain hotline counselors.

**II. Support to Regional AIDS Resource Centers (ARC)**

In each region, the ARC has been integrated into the regional HAPCO, where staff receive orientation, training, and ongoing technical support from CCP/ARC. The regional HAPCO is responsible for management, funding, procuring equipment and supplying necessary operational materials. In FY07, CCP provided support to the regional ARC, enabling it to provide access to accurate and up-to-date information on HIV/AIDS, sexually transmitted infections (STI), and tuberculosis (TB) in the regions through activities including:

- 1) Support for HIV/AIDS-related projects and activities of regional HAPCO, regional health bureaus (RHB), and PEPFAR Ethiopia implementing partners
- 2) Support for development of culturally appropriate IEC/BCC materials specific to regional populations, including mass media, print materials, and/or interpersonal communication tools and trainings
- 3) Piloting of IEC/BCC outreach activities at Bahir Dar, Mekele, and Nazaret ARC, including providing and hosting HIV/AIDS-related trainings for local groups, expanded outreach for IEC/BCC programs, and drop-in sensitizations and classes
- 4) Expansion of information-dissemination activities by facilitating outreach and distribution planning in the regions
- 5) Promotion of other ARC functions, such as the Wegen AIDS Talkline in the regions
- 6) Provision of Internet access through high-speed computer terminals for users to research current health and HIV/AIDS-related issues

In FY08, CCP/ARC will build upon this progress through:

- 1) Establishing five additional regional or zonal ARC, with clear linkages to existing local services
- 2) Providing ongoing training and technical assistance to seven existing regional ARC, HAPCO, and RHB in monitoring, information technology, and materials distribution
- 3) Strengthening information technology capacity of all regional ARC
- 4) Collaboration with regional HAPCO to develop or adapt IEC/BCC materials for use at the regional level. These materials will be culturally and linguistically tailored to the regions, and will cover a wide range of

**Activity Narrative:** HIV/AIDS-related topics.

5) Expansion of outreach activities to three additional regional ARC. These outreach activities may include: providing trainings for local groups; encouraging regional HIV/AIDS groups to use ARC space to conduct their own trainings and activities; expanding reinforcement and outreach activities for CCP/ARC's existing BCC programming, such as the Betengna Radio Diaries or the HIV/AIDS Services Communication Initiative; and providing a regular schedule of single-session, drop-in IEC/BCC activities (such as classes, panel discussions, or discussion groups) pertaining to HIV/AIDS.

6) Establishing monitoring and evaluation systems at all regional ARC through staff training, implementing outcome-evaluation protocols for user services modeled on those developed for the national ARC in FY06, and conducting an impact evaluation of selected services at national and regional ARC.

**III. Support to HAPCO for World AIDS Day**

World AIDS Day (WAD) is marked every year in Ethiopia, providing an opportunity to commemorate and publicly share successes and achievements in the battle against HIV/AIDS, and recognizing its global and national impact. CCP/ARC, supported by PEPFAR Ethiopia, serves as an active member of the World AIDS Day Campaign, providing technical and financial support to conduct the campaign. This includes developing messages and producing campaign materials (posters, flyers, t-shirts, banners, billboards, press kits, press alerts, web pages, video and radio PSAs, documentaries, and feature stories). In FY07, CCP/ARC assisted the Federal HAPCO with coordination of all of PEPFAR Ethiopia's implementing partners for WAD, and gave direct technical assistance in special-events management to Federal HAPCO to conduct an effective campaign.

In FY08, CCD/ARC will give direct technical and financial assistance to HAPCO to conduct an effective campaign throughout the year, employing a multimedia approach. CCP/ARC will expand and increase its World AIDS Day activities at both the national and regional levels, including nationally-broadcast mass media (televised panel discussions, TV spots, and radio spots); extensive outreach events through the regional ARC; and production of regionally-specific World AIDS Day promotional materials. CCP/ARC will also work to involve parliamentarians and government ministries in advocacy and communication activities for WAD. These activities will be in addition to CCP/ARC's continued coordination of PEPFAR Ethiopia's implementing partners for WAD.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10592

**Related Activity:** 16582, 16585

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27937	10592.27937.09	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	11466	655.09	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	\$1,200,000
10592	10592.07	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	5469	655.07	jhu-ccp	\$500,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16582	5793.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$950,000
16585	10422.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$240,000

## Emphasis Areas

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,000,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	500	False

## Target Populations

### General population

Ages 10-14

Boys

Ages 15-24

Men

Adults (25 and over)

Men

### Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Teachers

**Table 3.3.02: Activities by Funding Mechanism**

**Mechanism ID:** 610.08

**Prime Partner:** Pact, Inc.

**Funding Source:** Central GHCS (State)

**Budget Code:** HVAB

**Activity ID:** 5597.08

**Activity System ID:** 16557

**Mechanism:** Track 1

**USG Agency:** U.S. Agency for International Development

**Program Area:** Abstinence and Be Faithful Programs

**Program Area Code:** 02

**Planned Funds:** \$2,670,364

**Activity Narrative:** This is a continuing Track-1 ABY activity.

Y-CHOICES is an AB activity focused on HIV-prevention. The program is designed to reach in-school and out-of-school children and youth in urban and semi-urban areas. The program is being implemented in partnership with 25 local nongovernmental organizations (NGO) across nine regions and two city administrations.

Specific objectives of the program include: 1) promote healthy sexual behaviors that will lead to decreased risky sexual activities among youth, families, and communities through the provision of skills-based knowledge and building capacities of youth; 2) scale up and expand community-focused programs for behavior change education targeting youth to bring about healthy sexual behaviors and reduce harmful sexual practices; and 3) improve and strengthen the environment for family discourse on social issues critical to healthy behavior change and to the reduction of harmful sexual practices by youth and their communities.

In FY05 and FY06, Pact and its implementing partners reached 1,766,469 secondary school and 720,771 primary school students, 860,089 out-of-school and 386,065 adults. FY07 supplemental funds enabled Pact to provide 126 primary schools Sports for Life training and small grants to undertake abstinence and life skills development activities. Community conversation training was provided to out-of-school clubs and traditional community based organizations as an effort to improve child-parent interaction and quality of the ongoing Y-CHOICES activities. Gender is a crosscutting theme and is incorporated into all training and outreach activities. The Y-CHOICES program anticipates 40% female participation.

In FY 08, Pact will expand partnerships to reach old and new school partners, out-of-school youth clubs and local faith-based associations. The project will support training of trainers in Sports for Life approaches for 100 school children and NGO representatives; and in Community Conversation approaches for 50 NGO representatives. The project will provide small grants to 25 local NGOs to implement activities in schools and communities and will provide small grants to 126 schools to strengthen club activities and organize health clubs in elementary schools.

In order to meet the Y-CHOICES program objectives, various strategies will be employed at different levels. Pact will strengthen the capacity of its partner local NGO through technical training to enable them to successfully manage and implement ABY programs. The partners will in turn train AB program facilitators (peer educators and mentors) in secondary and primary schools, out-of-school youth clubs and traditional community based organizations. The trained facilitators will also organize and undertake diverse behavior change focused community outreach programs, including peer learning, mass education, drama, question and answer contests, adult-child dialogue, community conversation and mini-media broadcast through AB messages targeted at grassroot-level outlets.

Expected short-term results include strengthened local NGO's capacity to implement effective ABY programs; increased school and out-of-school clubs and traditional community based organizations initiatives to combat HIV spread; improved knowledge and skills to transmit HIV/AIDS-related messages to target groups, and improved life skills and child-parent communication resulting in informed choices and behavior change contributing to a measurable decrease in HIV infection.

This activity is linked with the MET, Healthy-CHOICES as well as other ABY programs. Its implementation is coordinated with community-based organizations and government structures in operational areas.

The Y-CHOICES program primarily targets in-school and out-of-school youth and children within the 10-24 age bracket. The program fosters youth-adult partnership in HIV prevention reaching adults/parents who are members of traditional community based organizations. The participation of adults and parents will address the prevalent weak child-parent communication practice on sexuality issues. The youth-parent partnership is expected to promote open communication about HIV/AIDS and sexuality issues at family level and result in a more supportive family environment.

The emphasis areas of this program are addressing male norms and behavior and increasing gender equity in HIV/AIDS programs. Through involving parents and adults in the activity the program will strengthen community and communication between youth and adults. The program actively engages women in participating in the facilitators program. Those engaged in the program will receive training on behavior change that will directly affect male norms and female involvement.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8095

**Related Activity:** 16559, 16679

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28177	5597.28177.09	U.S. Agency for International Development	Pact, Inc.	11539	610.09	Track 1	\$720,000
8095	5597.07	U.S. Agency for International Development	Pact, Inc.	4701	610.07	Track 1	\$1,208,396
5597	5597.06	U.S. Agency for International Development	Pact, Inc.	3763	610.06	T1	\$414,751

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16679	5594.08	7501	604.08		Pact, Inc.	\$500,000
16559	5631.08	7468	1531.08	Track 1	Samaritan's Purse	\$566,573

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	485,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	129,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,168	False



## Target Populations

### General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Teachers

## Coverage Areas

Adis Abeba (Addis Ababa)

Afar

Amhara

Binshangul Gumuz

Dire Dawa

Gambela Hizboch

Hareri Hizb

Oromiya

Southern Nations, Nationalities and Peoples

Sumale (Somali)

Tigray



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

**Total Planned Funding for Program Area: \$3,813,700**

Estimated PEPFAR contribution in dollars \$0  
 Estimated local PPP contribution in dollars \$0

**Program Area Context:**

PEPFAR/Ethiopia's past investment in safe blood systems have resulted in improvements in the capacity of the National blood programs of both civilian as well as uniformed services. In the past three years, the Ministry of Health provided with financial and technical assistance through World Health Organization is currently supporting 25 blood banks through personnel, training, equipments, supplies and logistics. 16 of the 25 Blood banks have been renovated in FY06 to serve as regional blood banks

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. Based on technical assistance from WHO, Ethiopia now has a national blood policy and a five year strategic plan. In addition, the Ethiopian Red Cross Society (ERCS) was officially delegated to operate blood transfusion services in the country including planning and management of renovations, procurement, personnel recruitment, training and logistics. Since the delegation of responsibility to ERCS, there is a tremendous improvement in the implementation of the PEPFAR blood safety project and working relationships among the stakeholders

During FY06, ERCS efforts were underway to promote blood collection from low-risk voluntary donors in order to decrease the existing dependence on family and replacement donations throughout the country. Total blood collections increased from 25,004 units of blood in 2004 to 31,247 units in 2006. There has been a 52% increase in voluntary blood donations, 10% increase in blood donor retention rate while the phasing out of family replacement donations showed only a reduction of 3.5% over the previous year. All (100%) donated blood was tested for HIV and Syphilis. At the national level however, 75% was tested for Hepatitis B and 30% for Hepatitis C. The prevalence of disease markers amongst blood donors has shown decreasing trends over the years. HIV from 3.7% in 2004 to 3.4% in 2005 and 2.4% in 2006. Similar trends have been observed for other markers of infections transmitted by blood transfusion (ERCS data 2006). This situation is expected to improve further with improvement in quality testing and regular supply of test kits in the country under PEPFAR.

A comprehensive assessment of the quality management system in the blood service was conducted in 2006 by WHO. Gaps in the system were identified and a roadmap to address these gaps was developed through consensus meetings with stakeholders. The National Guideline on Appropriate Clinical Use of Blood was developed by the FMOH with the support of the WHO in collaboration with all stakeholders. Nationally this guideline has been distributed to all Health Bureaus, all medical schools and hospitals both government and private. A total of over 90 doctors of various grades have been trained as to the use of the guidelines. To alleviate the shortage of trained human resource, a total of 306 staff from blood banks, hospitals and laboratories were trained on various aspects of blood transfusion services. Consolidation and expansion of the program is foreseen in FY08 and will go a long way in helping to achieve the health related millennium development goals.

The US Department of Defense in cooperation with the Ethiopian National Defense Forces has established one center of excellence at Bella Defense Referral Hospital for collection, processing, storage, distribution of safe blood, and training. Procurement of equipment, consumables, and controlling and tracking systems for distributed and stored processed blood and components are finalized. The Defense HIV/AIDS Prevention Program (DHAPP) in collaboration with the blood safety technical team from Naval Medical Center in San Diego Blood Bank has completed the training of 11 core staff personnel assigned at the Center and also conducted lectures for a total of 180 health care workers, medical technologists, and physicians at the Defense Health Sciences College, the Armed Forces Teaching Hospital, and the Bella Defense Referral Hospital in different aspects of blood transfusion service. By the end of FY07 three more military hospital based blood banks at Mekele, Gondar, and Harar will be established. FY08 will see a strengthening of the uniformed services blood safety program whereby the center and the three hospital based regional banks will support all Regional Military Command health services structures.

**Program Area Downstream Targets:**

3.1 Number of service outlets carrying out blood safety activities 25  
 3.2 Number of individuals trained in blood safety 350

**Custom Targets:**

**Table 3.3.03: Activities by Funding Mechanism**

**Mechanism ID:** 3793.08

**Mechanism:** Track 1

**Prime Partner:** World Health Organization

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** Central GHCS (State)

**Program Area:** Medical Transmission/Blood Safety

**Budget Code:** HMBL

**Program Area Code:** 03

**Activity ID:** 5757.08

**Planned Funds:** \$500,000

**Activity System ID:** 16560

**Activity Narrative:** This is a continuation of FY07 activity.

The World Health Organization (WHO) supports rapid scale-up of activities in Ethiopia for the establishment of a sustainable, nationally coordinated Blood Transfusion Service. This project began in FY04 with an assessment of existing blood transfusion services to determine their capacity for rapid strengthening into the Blood Transfusion Service infrastructure and program. WHO, assisted by the Federal Ministry of Health (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. WHO has provided support in training and development of instruments to improve blood donor recruitment, blood testing, and the clinical interface, as well as establishment of quality systems in the national blood supply system. This marked the initiation phase of the program.

In FY06, WHO provided technical support for implementation of the five-year strategic plan. WHO, in collaboration with the MOH, completed assessments of strategies in blood donor recruitment as well as quality systems. Following the assessments, roadmaps to address the identified gaps in blood donor recruitment and quality were developed, and the implementation of these roadmaps is on course. National Guidelines for Appropriate Clinical Use of Blood were developed and distributed. WHO supported the initiation of hospital-level transfusion committees and one of them, at Black Lion Hospital, became a pilot site for the strengthening of aspects of the clinical interface. To date, WHO has trained 306 individuals involved in blood transfusion services, and four technical staff members have been out-posted in other countries to gain experience and further professional development.

In FY07, WHO continued to support strengthening of the national blood program by following the roadmaps developed in FY06. In collaboration with regional health bureaus (RHB) and the Ethiopia Red Cross Society, WHO worked to build capacity and develop partner engagement mechanisms through forums focusing on equity and quality issues in service provision. WHO also collaborated on development of draft legislation for the blood transfusion service legal framework and a human resource development plan. Since the inception of the project, internationally renowned consultants in blood transfusion have been recruited to support activities in their areas of expertise.

In FY08, WHO will continue to provide technical 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 accessibility, 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 the following activities:

- 1) WHO will offer pre-service training and continuing medical education to 350 individuals involved in providing vein-to-vein blood transfusion services. International placements and training of technical staff will be coordinated.
- 2) WHO will support enhanced blood donor recruitment to meet the national requirements for a safe blood supply. Community mobilization and improved communication methods will lead to an expanded, stable, base of regular, voluntary, non-remunerated blood donors. WHO will support the training of journalists, community mobilizers, and staff for improved communication.
- 3) Cost-effective quality testing and processing will be achieved by establishing and strengthening blood bank laboratory functions, particularly in the regions. This will include scale-up of component production and cold chain maintenance.
- 4) WHO will support the reduction of unnecessary transfusions in order to prevent adverse transfusion events and reactions by training staff at the clinical interface on appropriate clinical use of blood and safe bedside practices. WHO will support the requisite training tools, as well as continue supporting Hospital Transfusion Committees.
- 5) WHO will strengthen systems for regular monitoring, evaluation, review, and re-planning through training. WHO will also support improved mechanisms for data collection and management, including the use of appropriate indicators.
- 6) WHO will support the regionalization/centralization of blood bank functions to enhance cost-effective service provision while preserving quality service.
- 7) WHO will support strengthening of quality systems through training as part of the roadmap developed in FY06. Through these trainings, establishment of all quality elements in blood transfusion services is foreseen.

In FY08, WHO will put particular emphasis on scale-up of services in the regions through human resource development, mentoring, and regular supportive supervision. Due to inadequate capacity in the country, both local and international expertise will be engaged in some of the activities.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8098

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28090	5757.28090.09	HHS/Centers for Disease Control & Prevention	World Health Organization	11506	3793.09	Track 1	\$500,000
8098	5757.07	HHS/Centers for Disease Control & Prevention	World Health Organization	4704	3793.07	Track 1	\$400,000
5757	5757.06	HHS/Centers for Disease Control & Prevention	World Health Organization	3793	3793.06		\$676,440

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16554	5581.08	7463	434.08	Track 1	Federal Ministry of Health, Ethiopia	\$3,000,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

\* Retention strategy

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	25	False
3.2 Number of individuals trained in blood safety	350	False

**Indirect Targets**

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

**Table 3.3.03: Activities by Funding Mechanism**

**Mechanism ID:** 434.08

**Prime Partner:** Federal Ministry of Health,  
Ethiopia

**Funding Source:** Central GHCS (State)

**Budget Code:** HMBL

**Activity ID:** 5581.08

**Activity System ID:** 16554

**Mechanism:** Track 1

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Medical Transmission/Blood  
Safety

**Program Area Code:** 03

**Planned Funds:** \$3,000,000

**Activity Narrative:** This is a continuation of activity from FY07. The Ethiopian Federal Ministry of Health (MOH) initiated this project in FY04 with the goal of ensuring the provision of safe and adequate blood and blood products by: equitable expansion of service to ensure national coverage; collection of blood only from voluntary, non-remunerated blood donors from low-risk populations; the testing of all donated blood for HIV and other transfusion-transmissible infections and appropriate blood group serology; the appropriate use and safe administration of blood and blood products; and the implementation of total quality management in the national blood service.

In FY06-07, the project renovated 16 existing blood banks, and all are expected to be functional by the final quarter of FY07. Operational and implementation activities of the National Blood Transfusion Services (NBTS) were delegated to the Ethiopia Red Cross Society in January 2006, significantly contributing to the project's capacity for swift implementation. Nine blood banks have also been supported operationally, bringing the total number of blood banks with enhanced services to 25. Moreover, 17 vehicles were procured and are in use for blood services.

Given the critical importance of human resource capacity, additional staff were recruited and trained to support the functions of the existing 25 blood banks. By the end of FY06, 306 blood bank staff and health workers had been trained in blood banking and appropriate clinical use of blood. Guidelines, protocols, and standard operating procedures were also developed to ensure delivery of quality blood services.

**Activities for FY08:**

**Training:** Continuing medical education, as well as pre-service training of new staff, will be undertaken, based on the comprehensive human resource development plan created in FY07. A total of 350 individuals involved in providing vein-to-vein blood transfusion services will be trained. Exchange programs and placements will be conducted to ensure continued professional development. As part of the human resource development plan, four medical officers will also be sponsored for training in blood transfusion medicine.

**Equipment and supplies:** Staff costs, supplies, and consumables, as well as vehicle operation/maintenance and other operational costs, will be required for all 25 blood banks in FY08. An additional nine vehicles will also be bought in FY08.

**Personnel:** A total of 275 essential staff members will be employed by the NBTS for the 25 national blood banks. These staff will require salaries, benefits, and other incentives.

**Community mobilization:** Recruitment of blood donors is an important component of blood transfusion service delivery. Community mobilization will be done through training of journalists, mobilizers, and staff. Other communication channels for blood donor retention will also be used.

**Blood Collection:** The MOH, through the Ethiopian Red Cross Blood Service, will increase blood collection from 60,000 units in FY07 to 80,000 units in FY08. This will be achieved through enhancing blood-donor recruitment activities in the regions, working toward the national target of 120,000 units per annum.

Collaboration with other health programs on which blood safety has an impact will be enhanced. These include, but are not limited to, Making Pregnancy Safer and Rolling Back Malaria.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8092

**Related Activity:** 16560

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28028	5581.28028.09	HHS/Centers for Disease Control & Prevention	Federal Ministry of Health, Ethiopia	11485	434.09	Track 1	\$3,000,000
8092	5581.07	HHS/Centers for Disease Control & Prevention	Federal Ministry of Health, Ethiopia	4698	434.07	Track 1	\$1,750,000
5581	5581.06	HHS/Centers for Disease Control & Prevention	Federal Ministry of Health, Ethiopia	3753	434.06		\$350,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16560	5757.08	7469	3793.08	Track 1	World Health Organization	\$500,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

\* Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

\* Child Survival Activities

\* Malaria (PMI)

\* Safe Motherhood

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	25	False
3.2 Number of individuals trained in blood safety	350	False

## Indirect Targets



## Target Populations

### General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

**Table 3.3.03: Activities by Funding Mechanism**

**Mechanism ID:** 119.08

**Prime Partner:** US Department of Defense

**Funding Source:** GHCS (State)

**Budget Code:** HMBL

**Activity ID:** 5575.08

**Activity System ID:** 16712

**Mechanism:** Ethiopian National Defense Force

**USG Agency:** Department of Defense

**Program Area:** Medical Transmission/Blood Safety

**Program Area Code:** 03

**Planned Funds:** \$280,000

## **Activity Narrative:** Ethiopia National Defense Force Safe Blood Program

The Ethiopia National Defense Force (ENDF) determined that there was a need to establish a blood program to support present, ongoing, ENDF blood-transfusion requirements and future operational contingencies. The ENDF currently relies on the Ethiopian Red Cross Society (ERCS) for its supply of blood products. However, the ERCS has not been able to adequately supply blood to the military because of commitments to civilian hospitals and the unique nature of military operations. Nor have there been standardized guidelines for blood-transfusion practice within the ENDF. Implementation of standardized transfusion practice guidelines will further reduce potentially unnecessary transfusions and reduce the potential exposure to blood borne infectious diseases. The ENDF with the support of the US Navy Blood Program has started implementing a safe blood program using components of the United States Military Blood Program as a model. To meet the objectives, this activity 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 a template for the establishment by ENDF of additional blood banks at other field referral military hospitals throughout Ethiopia
- 2) Provide facilities to perform mobile blood collections from newly accessioned recruits, potentially offering a safer donor pool since recruits are pre-screened for transmissible agents upon entry into the ENDF. Other military personnel are considered as donors if their proximity to blood banks is optimal for their mobilization.
- 3) Define a realistic, safe, blood-distribution network that takes into account peacetime, wartime, and other national (natural or manmade) emergencies, in coordination with the national program on delivering safe-blood transfusion services to communities around military deployment areas
- 4) Define an organizational structure with recommended assignments, standard operating procedures (SOP), and forms for blood administration, safe transfusion therapy, and an ongoing training and Quality Assurance (QA) to maintain safety for all aspects of the blood program.

### **Program Implementation Strategy:**

The DOD Blood Safety Program has been using a phased approach (FY04-FY08) to build one central blood -collection, processing, and storage facility with a strategically located distribution network, and a total of four reliable, safe, hospital-based blood banks. Throughout the implementation process of the program, it will ensure performance of tasks in order to validate and build capacity within the ENDF to assume total operational sustainability of the program.

### **1) Accomplished tasks:**

The FY06 Program implementation team (i.e., US Naval Medical Center San Diego, DOD HIV/AIDS Prevention Program at Naval Health Research Center, Bella Hospital Director, and PEPFAR DOD Ethiopia) was established and collaborated by way of weekly teleconferencing and meetings. With FY04-FY06 funding resources, the following was accomplished:

- 1) Renovation of a building at Bella Military Hospital. This building will serve as a center of excellence for training, for blood collection, blood processing, production of blood components, storing and distribution of safe blood and manufactured components
- 2) All medical equipment for the central blood collection, processing, storage, and distribution facility and also the Bella Hospital-based blood bank has been delivered, installed, and validated
- 3) SafeTrace Program Software and Wyndgate Computer terminals have been purchased for the blood- and blood-products management computer system to track and control safe blood and blood-component products. Ten desktop computers for the program have been acquired from CDC Ethiopia on a one-year loan. Preparation of local networking of the computers is underway and in progress.
- 4) Structural organization, staffing, and Scope of Work proposals have been completed and submitted to the ENDF Health Services Management for comments and subsequent implementation.
- 5) Hands-on training (15 Sept. – 8 Oct., 2006), for two Ethiopian military Blood Center senior staff members was conducted at the Naval Medical Center Blood Bank in San Diego, CA.
- 6) Training for 11 Ethiopian core staff personnel assigned to the Bella blood center was conducted between the periods 29 May – 15 June 2007. The Core Staff has been trained on the following topics:

- Component processing for red-cell, fresh frozen plasma, and storage requirements for both
- Equipment calibration for the component processing equipment
- Donor registration process, vital signs (blood pressure, pulse, temperature, hemoglobin, arm check, and weight screening), confidential interview, confidential unit exclusion, bag issue, and collection process
- Testing process and quality control
- Once-a-week functionality training at the International Testing Laboratory in Addis Ababa for the Senior Medical Technologist
- Lectures on transfusion safety and adverse reactions were delivered to the medical staff at the Bella Defense Referral Hospital, the Armed Forces General Hospital, and the Defense College
- Delayed delivery of some essential equipment and consumables has made it impossible for the blood-safety technical team to complete the program of training in its entirety and certify full operability of the center by the core staff. For this reason, a second visit by the technical team has been scheduled for October 2007.

By the end of FY07 plan implementation, three more military-hospital-based blood banks at Mekele, Gondar, and Harar will be established. Provision of consumables for the Bella Blood Center and the four hospital-based blood banks will also be covered.

In FY08 all logistical support for consumables and a supply-management system for the centrally established blood collection, processing, storage, and distribution facility at Bella and four hospital-based blood banks will be realized. Computers replacing those on loan from the CDC will be provided. A visit by a US Navy Blood Safety Technical Team in order to evaluate existing quality assurance standards and management of all PEPFAR-established military facilities for blood safety would have been accomplished. Testing of existing systems and addressing challenges will enable the partner to create a solid base for its future ability to sustain the program.

## **HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10564

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28051	5575.28051.09	Department of Defense	US Department of Defense	11494	119.09	Ethiopian National Defense Force	\$1,425,000
10564	5575.07	Department of Defense	US Department of Defense	5538	119.07		\$1,000,000
5575	5575.06	Department of Defense	US Department of Defense	3749	119.06		\$108,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	5	False
3.2 Number of individuals trained in blood safety	15	False

**Indirect Targets**

## Target Populations

### Special populations

Most at risk populations

Military Populations

### Other

Civilian Populations (only if the activity is DOD)

**Table 3.3.03: Activities by Funding Mechansim**

**Mechanism ID:** 8181.08

**Mechanism:** CDC-M&S

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

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GAP

**Program Area:** Medical Transmission/Blood  
Safety

**Budget Code:** HMBL

**Program Area Code:** 03

**Activity ID:** 18719.08

**Planned Funds:** \$33,700

**Activity System ID:** 18719

**Activity Narrative:** This activity represents the direct technical assistance which is provided to partners by CDC staff. The amount represents the salary and benefit costs for CDC Ethiopia local technical staff. Detailed narrative of CDC-Ethiopia Management and Staffing is included in Program Area 15 – Management and Staffing HVMS.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

HMIN - Injection Safety

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

**Total Planned Funding for Program Area: \$4,321,417**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

### Program Area Context:

MEDICAL TRANSMISSION/INJECTION SAFETY

PEPFAR Ethiopia continues to focus on Infection Prevention in healthcare settings in general, and the prevention of unsafe medical injections in particular, throughout the rapidly expanding ART health network. These infection prevention programs have been operational since COP04 and will continue to be strengthened and expanded at the ART health networks. As of May 2007,

there were 265 ART sites operational through out the country, including 117 hospitals (92 public hospitals, 13 private hospitals, and 12 military hospitals), 146 health centers and two NGO clinics. By the end of FY07, these infection prevention programs would reach 119 hospitals 183 health centers, 677 health posts and 6 refugee camps. In FY08, PEPFAR Ethiopia will build on activities and achievements of previous years and continue supporting these programs at 34 hospitals, 6 refugee camps, 100 additional health centers and 500 additional health posts. Different cadres of health workers including Health Extension Workers will be trained on infection prevention.

According to EDHS 2005 data, women are more likely than men to report receiving at least one injection. 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.

Unsafe injections are reported to be responsible for the transmission of various blood borne infections in Ethiopia, including HIV/AIDS, and Hepatitis B and C.

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 healthcare 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.

John Snow Institute's Making Medical Injections Safer (MMIS) program is cross-cutting in supporting PEPFAR clinical activities in blood safety, voluntary counseling and testing (VCT), PMTCT, palliative care, TB/HIV, and ARV services. The core components of the MMIS program include: (1) commodity procurement and management; (2) training and human capacity building; (3) behavior change and advocacy; (4) standardizing systems for proper waste management practices; (5) addressing private providers and the informal sector; (6) policy development; and (7) monitoring and evaluation

In COP08, activities of the Making Medical Injections Safer Project (MMIS) will be scaled up to reach 5 federal hospitals in Addis Ababa, 100 health centers and 500 health posts. In FY07 and previous years, JHPIEGO supported Ethiopian governmental hospitals in proper implementation of recommended infection prevention (IP) practices and processes. In FY08, JHPIEGO will give in-service infection prevention training courses for private hospitals and clinics. In FY08, JHPIEGO will support two local Technical and Vocation Education and Training institutions (TVET) to produce low cost, locally customized basic IP supplies, such as aprons, goggles, antiseptic hand rubs, sharps and waste containers. The first pilot production will be targeted to 20 selected hospitals, with an emphasis on teaching hospitals supported by PEPFAR

PEPFAR Ethiopia also worked with the Ethiopian military to train healthcare workers in infection prevention and safe blood practices at military hospitals and field clinics. The Department of Defense will continue to support the Ethiopian National Defense Force Injection safety Program. In COP08, building on activities of COP07, the technical support will continue to maintain support at 10 referral hospitals and 31 health centers.

Additionally, through UNHCR, refugees will have access to safer injections and infection prevention practices including the use of post-exposure prophylaxis for victims of rapes in 6 camps near the Sudanese and Somali border.

In COP06 and 07, EPHA continued working on Infection Prevention Advocacy (IPA) among health professionals associations addressing medical doctors, nurses, nurse midwives and laboratorians with main objective of preventing healthcare workers & beneficiaries from health facility acquired infection, particularly HIV infection during service provision. Building on previous years activities, during COP 08, EPHA will continue the advocacy expansion work through professional associations & partners at regional & district levels.

During FY2007, the procurement support, as well as national and regional support for supply chain management has transitioned to the Partnership for Supply Chain Management (PSCM), through the Supply Chain Management System (SCMS) activity. In FY07, in conjunction with the Federal HIV/AIDS Prevention and Control Office, SCMS facilitated a National HIV Commodity Quantification Exercise, including quantification of infection prevention materials in March 2007, updated in June 2007. The quantification/costing of IP commodities for calendar year 2008 showed a major gap exists to cover the needs for universal access to HIV services, per the targets of the MOH's Road Map 2007-2008: Accelerated Program for HIV/AIDS prevention, Care and Treatment in Ethiopia.

In COP08, PEPFAR Ethiopia will continue procuring limited IP 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, a major gap exists in this area.

**Program Area Downstream Targets:**

4.1 Number of individuals trained in medical injection safety

2500

**Custom Targets:****Table 3.3.04: Activities by Funding Mechansim****Mechanism ID:** 674.08**Mechanism:** Improving HIV/AIDS/STD/TB Related Public Health Practice and Service Delivery**Prime Partner:** Ethiopian Public Health Association**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Medical Transmission/Injection Safety**Budget Code:** HMIN**Program Area Code:** 04**Activity ID:** 18210.08**Planned Funds:** \$280,000**Activity System ID:** 18210**Activity Narrative:** Infection Prevention Advocacy

Infections acquired in health facilities (nosocomial infections) are a serious problem throughout the world, but particularly in developing countries like Ethiopia, where infectious diseases are prevalent and there are severe constraints on health resources.

Healthcare providers are a critically important resource in Ethiopia. Like the patients for whom they care, they are at risk for nosocomial infections, including HIV, but they are often overlooked in HIV prevention programs.

The Ethiopian Public Health Association (EPHA) believes that professional associations, such as the Ethiopian Medical Association (EMA), the Ethiopian Nurse Midwives Association (ENMA), the Ethiopian Nurses Association (ENA), and Lab Associations, have moral mandates and professional responsibility to advocate for standard safety procedures and to protect their members from HIV infection. In FY06, EPHA laid the groundwork for this project, bringing together the associations with members at high risk for nosocomial HIV infection with specialized institutions like JHPIEGO, Making Medical Injections Safer/John Snow International (MMIS/JSI), and the Ethiopian Federal HIV/AIDS Prevention & Control Office/Ministry of Health.

In FY06 and FY07, EPHA continued working with associations for health professionals on infection prevention (IP)—addressing medical doctors, nurses, nurse midwives and laboratory technicians with the objective of preventing healthcare workers and beneficiaries from acquiring nosocomial infections (including HIV) on the job.

Major activities included in this project are: basic IP trainings & training-of-trainers (TOT) for members of associations for health professional (ENA, ENMA, EMA & EPHA); panel discussions; continuing medical education and continuing nursing education (CME/CNE); and advocacy campaigns to bring the attention of policy makers & stakeholders to the need for infection prevention. The main strategies of the project include involving sister associations (ENA, EMA, ENMA) and creating linkages between major stakeholders (JHPIEGO-Ethiopia and MMIS/JSI).

Building on FY07 activities, during FY08, EPHA will continue its advocacy expansion work through professional associations and with partners at regional and district levels. Activities will include: advocacy through panel discussions, workshops, and CME/CNE; in-service trainings; TOT; experience-sharing schemes; dissemination of educational and informational brochures, posters, and pamphlets; supporting regional health bureaus and district health offices to conduct supportive supervision and monitoring; conducting review meetings; establishing Infection Prevention/Universal Precaution (IP/UP) committee; and situational assessment/data generation and dissemination. Building the capacity of sister associations and strengthening the Technical Working Group are among activities given priority during FY08.

**HQ Technical Area:****New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:**

**Emphasis Areas**

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	400	False

**Table 3.3.04: Activities by Funding Mechansim**

**Mechanism ID:** 119.08

**Mechanism:** Ethiopian National Defense Force

**Prime Partner:** US Department of Defense

**USG Agency:** Department of Defense

**Funding Source:** GHCS (State)

**Program Area:** Medical Transmission/Injection Safety

**Budget Code:** HMIN

**Program Area Code:** 04

**Activity ID:** 5577.08

**Planned Funds:** \$402,000

**Activity System ID:** 16713

**Activity Narrative:** Ethiopian National Defense Force Injection Safety Program

In 2003, with the full participation and technical support from Defense HIV/AIDS Prevention Program (DHAPP), infection-prevention measures were fully established within three military central referral hospitals (Armed Forces Teaching General Hospital, Bella Defense Central Referral Hospital, and Air Force Hospital). This was the initial measure of a phased approach to the program, which has since then been gradually expanding.

The activities already established are:

- Questionnaire developed on infection-prevention prophylaxis to determine the risk factor among healthcare workers (HCW)
- Infection-prevention training of 275 physicians, HCW, and support staff in health-service facilities
- Provision of contaminated waste, sharps collection, and disposal units
- Provision of infection-prevention equipment (e.g., disposable and surgical gloves, disposable syringes, respiratory masks, gowns)

In FY08, this technical support will be maintained in two central referral hospitals, one teaching hospital, seven field referral hospitals, and 31 health centers, with a total complement of 33 physicians, 1,402 nurses, 35 health officers, 515 health assistants, 626 technicians, and 3,613 sanitarians and public health workers. Support provided through this activity improves the quality of services delivered in Ethiopian National Defense Force (ENDF) medical facilities. Approximately 40% of all inpatients throughout the military hospitals and health-rendering facilities are people living with HIV/AIDS. Providing infection-control supplies minimizes the risk for nosocomial infection.

All hospital staff, from physicians to janitors, are trained on an ongoing basis using previously developed protocols and curricula. The training is self-sustained by the ENDF with consumables provided by PEPFAR.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10566

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28052	5577.28052.09	Department of Defense	US Department of Defense	11494	119.09	Ethiopian National Defense Force	\$402,000
10566	5577.07	Department of Defense	US Department of Defense	5538	119.07		\$380,500
5577	5577.06	Department of Defense	US Department of Defense	3749	119.06		\$273,000

**Targets**

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	500	False

**Indirect Targets**

**Table 3.3.04: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3790.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> United Nations High Commissioner for Refugees	<b>USG Agency:</b> Department of State / Population, Refugees, and Migration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Medical Transmission/Injection Safety
<b>Budget Code:</b> HMIN	<b>Program Area Code:</b> 04
<b>Activity ID:</b> 10634.08	<b>Planned Funds:</b> \$107,000
<b>Activity System ID:</b> 16687	



**Activity Narrative:** Universal Precautions and Post-Exposure Prophylaxis

Universal precautions must be followed in all settings, including refugee settings. The following activities will enforce universal precautions for the prevention of HIV transmission, including distribution of post-exposure prophylaxis (PEP) kits for rape victims, complemented by AB, Other Prevention (OP), and voluntary counseling and testing (VCT) components as part of a comprehensive HIV/AIDS program. This activity complements prevention projects for refugees living in Fugnido refugee camp in Gambella region, Kebribeyah and Teferiber camps in Somali, Sherkole camp in Benishangul-Gumuz, Shimelba camp in Tigray and a new camp in the Afar region. Services will be provided to all camp residents as well as residents of the surrounding host community.

This proposal was developed with the Government of Ethiopia's Agency for Refugees and Returnee Affairs (ARRA), which is responsible for providing basic camp health services. All activities are coordinated closely with ARRA and with other implementing partners (IP). UNHCR has developed a working relationship with the local HIV/AIDS Prevention and Control Office (HAPCO) and will work with other PEPFAR partners to provide appropriate training to ARRA health staff, as well as staff from other IP. The number of staff trained, and the total population served is difficult to estimate in the refugee context. The number of refugees served in Ethiopia is dependent on the political situation in the adjacent countries. In addition, the camps listed are subject to change, based on the political situation both in and out of Ethiopia.

Health clinics within the camps are staffed and administered by ARRA. Although ARRA provides sufficient basic-health services for large camp populations, they are often under-resourced and lack staff adequately trained in universal precautions and the provision of PEP. Shortages of supplies (e.g., heavy-duty gloves, aprons, masks, eye shields, and safety boxes for disposal of sharp materials) or improper use are common. Cleaning, disinfecting, and sterilization procedures are often inadequate, and most camps do not have incinerators. The provision of PEP is required for healthcare workers who have possibly been exposed to HIV through, for example, needle sticks, and for victims of rape and sexual violence. Due to the social stigma associated with rape and gender-based violence (GBV), incidents of rape are often unreported and accurate incidence rates are unavailable. Staff working in each camp will closely monitor incidents of reported rapes.

Staff (including law enforcement) working in the camps (approximately 15 people from each camp) were trained in 2007 on the importance of reporting of rape within 72 hours so that victims can receive PEP within the 72 hour timeframe. In 2008, new staff will receive this training and refresher trainings will be provided to returning staff. The training will be provided by ARRA and by the International Rescue Committee (IRC) in Shimelba and Sherkole.

In 2007, 40 health staff were given a refresher training on universal precautions to prevent medical transmission of HIV. In 2008, health staff will again be given refresher training on universal precautions, including staff working in Afar region. Staff will also be trained on delivery of PEP and the appropriate clinical response to rape for which UNFPA has developed clinical guidelines. Two trainers from each camp will be trained on PEP and the trainers will train the remaining health workers in the camps. Linkages will be made with other PEPFAR partners who can assist ARRA on trainings, including Johns Hopkins University (JHU), Columbia University, and University of Washington/I-TECH.

Eighteen cleaners were trained on protecting themselves from coming into contact with potentially contaminated materials. Training will again be provided to staff in 2008. Local staff will be trained or refreshed on universal precautions and 60 kits will be provided to each camp for the TBA.

A total of eight PEP kits will be provided to each camp – five adult and three pediatric kits. Funds will also be provided for additional materials, such as syringes, needles, boots, goggles, gloves, aprons, detergents, and antiseptics (approximately 3,000 birr per camp). The equipment will supplement existing equipment purchased with 2007 funds, and will be purchased in their entirety for the new camp in Afar. Funding will ensure the presence of ten pairs of boots, ten goggles, ten aprons and ten pairs of gloves per camp. Funds will also be provided for the maintenance of the incinerator in order to ensure proper disposal of medical waste.

Manuals and guidelines, provided by ARRA and/or our university partners, will be provided for staff working in each of the refugee camps.

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10634**Related Activity:** 18267, 16686, 16688, 16689,  
16690

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28207	10634.2820 7.09	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	11554	3790.09		\$90,950
10634	10634.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	5524	3790.07		\$68,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18267	18267.08	7506	3790.08		United Nations High Commissioner for Refugees	\$85,600
16686	5739.08	7506	3790.08		United Nations High Commissioner for Refugees	\$267,500
16688	5786.08	7506	3790.08		United Nations High Commissioner for Refugees	\$160,500
16689	10572.08	7506	3790.08		United Nations High Commissioner for Refugees	\$107,000
16690	10530.08	7506	3790.08		United Nations High Commissioner for Refugees	\$107,000

### Emphasis Areas

#### Gender

- \* Increasing gender equity in HIV/AIDS programs

#### Human Capacity Development

- \* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

#### Wraparound Programs (Health-related)

- \* TB

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	30	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

## Coverage Areas

Binshangul Gumuz

Gambela Hizboch

Sumale (Somali)

Tigray

Afar

**Table 3.3.04: Activities by Funding Mechansim**

**Mechanism ID:** 619.08

**Prime Partner:** John Snow, Inc.

**Funding Source:** Central GHCS (State)

**Budget Code:** HMIN

**Activity ID:** 5598.08

**Activity System ID:** 16556

**Mechanism:** Track 1

**USG Agency:** U.S. Agency for International Development

**Program Area:** Medical Transmission/Injection Safety

**Program Area Code:** 04

**Planned Funds:** \$3,032,417

**Activity Narrative:** This is a continuing activity from FY04-FY07. This is a centrally managed Track 1 award.

Unsafe injections are reported to be responsible for the transmission of various blood borne infections in Ethiopia, including HIV/AIDS, and Hepatitis B and C. In FY04 and FY05, the Making Medical Injections Safer (MMIS) project developed and implemented pilot programs to rapidly increase the safe and appropriate use of injection equipment in Ethiopia. Based on the pilot programs, a multi-component approach to improve injection safety has been implemented. The core components of the MMIS program include: (1) commodity procurement and management; (2) training and human capacity building; (3) behavior change and advocacy; (4) standardizing systems for proper waste management practices; (5) addressing private providers and the informal sector; (6) policy development; and (7) monitoring and evaluation.

(1) Commodity procurement and management are critical steps to assure safe injection practices. MMIS is working to assure both adequate supplies of injection devices as well as appropriate use and management of stocks at different health service facilities. MMIS has provided and/or distributed syringes, personal protective equipment, color-coded waste bins with proper biohazard labeling, and other waste management commodities. FY07 Semi Annual Performance Review (SAPR) data show 86 health centers and 366 health posts covered with supplies. The commodities are efficiently distributed through a central warehouse in Addis as well as regional warehouses in Dire Dawa and Harari. Regional health bureau (RHB) storage capacity is also being built. To manage the commodities, consumption of syringes has been monitored in several districts to help assure appropriate level of stocks in different settings. MMIS also contributed to Ethiopian Ministry of Health (MOH)-sponsored national HIV/AIDS five-year forecasting workshop. MMIS also helps to develop memoranda of understanding (MOU) between RHB and hospitals to use the revolving drug fund (RDF) in line with government policy promoting healthcare financing as a means of sustainability. MMIS is monitoring these MOU and making adjustments as effectiveness is assessed.

The Partnership for Supply Chain Management/Supply Chain Management Systems (SCMS) project is using the inputs provided by MMIS and other stakeholders in updating the five year HIV/AIDS commodity quantification and costing analysis, and will support distribution of infection prevention commodities through the parastatal pharmaceutical supply organization, PHARMID, with technical assistance. There is a large overall funding gap for HIV commodities, and prioritization of procurement using available funds will include infection-prevention materials, which have the largest funding gap of all major commodity groups, per the five-year exercise. Technical input from MMIS will be incorporated in this process, and it is expected that, with SCMS technical support, the MOH will form an HIV/AIDS Commodity Advisory Group, under which MMIS is expected to be an important member of the infection-prevention sub-group.

(2) MMIS conducts injection safety training in Ethiopia to improve the technical competencies of health workers responsible for injections, with a focus on: injection prescribers, injection providers, sanitarians, and pharmacists. Prescribers are trained to reduce unnecessary injections and promote rational use of drugs. Injection providers are trained on practices and procedures for safe injection administration. Sanitarians are trained in sharps waste management practices, including the use of personal protective equipment. Pharmacists are trained in managing the supply of and forecasting the demand for injection devices. In the FY07 SAPR alone, MMIS had facilitated the training of 2014 health workers in 25 districts, covering 86 health centers and 366 health posts.

(3) MMIS also addresses behavior change regarding injection practices and advocacy for safer injection practices as part of their package of services. In order to facilitate and support behavior change among health workers regarding injection practices, MMIS distributes communication materials (leaflets, posters, pocket size reference guide, quarterly newsletter, and documentary film on safe injection practices) to all new expansion sites other materials as needed. On the advocacy front, in collaboration with MOH, MMIS is encouraging other donors and international organizations to create a national-level initiative to highlight and address injection safety across all HIV/AIDS programs where injections are an issue. MMIS is also working in collaboration with the MOH and other donors who are refurbishing health centers to assure high quality infection prevention, universal precautions, blood safety, and injection safety issues, including the maintenance of incinerators and the provision of waste receptacles.

(4) MMIS also helps to guide the development of standard systems for safer waste-management practices. MMIS organizes workshops for RHB, hospital, and other health administrators to address the issues of healthcare waste management (HCWM) in a systematic way. The workshops present standards and options for appropriate HCWM, and support the development of roles and responsibilities for different entities in supporting a set of HCWM standards. Through these workshops, a minimum set of standards have been developed in the hopes of applying a standard set of minimum provisions for HCWM throughout the country.

(5) Beyond the injection safety needs of the public-sector health network, MMIS also addresses injection safety issues among private providers and the informal health sector. As a result of a literature review revealing a high demand for injections through the informal sector, MMIS is attempting to address the informal sector through: national strategic frameworks; guidelines; communication and advocacy strategies; strengthening policy development serving both the formal and informal sector; and attempting to reduce demand in the public for injections in the informal sector by raising risk perceptions related to this practice. MMIS is also working with Ethiopia's Medical Association of Physicians in Private Practice (MAPPP) to pilot some standards for injection safety and infection prevention/universal precautions in private practice, including a centralized incineration system.

(6) In addition to the development of standard systems at various sites, MMIS is supporting efforts for national-level policy on waste management guidelines. Policy options have been presented to the MOH and the State Minister, including options for health facilities at all levels to tailor plans to their particular circumstances.

(7) MMIS regularly conducts monitoring and evaluation of health facilities in order to measure progress and address problems. A supervisory checklist serves as a standard data collection tool as a way to compare progress in the aggregate, while onsite analysis during monitoring visits can result in additional trainings, etc.

**Activity Narrative:** In FY06, MMIS services covered 392 health centers and 1,335 health posts, as well as a number of private clinics. Collaboration with the MOH and RHB to carry out behavior change, advocacy, and policy and guideline development was also achieved. In FY07, MMIS services are covering 23 hospitals, 66 health centers, 86 nucleus health centers (these are health posts that have been upgraded to health centers) and 677 health posts. Where MMIS is working at the hospital level, they are collaborating with JHPIEGO to assure that injection safety activities are not duplicated. At hospitals where both partners are present, MMIS focuses on commodity supply, and waste management with all relevant employees, where JHPIEGO focuses more on training on infection prevention for clinicians.

It should also be noted that there was a drastic cut in central funds in FY07. Planned expansion of MMIS activities was significantly curtailed, some commodities were not delivered, and several trainings were cancelled.

In FY08, funding is expected to be restored to '06 levels, allowing the expansion of sites as well as trainings and commodity delivery to resume to normal levels. The restoration of funds will permit an expansion of activities to an additional four federal hospitals in Addis Ababa, 100 additional health centers and 500 additional health posts. At each level of the healthcare system, MMIS will work with other providers working in sites to avoid duplication of efforts and to leverage each partner's strengths. Collaboration with JHPIEGO and other partners engaged in injection safety and waste management will continue.

Injection safety relates to all invasive procedures in testing volunteer samples, treatment of patients for any medical reasons including treatment of opportunistic infections. Proper forecasting of injection safety supplies coupled with proper handling of sharp and infectious wastes contribute significantly to the reduction of medical transmission of blood borne pathogens including HIV. The activity will continue to support the PEPFAR Ethiopia program by expanding training to all health centers, health posts and selected private clinics within the ART health network. The implementing partners will collaborate with other PEPFAR and USG partners working infection prevention and control activities.

The activity trains several categories of health professionals in the public, private, and informal sectors: prescribers, providers, sanitarians, healthcare facility waste handlers, and facility management. The ultimate beneficiaries of the activities are individuals who require medically invasive procedures and injections.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8094

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28122	5598.28122.09	U.S. Agency for International Development	John Snow, Inc.	11518	619.09	Former Track 1 now HQ	\$2,273,827
8094	5598.07	U.S. Agency for International Development	John Snow, Inc.	4700	619.07	Track 1	\$422,744
5598	5598.06	U.S. Agency for International Development	John Snow, Inc.	3764	619.06		\$3,032,417

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	1,000	False

**Indirect Targets**

**Coverage Areas**

- Amhara
- Dire Dawa
- Hareri Hizb
- Oromiya
- Southern Nations, Nationalities and Peoples
- Tigray

**Table 3.3.04: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3746.08	<b>Mechanism:</b> University Technical Assistance Projects in Support of the Global AIDS Program
<b>Prime Partner:</b> JHPIEGO	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Medical Transmission/Injection Safety
<b>Budget Code:</b> HMIN	<b>Program Area Code:</b> 04
<b>Activity ID:</b> 5759.08	<b>Planned Funds:</b> \$500,000
<b>Activity System ID:</b> 16573	

**Activity Narrative:** National Infection Prevention

In FY07 and previous years, JHPIEGO supported Ethiopian governmental hospitals to properly implement recommended infection prevention (IP) practices and processes. In FY08, JHPIEGO plans to give in-service infection-prevention training courses for private hospitals and clinics. This is in response to specific requests from many private facilities, including the Family Guidance Association of Ethiopia. Together with the trainings for private facilities, JHPIEGO will support university partners with replacement IP trainings for sites with high staff attrition.

Proper infection prevention in health facilities is largely dependent on support staff: housekeeping, laundry, and kitchen. JHPIEGO proposes to develop a simplified training package, translated into local languages, for use in training these hospital workers. JHPIEGO will also work with stakeholders to identify the most cost-effective way of delivering the training to these supporting staffs.

The JHPIEGO infection-prevention team will also support other activities, including pre-service education (COP ID 10611) and the development of electronic learning modules/materials (COP ID 10482) for use by hospitals. JHPIEGO will also continue and strengthen support to professional associations such as the Ethiopian Medical Association, the Ethiopian Public Health Association, the Ethiopian Nurse Midwives Association, and the Ethiopian Nurses Association in FY07.

Another bottleneck in the implementation of proper infection-prevention practices has been lack of supplies, especially personal protective equipment (PPE), antiseptic hand rubs and aprons, as well as lack of maintenance of sterilizers and autoclaves. In FY08, JHPIEGO proposes to develop low-cost, locally customized basic IP supplies. JHPIEGO intends to support two local Technical and Vocation Education and Training institutions (TVET) to produce IP supplies, such as aprons, goggles, antiseptic hand rubs, sharps and waste containers. The first pilot production will include 20 selected hospitals, with an emphasis on teaching hospitals supported by PEPFAR.

For maintenance of sterilizers, autoclaves, and other relevant IP equipment, JHPIEGO proposes to collaborate with a local contractor/partner, such as Departments of Technology at Addis Ababa University, the Ethiopian Health and Nutrition Research Institute, Ethiopian Science and Technology Commission and private biomedical engineering firms to design and deliver a generic training course on the maintenance of laundry machines and autoclaves.

Maintaining and expanding current gains in infection prevention will require a coordinating body or group at both the national and regional levels in the years to come. FY08 will be an opportunity to strengthen the national infection-prevention/control working group and regional offices. JHPIEGO is setting aside some funds to support the activities of this group with consultant assignments, workshops, printing, etc.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10384

**Related Activity:** 16575, 16576

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10384	5759.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5468	3746.07		\$353,500
5759	5759.06	HHS/Centers for Disease Control & Prevention	JHPIEGO	3746	3746.06		\$300,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16575	5680.08	7473	3746.08	University Technical Assistance Projects in Support of the Global AIDS Program	JHPIEGO	\$1,062,000
16576	10482.08	7473	3746.08	University Technical Assistance Projects in Support of the Global AIDS Program	JHPIEGO	\$500,000



**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	600	False

**Indirect Targets**

HVOP - Condoms and Other Prevention

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

**Total Planned Funding for Program Area: \$19,723,136**

Amount of total Other Prevention funding which is used to work with IDUs \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

**Program Area Context:**

The release of new HIV surveillance data has resulted in a new understanding of the nature of the epidemic in Ethiopia. Prevalence data from 2005 ANC (3.5%) and DHS (1.4%) surveys indicate a far less generalized epidemic in Ethiopia than previously believed, sparking widespread and needed dialogue about strategic priorities for prevention. By early 2007, the GOE and stakeholders developed consensus single point estimates of national and regional HIV prevalence that synthesize and reflect all of the available data. The single-point estimate for HIV prevalence for adults 15-49 is 2.1%, with an urban rural difference of 7.7% versus 0.9%. These new estimates reflect a consistent pattern observed in both the ANC surveillance and the EDHS of a many-fold higher HIV prevalence in urban settings than in rural settings. In fact, the single-point exercise estimates HIV prevalence among adults in urban settings to be almost nine times higher than among adults in rural settings. Rural HIV

prevalence is concentrated primarily along transport corridors and in peri-urban settings. In addition to an urban geographic focus, population-based EDHS data indicates that prevalence seems to be driven by risk behaviors among adults, especially those engaged in transactional sex and maintaining multiple, concurrent partnerships. HIV prevalence peaks among women aged 35-39 and men 40-44, suggesting a peak incidence of HIV infections among women in their early 30s and men in their mid-to-late 30s.

Drawing on the available data, there is a need to strategically shift and strengthen the PEPFAR prevention program focus on adult, urban populations, while maintaining an appropriate balance of youth and general population prevention activities. USG PEPFAR will continue to focus on higher risk populations, in particularly the uniformed service, police, refugees, university students, young married adolescents, and mobile, bridge populations along the transport corridors and between rural and urban areas. In COP08, the target populations will expand to include individuals involved in multiple and concurrent sexual partnerships, which many may not perceive as high risk. This includes divorced and widowed women who engage in informal transactional sex. Self-identifying sex workers and their clients will also be more systematically targeted with prevention efforts in COP08. Because sexual transmission is the primary driver of HIV transmission in Ethiopia, USG PEPFAR will commit 58.3% of the COP08 budget to sexual transmission.

PEPFAR will directly support HVOP activities through 22 continuing partners, one newly identified partner, and 10 TBD activities in COP08. The majority of the TBD activities are continuing activities that will begin in 2007. PEPFAR Ethiopia will conduct several studies during COP07 implementation to gain more information about alcohol use, men who have sex with men, and urban to rural HIV transmission. Building on the results of these studies, new interventions will be developed to better address these topics. USG will also complete an end of project evaluation of the High Risk Corridor activity in September 2008 in order to inform follow-on COP08 programming. A new PHE will provide much-needed information about transactional sex in Ethiopia.

PEPFAR partners will continue to focus on STI prevention and treatment as well as providing appropriate HIV prevention information at the health facility level in COP08. PSI will distribute 150,000 STI treatment kits and support the service promotion and demand creation for STI services. In COP08, four Confidential STI Clinics for most-at-risk populations will be renovated to provide comprehensive STI services, including reproductive health and post-exposure prophylaxis services. PEPFAR partners supporting clinical services in health facilities will provide training and technical assistance to improve STI syndromic management following the national guidelines. Columbia University will also train facility-based peer educators on STI prevention and treatment for PLWA enrolled in HIV/AIDS care and treatment. There will be an increased effort by PEPFAR clinic-based partners to provide prevention counseling to raise the risk perception of individuals testing negative, especially those involved in high risk behaviors. For individuals testing positive, health providers will be trained to provide comprehensive positive prevention education, including information on disclosure, discordance, condom use, and referral to family planning services. MSH's Care and Support Program will use non-medical Case Managers in health centers to support consistent primary ABC and secondary prevention communications with PLWA. The project will also train Health Extension Workers and community outreach volunteers to support health centers in tracking HIV-POSITIVE clients and providing outreach counseling at the household level. Outreach volunteers will play an active role in broader community and family-based counseling, including distribution of GOE and PEPFAR IEC/BCC materials.

There are a number of continuing HVOP programs that use IEC/BCC materials and mass media to educate Ethiopians about HIV/AIDS. JHU/CCP will develop new IEC materials under COP07 to address gaps in current materials, such as prevention for positives materials, and will continue to attempt to fill gaps in needed materials. The AIDS Resource Centers will disseminate critical prevention materials and information, and will begin using the space for drop-in risk reduction counseling, as well as providing community space for other prevention providers to use. The Wegen hotline, the PLWA radio diaries, and expanded MARCH military activities will continue to provide HIV prevention information and risk reduction counseling. Several current partners are shifting focus in order to better respond to the epidemiological data. Population Council will develop Mens' Clubs to compliment their work with young girls and better address male norms that lead to the increased vulnerability of young girls in Amhara. EngenderHealth will provide technical assistance on gender issues to help prevention partners better address male behaviors. JHU/HCP will widen their scope of work to reach adults with an interactive, module-based HIV prevention curriculum that will include messages about abstinence, fidelity, condoms, and partner reduction.

PEPFAR Ethiopia will procure \$2.5 million worth of condoms to support the public sector, refugee camps, and the Targeted Condom Promotion program which will target sexually active youth and adults engaged in high-risk sexual behavior. PEPFAR Ethiopia will expand workplace interventions to reach new adult populations including faculty in university settings, migrant workers in agribusiness sectors and communities/employees involved in the tourism industry.

The prevention program will continue to focus on youth and students with HCP, YMCA, Addis Ababa University, and the new EVOLVE education program to support HIV prevention education in 24 Teachers' Colleges. Other new activities will be added through the COP07-08 Interagency Prevention APS and the GSM mechanism.

USG PEPFAR will continue to coordinate and monitor prevention activities through quarterly partner meetings and biweekly USG PEPFAR Prevention Technical Working Group meetings. USG PEPFAR sits on Federal HAPCO's newly formed Prevention Task Force which aims to harmonize all prevention efforts across Ethiopia. In 2008, PEPFAR will support the secondment of a Prevention Advisor to Federal HAPCO as well as a BCC Specialist to the Health Education and Extension Center (HEEC) to improve the agencies' ability to coordinate and manage HIV prevention programs among multiple donors. USG-funded HVOP programs support the national prevention priorities laid out in the Accelerated Access to HIV/AIDS Prevention, Care and Treatment in Ethiopia Road Map 2007-2008.

#### **Program Area Downstream Targets:**

5.1 Number of targeted condom service outlets	8684
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	6264420

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

64401

**Custom Targets:**

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 645.08

**Prime Partner:** Abt Associates

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 5603.08

**Activity System ID:** 16566

**Mechanism:** Private Sector Program

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$180,000

## **Activity Narrative:** Workplace Peer Education Program

This is a continuing activity. This activity is a comprehensive HIV-prevention activity with both HVAB and HVOP funding.

Private Sector Program (PSP) reaches at-risk populations through the workplace program by selecting a majority of its intervention sites in companies whose employees are thought to have one or more risk factors. The target enterprises include transportation companies, (trucking, airline, and railway) agricultural and floricultural enterprises, tourism, and manufacturing. Through the workplace, PSP reaches men in their sexually active years who also earn a regular income. At the management level, PSP reaches males of higher educational and socioeconomic status. The Ethiopian Demographic and Health Survey has indicated that members of this group are at risk due to their high number of sexual partners and low reported condom use.

PSP works with large workplaces and private clinics to improve access to HIV-prevention, care, and treatment services for the general population, employees, and dependents. PSP focuses on developing abstinence, being faithful, and correct and consistent condom use (ABC) programs which reflect the needs and demands of private and parastatal business firms. The project seeks to establish management and labor ownership of workplace ABC activities and encourages companies to share a significant part of ABC program costs. As of 2007, the project provided technical assistance in interpersonal HIV-prevention activities and clinical services in 75 large workplaces. A majority of workplaces have over 500 employees, of which a subset has several thousand employees in several sectors of the economy including tourism, transportation, and plantation and seasonal agriculture which employ workers with a higher risk of HIV/AIDS infection. Many workplaces currently are located adjacent to major transportation corridors whose employees are at risk because of their contact with the mobile population along the corridor.

In workplaces, PSP conducts a package of interpersonal and interactive HIV-prevention activities, as well as clinical services strengthening. PSP works closely with company management to outline a package of services per company requirements. This accentuates company interest and increases the leveraging of private non-USG resources.

PSP trains a cadre of peer educators over a two- to five-day period on HIV prevention and tuberculosis (TB)/HIV services. Peer educators also learn skills to support effective counseling and communication with family and community members. Ideally the project trains one peer educator for every 20 to 30 workers. In turn, the peer educators conduct eight to 16 structured sessions focused on increasing knowledge and fostering risk-reduction. Sessions use peer interpersonal communication to teach positive behaviors, including correct consistent condom use, seeking sexually transmitted infection (STI) treatment, accessing HIV counseling and testing (CT) services, stigma, and self-risk perception of males engaging in cross-generational, coercive or transactional sex. One major effort in FY07 was to increase participants' knowledge of the HIV epidemic using recent Ethiopian Demographic and Health Survey (EDHS) and antenatal care (ANC) information, specifically the estimated prevalence rates and the burden and vulnerability on women.

PSP sponsors "Family Days" to recognize the employer/employee commitment to workplace peer education and to address communities at risk. Family days engage associations for people living with HIV/AIDS (PLWH) to deliver messages on HIV prevention. The project also supports companies to design and complete HIV/AIDS workplace policies and strengthens the capacity of company health and anti-HIV committees. In late 2006, PSP leveraged resources from the International Labor Organization to expand standard HIV-prevention programs to additional workplaces throughout the country.

In FY07, PSP supported 75 large Ethiopian companies train peer educators to reach individuals with repeated HIV-prevention and risk-reduction sessions. PSP integrated materials on ABC, cross-generational and transactional sex, TB and HIV, gender norms, and the current HIV burden on women for these sessions. Using a FY05 cross-generational sex study, three video spots focusing on male behaviors were used to initiate dialogue on stigma and discrimination.

In FY08, PSP will continue implementation of the peer education program in up to 75 large workplaces. Several workplaces involved in FY05 will be graduated and provided minimal technical assistance to facilitate more intensive interventions for recent entrants. The project will innovate peer-education activities after completing a review of the 40 workplaces. PSP will provide several new options to facilitate access to HIV-prevention activities among as many employees as possible. Specifically, PSP will implement frequent, interactive HIV-prevention and CT events in parallel to modified peer-education sessions. This will be coupled with the delivery of mobile HIV CT services to accommodate employees, family members, and community members and their families.

PSP experience in January and February 2007 during the Millennium AIDS campaign indicates that there is strong demand in workplaces for mobile or external CT services. The project will look actively for opportunities to implement the half-day program with agricultural, industrial, and service sector workplaces along the four corridors where PSP is implementing mobile CT activities. This activity will focus on identifying and targeting at-risk populations in the workforce. PSP's intensive eight-month, workplace peer-education and half-day interactive program seeks to reinforce positive behavioral norms and build more accurate self-perception of risk among the most-at-risk population groups. PSP will provide peer educators with follow-up training and supportive supervision to ensure the consistency of message delivery and support their motivation.

To build up a knowledge based for workplace HIV-prevention programming, PSP will conduct a structured internal evaluation to determine the effectiveness of the HIV-prevention program in FY08.

In workplace and private clinics, PSP provides technical assistance to support the integration of HIV-prevention counseling and prevention with positives into workplace clinical settings using pre-existing materials and leveraging other USG implementing partner's expertise.

PSP's expanding engagement with private clinics offers an opportunity to integrate HIV-prevention counseling in private, voluntary, CT and TB clinics.

Each workplace program encourages the public distribution of condoms. To support sustainable programming, PSP does not procure condoms but helps track expiry of condoms in workplaces.

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10374**Related Activity:** 16861, 16567, 16568, 16569**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10374	5603.07	U.S. Agency for International Development	Abt Associates	5465	645.07	Private Sector Program	\$150,000
5603	5603.06	U.S. Agency for International Development	Abt Associates	3767	645.06	Abt Private Sector Partnership	\$90,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16861	10573.08	7582	1210.08	HCP	Johns Hopkins University Center for Communication Programs	\$950,000
16567	5604.08	7471	645.08	Private Sector Program	Abt Associates	\$340,000
16568	6452.08	7471	645.08	Private Sector Program	Abt Associates	\$1,627,031
16569	6637.08	7471	645.08	Private Sector Program	Abt Associates	\$1,200,000

**Emphasis Areas**

Workplace Programs

**Food Support****Public Private Partnership****Targets**

Target	Target Value	Not Applicable
Number of STI patients referred to HIV counseling and testing:	N/A	True
5.1 Number of targeted condom service outlets	75	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	32,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,000	False

## Indirect Targets

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Business Community

## Coverage Areas

Adis Abeba (Addis Ababa)

Afar

Amhara

Oromiya

Southern Nations, Nationalities and Peoples

Hareri Hizb

Tigray

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 655.08

**Prime Partner:** Johns Hopkins University  
Center for Communication  
Programs

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 5777.08

**Activity System ID:** 16581

**Mechanism:** Expansion of the Wegan  
National AIDS Talkline and  
MARCH Model Activities

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Condoms and Other  
Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$828,750

## **Activity Narrative:** MARCH and IEC/BCC Materials Production Technical Assistance

### **I. MARCH Technical Assistance:**

Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP) provides technical support for all partners implementing Modeling and Reinforcement to Combat HIV/AIDS (MARCH), including the National Defense Force of Ethiopia (NDFE), Addis Ababa University (AAU), and the Federal Police Commission (FPC). CCP began providing technical assistance (which now includes financial management for AAU and FPC) to these CDC partners in FY06 to facilitate the MARCH project among these three key audiences. Intensive HIV-prevention activities among the military, police, and university students are critical for these at-risk populations, which are highly mobile groups frequently away from home.

Targeted interventions to most-at-risk subgroups are essential to stem the spread of the epidemic. Sustained success of these programs is therefore a crucial aspect of the national response. There are two main components to the MARCH program: entertainment as a vehicle for education (serialized printed dramas portraying role models evolving towards positive behaviors), and interpersonal reinforcement at the community level. Printed serial dramas published every two weeks are distributed among the target populations and discussions are held every two weeks, while informal discussions among peers continue throughout. Peer discussions explore issues raised by the serial dramas and give individuals community support for behavior change.

In FY07, CCP continued work with CDC Ethiopia and CDC Atlanta to provide technical assistance (TA) and guidance to the partners in the areas of planning and designing projects, monitoring activities, organizing trainings, and assisting with materials production, including both modeling and reinforcement materials and activities. CCP provided training to the creative team and program staff for the three MARCH partners. The training resulted in the development of high-quality, research-based, information, education, and communication (IEC) and behavior change communication (BCC) materials on relevant HIV/AIDS topics. CCP also: provided TA to partners on monitoring and evaluation of reinforcement activities and data collection and dissemination; conducted site-level support and training; and helped AAU develop and implement its certificate curriculum program through a collaborative TA relationship with AfriComNet.

In FY08, CCP will continue to build the capacity of all three MARCH partners through ongoing training, TA, and staffing, with particular emphasis on program and materials development and implementation. NDFE will, with CCP support, continue expansion and decentralization of its MARCH intervention to three new commands, with both print serial dramas and reinforcement activities, as well as conduct outcome evaluation in the two NDFE commands where MARCH has been implemented for more than three years. CCP will build upon its activities with AAU to conduct a feasibility study exploring the potential to expand MARCH to new youth audiences, and may subsequently expand to new universities in Jimma and Mekele. Activities with the FPC will focus on consolidation of progress to date, with an emphasis on building capacity. This will include ongoing TA to the FPC's public relations and television programming.

There are no TA targets for MARCH with this activity, as it is assistance toward the targets reported with AAU, FPC and NDFE activities.

### **II. Information, education, and communication and behavior change communication (IEC/BCC) Material Production TA:**

In FY07, CCP produced a variety of IEC/BCC print materials designed to strengthen quality of care at service sites by coordinating major PEPFAR partners operating at all levels. In FY08, CCP will continue to duplicate and distribute these three documentary films (and accompanying discussion materials) and print materials.

In addition, CCP will: develop and produce materials for service providers promoting Other Prevention (OP) strategies; help providers identify gender-based violence; train providers on use of counseling and educational aids; and monitor and evaluate use of materials. CCP will also develop and implement communication activities to address prevention-for-positives messaging. Materials will target young people and married couples (including discordant couples and those with concurrent partners), and will highlight themes such as gender norms and masculinity, transactional sex, and sexual networks. These materials will address PEPFAR wraparound areas with greater integration of HIV prevention and other health topics. Whenever possible, CCP will involve local partners in the development of materials.

CCP will strengthen links with other prevention partners to ensure broad distribution and use of these materials. All materials will be disseminated and reinforced through expanded outreach and community mobilization activities such as trainings, seminars and discussions groups, peer-education sessions, mini classes, and panel discussions to be conducted by CCP at national and selected regional sites and by partners nationwide. These activities will be implemented in close collaboration with national and regional HIV/AIDS Prevention and Control Offices (HAPCO) through establishment of national and regional IEC/BCC working groups.

Through these IEC/BCC materials, 15,000 individuals will be reached with a comprehensive ABC message and 300 individuals will be trained with these IEC/BCC materials to encourage use and effectiveness.

### **III. People Living with HIV (PLWH) Betengna Radio Diaries:**

This cross-cutting activity prioritizes involving PLWH in programs. It primarily addresses stigma reduction and prevention strategies such as abstinence, condom use, and prevention for HIV-positives. HIV thrives in a climate where PLWH face blame, discrimination, and stigma. Effective HIV/AIDS care and prevention depends on social change, which instead of socially isolating infected people, allows their voices to be heard within their communities and beyond. In Ethiopia, research reveals high levels of stigma and low perceptions of risk. Evidence in other sub-Saharan countries shows that personal acquaintance with someone with HIV/AIDS is a major influence in adoption of safer behavior, and that people respond to personal stories and make behavioral decisions more on emotional than on rational grounds.

The Betengna radio program features short, intimate accounts of daily life narrated by real people, followed by a feature that delves more intensely into issues discussed in the diarist's interview. A PLWH radio diarist creates a personal relationship with thousands of people simultaneously as s/he relates his/her daily struggle. Audiences hear how very like themselves HIV-positive people are. Gradually, listeners develop a

**Activity Narrative:** relationship with the diarist, and share in their trials and challenges. During broadcasts, Betengna links listeners with the nearest health service centers for health issues discussed and refers listeners to the Wegen AIDS Talkline. In FY07, CCP expanded the Betengna program to the Amhara, Oromiya, and Tigray regions to broaden their scope. To reach people who do not have radio access, or who are outside the coverage, CCP produced and distributed the diaries in audiocassette form for 460 discussion groups and for approximately 400 health-center and health-post waiting rooms. A discussion group guide used during these discussions refers participants to the nearest available health services. In FY07, CCP also conducted an impact evaluation of the radio diaries program.

In FY08, CCP will expand upon its progress in this area by: developing a new website; creating audio listening stations at the national AIDS Resource Center; and developing and broadcasting new radio diaries and promotional materials for the Afar and Somali regions, where culturally specific HIV/AIDS communication materials and radio transmission in local languages is very limited and stigma is high. Betengna will also train new radio producers and diarists to produce a new set of diaries. Betengna will also launch broadcasts and discussions in high school radio clubs and university anti-AIDS clubs to encourage young people to address stigma, discrimination, and prevention issues among their cohorts. Expanded monitoring and strategic information services will be a priority in FY08, with CCP establishing streamlined systems for gathering escalating feedback related to the program from Wegen AIDS Talkline callers, the website, letters from listeners, and from Betengna's special call-in line. CCP will also produce a 20-minute audio special highlighting the program's impact on diarists and listeners.

Through the PLWH radio diaries, CCP will reach 15,000 listeners through comprehensive ABC activities and community outreach. 25 individuals will be trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful through the radio diaries.

**IV. Secondment of Staff:**

A prevention advisor will be seconded to the Federal HAPCO, and a behavior-change communication advisor will be seconded to the Health Extension and Education Center (HEEC) to ensure integration of the support being rendered to the overall HIV-prevention system.

**V. Strategic communication planning and evaluation (SCOPE) tool:**

CCP will provide technical assistance for health education centers to develop a SCOPE tool for Ethiopia. SCOPE will help to better utilize scientific data such as antenatal care prevalence, Demography and Health Survey, Behavioral Surveillance Survey, and other HIV/AIDS data for program planning and evaluation.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10387

**Related Activity:** 16579, 16715, 16717, 16692, 16716, 16718

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27940	5777.27940.09	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	11466	655.09	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	\$828,750
10387	5777.07	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	5469	655.07	jhu-ccp	\$162,500
5777	5777.06	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	3770	655.06		\$160,000



## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16717	5634.08	7520	2250.08	Improving HIV/AIDS/STI/TB Prevention and Care Activities	Ministry of National Defense, Ethiopia	\$500,000
16579	10386.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$975,000
16715	5633.08	7519	2249.08	Strengthening HIV/AIDS, TB & STI Prevention, Control & Treatment Activities	Federal Police	\$42,000
16716	5632.08	7519	2249.08	Strengthening HIV/AIDS, TB & STI Prevention, Control & Treatment Activities	Federal Police	\$168,000
16692	5766.08	7507	494.08	Strengthening HIV/AIDS, STI & TB Prevention, Control & Treatment Activities	Addis Ababa University	\$85,000
16718	5635.08	7520	2250.08	Improving HIV/AIDS/STI/TB Prevention and Care Activities	Ministry of National Defense, Ethiopia	\$600,000

## Emphasis Areas

Gender

\* Addressing male norms and behaviors

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of STI patients referred to HIV counseling and testing:	N/A	True
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	325	False

## Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Teachers

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 655.08

**Prime Partner:** Johns Hopkins University  
Center for Communication  
Programs

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 5793.08

**Activity System ID:** 16582

**Mechanism:** Expansion of the Weg  
National AIDS Talkline and  
MARCH Model Activities

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Condoms and Other  
Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$950,000

**Activity Narrative:** Additional narrative: 10/7/08

This funding will be used to strengthen and scale up the existing media activities of JHU-CCP. It is very well known that the media plays crucial roles in HIV/AIDS prevention, care and treatment. The role of mass media among other things includes; raising public awareness, clearing misconceptions, giving accurate information, fostering open discussion, helping to reduce stigma and discrimination, improving HIV/AIDS service seeking behavior, promotes services like PMTCT, ART, HCT and mobilizing the community at large.

JHU/CCP/ARC through a media professionals association called EVMPA (Ethiopian Volunteer Media Professionals against AIDS) will implement this activity. The members of this NGO include private and public media (both electronics and print) including community radio. The major role of the organization is advocacy, capacity building to media professionals including leadership, some targeted interventions like youth, TB/HIV and technical assistance to journalists having a library. This is an agency which access most of the media and owned by the media professional having HIV/AIDS as its top agenda. EVMPA is already working with different local and international partners to contribute in the fight against HIV/AIDS. In addition, AIDS Resource Center is supplementing technical assistance providing different IEC/BCC materials both in print and electronic form

The objective of the project is to enhance the role of mass media both public and private (print and electronic) to 1) raise the public awareness and clear misconceptions through promotion of positive values the community has on Abstinence and Fidelity 2) Sensitize media managers to enhance the media coverage 3) mobilize the community; 4) reduce stigma and discrimination; 5) promote services like STIs, TB, CT and ART 6) Promote treatment adherence through innovative programs and 7) promotes positive living 8) Build the capacity of media in the area of HIV/AIDS prevention, care and treatment to enhance their contribution for public awareness.

The program mainly target public and private media professionals (media managers, journalists and editors) of both print and electronic media. Involvement of the educational media will be also emphasized.

**Support to National and Regional AIDS Resource Centers – Reaching Youth and MARPs**

**I. National AIDS Resource Center (ARC) – Other Prevention**

This project is designed to expand access to non-AB-focused (abstinence and be faithful) HIV/AIDS prevention by enhancing the relevance of the activities carried out by the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP) in support of the AIDS Resource Center (ARC), and by building the capacity of partners and the HIV/AIDS Program Coordinating Office (HAPCO) to implement HIV-prevention communication activities.

CCP/ARC will promote non-AB prevention strategies through two interrelated activity areas. First, CCP/ARC will continue to provide accessible, current, and accurate information on non-AB strategies (including condom use, sexually transmitted infections, and counseling and testing) and service uptake to governmental and nongovernmental partners, journalists and media professionals, healthcare providers, researchers, and the general public through its national and regional resource centers. In FY08, CCP/ARC will focus on maintaining and strengthening its premier virtual information center and library for HIV/AIDS information resources. Particular areas of emphasis will be improved quality of library and information technology services, such as increasing the library's capacity to serve an increasingly tech-savvy public. Other areas of emphasis include a major overhaul of the library's collections and expansion of the library's resource-monitoring and retention strategy. CCP/ARC will also work to establish defined areas in the resource center that can service populations with special needs (e.g., introducing audio booths and software for the visually impaired).

CCP/ARC will also systematize outreach activities by leveraging its existing resources. Outreach activities will be targeted to the general public and special audiences such as youth aged 15-24, students, health professionals and other individuals working in HIV and AIDS in Ethiopia. These activities will include a regular schedule of single-session, drop-in information, education, and communication and behavior change communication (IEC/BCC) activities (such as classes, panel discussions, lunchtime presentations, and/or discussion groups) pertaining to HIV/AIDS. CCP/ARC will also encourage groups and organizations in the wider Addis Ababa region to use ARC space to conduct their own trainings and peer education sessions.

As part of its second activity area, CCP/ARC will work to strengthen the expanded Wegen Talkline's capacity to respond to escalating demand and to provide accurate and valid information, referral, and counseling services on non-AB focused prevention, by hiring additional counselors fluent in key local languages. The Wegen Talkline currently receives more than 6,000 calls per day. In FY08, the Talkline's hours will be extended to allow for service seven days a week. CCP/ARC's current system for monitoring the Talkline and analyzing Talkline data will be streamlined to allow for easier tracking of behavioral trends and appropriate development of IEC/BCC materials. CCP/ARC will compile and analyze hotline data to recommend a mechanism for feedback and dissemination of data for program improvement and monitoring. ARC will also produce a newsletter highlighting findings of Talkline monitoring and a monthly article on top issues addressed by Wegen counselors. These materials will be distributed to the general population and to partner organizations to help them in the development of their own activities. CCP/ARC will also continue to build the capacity of its own staff to retain hotline counselors.

**II. Support to Regional AIDS Resource Centers (ARC)**

In each region, the ARC has been integrated into the regional HAPCO, where staff receives orientation, training, and ongoing technical support from CCP/ARC. The regional HAPCO is responsible for management, funding, equipment procurement, and supplying necessary operational materials. In FY07, CCP provided support to the regional ARC, enabling them to provide access to accurate and up-to-date information on HIV/AIDS, sexually transmitted infections, and tuberculosis in the regions through activities including:

- 1) Support for HIV/AIDS-related projects and activities of regional HAPCO, regional health bureaus (RHB), and PEPFAR Ethiopia's implementing partners
- 2) Support for development of culturally appropriate IEC/BCC materials specific to the regional populations, including mass media, print materials, and/or interpersonal communication tools and trainings
- 3) Piloting of IEC/BCC outreach activities at Bahir Dar, Mekele, and Nazaret ARC, including providing and

**Activity Narrative:** hosting HIV/AIDS-related trainings for local groups, expanded outreach for IEC/BCC programs, and drop-in sensitizations and classes  
 4) Expansion of information-dissemination activities by facilitating outreach and distribution planning in regions  
 5) Promotion of other ARC functions, such as the Wegen AIDS Talkline in the regions  
 6) Provision of Internet access through high-speed computer terminals for users to research current health- and HIV/AIDS-related issues

In FY08, CCP/ARC will build on this progress by:

- 1) Establishing five additional regional or zonal ARCs, with clear linkages to existing local services
- 2) Providing ongoing training and technical assistance in monitoring, information technology, and materials distribution to seven existing regional ARC, HAPCO, and RHB
- 3) Strengthening of information technology capacity of all regional ARC
- 4) Collaboration with regional HAPCO to develop or adapt IEC/BCC materials for use at the regional level. These materials will be culturally and linguistically tailored to the regions, and will cover a wide range of HIV/AIDS-related topics.
- 5) Expansion of outreach activities launched in three regions under FY07 to three additional regional ARC. These outreach activities may include provision of trainings for local groups; encouragement of regional HIV/AIDS groups to use ARC space to conduct their own trainings and activities; expansion of reinforcement and outreach activities for CCP/ARC's existing BCC programming, such as the Betengna Radio Diaries or the HIV and AIDS Services Communication Initiative; and provision of a regular schedule of single-session, drop-in IEC/BCC activities (such as classes, panel discussions, or discussion groups) pertaining to HIV/AIDS.
- 6) Establishment of monitoring and evaluation systems at all regional ARC through staff training, implementation of outcome evaluation protocols for user services modeled on those developed for the national ARC in FY06, and an impact evaluation of selected services at national and regional ARC

III. Support to HAPCO for World AIDS Day

World AIDS Day (WAD) is marked every year in Ethiopia, providing an opportunity to commemorate and publicly share successes and achievements in the battle against HIV and AIDS, and recognizing its global and national impact. CCP/ARC, supported by PEPFAR Ethiopia, serves as an active member of the World AIDS Day Campaign, providing technical and financial support to conduct the campaign, developing messages and producing campaign materials (posters, flyers, t-shirts, banners, billboards, press kits, press alerts, web pages, video and radio PSAs, documentaries, and feature stories). In FY07, CCP/ARC assisted the Federal HAPCO with coordination of all of PEPFAR Ethiopia's implementing partners for WAD, and gave direct technical assistance in special events management to Federal HAPCO to conduct an effective campaign.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10388

**Related Activity:** 16580, 16584, 18872, 16585

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27939	5793.27939.09	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	11466	655.09	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	\$1,075,000
10388	5793.07	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	5469	655.07	jhu-ccp	\$300,000
5793	5793.06	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	3770	655.06		\$200,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16580	10592.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$1,300,000
16584	10606.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$720,000
18872	18872.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$600,000
16585	10422.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$240,000

## Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Health-related)

\* Family Planning

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of STI patients refereed to HIV counseling and testing:	N/A	True
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,500,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	500	False

## Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Street youth

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Teachers

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 7609.08

**Prime Partner:** Management Sciences for Health

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 5791.08

**Activity System ID:** 16593

**Mechanism:** Care and Support Project

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$240,000

## **Activity Narrative:** Care and Support Program

The Care and Support Program (CSP) is a three-year effort to focus on HIV/AIDS at health centers and communities in partnership with PEPFAR Ethiopia partners and the Government of Ethiopia (GOE). CSP is PEPFAR's lead health-network care and support activity in Ethiopia at Primary Healthcare Unit, health center and satellite health post, and provides coverage nationwide. This project will support the GOE to provide HIV/AIDS prevention, care, and treatment services at health centers and at the community and household levels through provision of technical assistance, training in strengthening of systems and services, and expansion of best-practice HIV-prevention interventions.

This is a continuing activity for Other Prevention and Condoms under the broader CSP project that builds on PEPFAR Ethiopia's support of Ministry of Health (MOH)/Health Extension Workers (HEW). Recent antenatal clinic (ANC) and Ethiopian Demographic and Health Survey (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 GOE efforts to deploy health extension workers (HEW) to these areas. The activity has several components.

1) The first component uses non-medical case managers in health centers to support consistent ABC communications with people living with HIV/AIDS (PLWH) or most-at-risk groups. 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 Integrated Management of Adult Illnesses (IMAI) training among the clinical care team.

2) The second component of this activity is technical assistance to zonal and district health offices to support HIV-prevention activities of HEW. Technical assistance will encompass engagement by Management Sciences for Health (MSH) and its partners to ensure adequate in-service training, referral support for most-at-risk populations (MARPs), and counseling at community and at health-post levels. This new cadre of community health workers is to serve several villages 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 healthcare 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 using community counseling and mobilization, they will be able to move vulnerable and underserved populations into the formal health system. During FY08, HEW will function as the lead position at health-post and community levels to provide social mobilization activities.

3) 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 of HEW. Through this activity, outreach volunteers will provide technical support to the regional HIV/AIDS Prevention and Control (HAPCO) 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, stigma 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. CSP 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-positive clients for prevention-for-positives counseling. Community-outreach-oriented workers (COOW), in coordination with HEW, will be responsive to local needs and distinctive social and cultural patterns. They will coordinate and assist implementation of local government HIV-prevention efforts, education on correct, consistent condom use, and access to condoms where needed.

Outreach volunteers will play an active role in broader community and family-based counseling, including distribution of GOE and PEPFAR Ethiopia information-education-communication/behavior-change communication (IEC/BCC) materials. Both case managers and outreach volunteers will support provision of counseling interventions with AB messaging that improve client knowledge and understanding of discordance.

CSP will collaborate with existing prevention partners to avoid duplication of ongoing PEPFAR Ethiopia and GOE activities. This activity will consolidate the delivery of prevention messages to clients of PMTCT, voluntary counseling and testing (VCT), family planning, tuberculosis, and sexually transmitted infection (STI) services, as well as to PLWH and ART clients, to capture programming synergies and cost efficiencies. Case managers and outreach volunteers will use 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.

The target populations of MARPs will be reached through expansion of available facilities. In addition, social mobilization activities conducted by the HEW will allow for greater reach within the community. The target includes commercial sex workers, mobile people with disposable income, and people engaged in transactional sex.

Local organization capacity will be built through the training of health facility staff and the support of health centers for improvement of health systems, data collection, and patient service. The Performance Based Management approach will be the key strategy to work with partners and stakeholders, including regional health bureaus, zonal health offices, and district health offices. This is believed to strengthen the capacity of the institutions in taking over responsibilities in due course.

## **HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10403

**Related Activity:** 18711, 16574, 16596, 16598,  
16602, 18703, 16595, 17755

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27957	5791.27957.09	U.S. Agency for International Development	Management Sciences for Health	11471	7609.09	Care and Support Project	\$400,000
10403	5791.07	U.S. Agency for International Development	Management Sciences for Health	5516	3798.07		\$200,000
5791	5791.06	U.S. Agency for International Development	Management Sciences for Health	3798	3798.06		\$725,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17755	17755.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$840,000
16595	5788.08	7594	7594.08	Central Commodities Procurement	US Agency for International Development	\$2,400,000
16596	10647.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$1,690,411
16598	5749.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$1,534,500
16602	5654.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$2,340,000
16574	5627.08	7473	3746.08	University Technical Assistance Projects in Support of the Global AIDS Program	JHPIEGO	\$2,486,448
18703	18703.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$9,500,000

**Emphasis Areas**

Local Organization Capacity Building

Wraparound Programs (Health-related)

\* Family Planning

**Food Support**

**Public Private Partnership**



## Targets

Target	Target Value	Not Applicable
Number of STI patients referred to HIV counseling and testing:	N/A	True
5.1 Number of targeted condom service outlets	393	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	600,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,000	False

## Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

## Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Oromiya

Southern Nations, Nationalities and Peoples

Tigray

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 7594.08

**Prime Partner:** US Agency for International Development

**Funding Source:** GHCS (State)

**Mechanism:** Central Commodities Procurement

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 5788.08

**Planned Funds:** \$2,400,000

**Activity System ID:** 16595

**Activity Narrative:** Condom Procurement

This is a continuing commodity-procurement activity.

This activity will procure approximately 50.5 million condoms for use in Ethiopia's HIV-prevention and palliative care program. Approximately 38 million condoms will be branded for donation to USG implementing partners for targeted promotion activities. An additional 12 million condoms will be donated for distribution through PHARMID's national HIV/AIDS commodity logistics system to HIV clinical settings in public health facilities and 0.5 million to refugee settings.

Based on a provision of 50 condoms per year to persons on care or treatment this activity will serve approximately 250,000 individuals (upstream). Based on a provision of 80 condoms per year to at-risk populations this activity will serve approximately 475,000 individuals (upstream).

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 Ethiopian Demographic and Health Survey (EDHS) and antenatal care (ANC) information, the USG is developing a new, targeted, condom-promotion activity funded with FY06 supplemental funding. The activity will focus on most at-risk populations. This activity began in FY07. The activity 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 (MARPs).

Several bilateral donors, (Department for International Development-United Kingdom, 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 small donations to the National Defense Forces of Ethiopia (NDFE). Private donors support small-scale donations to local nongovernmental organizations.

In FY08, we anticipate the USG to remain a major condom donor to support HIV prevention to MARPs nationwide. A multi-donor, general social-marketing program is expected to function at levels similar to FY06/07. With a funded, targeted promotion activity, the USG will build on momentum of a new branded condom product to support outreach and behavior-change communications (BCC) messaging about correct, consistent, condom use, risk-reduction, HIV burden among young girls, and cross-generational and transactional sex. In FY08, HIV-prevention activities will continue to expand beyond current programming approaches to include greater outreach to MARPs. Condom commodities remain a vital aspect of PEPFAR Ethiopia prevention activities.

This activity has two components:

1) Supplying condoms to HIV clinical settings nationwide in a consistent fashion: Using the national commodity logistics systems, condom commodities will be cleared and distributed to regional PHARMID branches and drop points throughout the country. Based on a pre-determined quantification, it will integrate a percentage of this procurement into the ARV and medical-commodity-logistics system for delivery to voluntary counseling and testing (VCT), ART, and pre-ART clinics and case managers within the ART health network, including hospitals and health centers. USG implementing partners in facilities will work with local authorities to support distribution to clinical settings at facilities.

2) Supplying condoms to USG HIV-prevention activities, including the NDFE and five refugee camps. Using a TBD Contractor implementing the Targeted Condom Promotion activity, condom commodities will be distributed in-country alongside behavioral-change activities to increase condom use among MARPs.

Needs quantification is based on support to the NDFE; projected requirements within non-clinical and clinical settings amount to 44,000,000 units. This procurement will provide approximately 38.7 million condoms. Additional condoms may carry over from FY07 due to the arrival date of condoms.

The USG envisions substantial collaboration with the uniformed services, refugee camps, and several USG partners conducting community outreach. Condom procurement is anticipated to occur through the USG Central Commodities Fund mechanism.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10402

**Related Activity:** 16594

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28002	5788.28002.09	U.S. Agency for International Development	US Agency for International Development	11480	7594.09	Central Commodities Procurement	\$2,400,000
10402	5788.07	U.S. Agency for International Development	USAID Central Commodity Fund	8370	8370.07	USAID Central Commodity Fund	\$2,000,000

### Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

### Indirect Targets

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 118.08

**Mechanism:** USAID M&S

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Condoms and Other Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 18721.08

**Planned Funds:** \$128,727

**Activity System ID:** 18721

**Activity Narrative:** This funding will help support three, full-time PEPFAR prevention positions at USAID. The Senior HIV/AIDS Social Mobilization and Policy Program Specialist will serve as the technical lead in the facilitation and support of a broad range of health promotion activities to strengthen community-based responses to HIV/AIDS, including behavior-change communications (BCC) and community empowerment activities. The Program Specialist will liaise with USAID's Democracy and Governance Office and work closely with all relevant donors and supporting agencies. The Program Specialist will assist the Ministry of Health and HIV/AIDS Prevention and Control Office to support capacity development of civil society to aid in the reduction of HIV/AIDS and stigma and discrimination.

The At-Risk Population Advisor will provide technical leadership to PEPFAR for the implementation of programs and activities that focus on or include at-risk populations. The At-Risk Population Advisor will serve as an Activity Manager for relevant activities. The Advisor will collaborate with other members of the Team in the development of sustainable services and activities that reach at-risk populations. The Prevention Administrative Assistant will assist the HIV/AIDS Team in the full range of secretarial and administrative functions related to the area of HIV/AIDS prevention. This funding will also support any necessary short-term technical assistance visits.

**HQ Technical Area:**  
**New/Continuing Activity:** New Activity  
**Continuing Activity:**  
**Related Activity:**

**Table 3.3.05: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3787.08	<b>Mechanism:</b> Support for program implementation through US-based universities in the FDRE
<b>Prime Partner:</b> Johns Hopkins University Bloomberg School of Public Health	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Condoms and Other Prevention Activities
<b>Budget Code:</b> HVOP	<b>Program Area Code:</b> 05
<b>Activity ID:</b> 10635.08	<b>Planned Funds:</b> \$550,000
<b>Activity System ID:</b> 16632	

**Activity Narrative:** Strengthening STI Services for MARPs

This funding will be used to strengthen the existing prevention intervention by Johns Hopkins University Bloomberg School of Public Health. Mainly the program will focus on mainstreaming IEC and Behavioral Change Communication programs with care and treatment programs. Johns Hopkins University Bloomberg School of Public Health in collaboration with regional health bureaus, regional HAPCO's, US University partners and CDC-Ethiopia will establish a national and respective regional taskforce to research, design and develop, produce and mounting billboards centrally and regionally on new thematic areas that will be endorsed by the task force. These billboards will replace the central and regional billboards which were mounted in 2004 and 2005 under the theme "the Role of Leadership in the fight against HIV/AIDS". JHU-CCP will provide the necessary technical assistance in the production processes of the educational billboard. University of Washington will mainly work with three regional health bureaus in this regard.

Prevention of sexually transmitted infections (STI) among most-at-risk populations (MARPs) and people living with HIV (PLWH) is a critical activity in preventing new HIV infections and slowing the pace of the epidemic.

During FY07, Johns Hopkins University Bloomberg School of Public Health (JHU-BSPH) has taken full responsibility for supporting STI activities at 44 sites found in Operational Zone 2 (Addis Ababa, Benishangul-Gumuz, Gambella, and Southern Nations, Nationalities, and Peoples (SNNPR) regions). The support includes: development of a workplan and an assessment tool to identify the sources of STI treatment and prevention activities at the hospital level; participation in PEPFAR-funded trainings; and communication with Population Services International (PSI) regarding accessing and deploying pre-packaged STI treatment doses at the hospital ART site level.

FY08 activities at the regional level will include:

1) Coordination with Regional Health Bureaus (RHB) to help facilitate and coordinate linkages between STI and HIV/AIDS services, and strengthen external referral linkages between hospitals, health centers, and community service organizations (CSO), faith-based organizations (FBO) and PLWH support groups and associations. Regional linkages will be supported so that patients who do not respond to syndromic management of STI symptoms at the health-center level are referred to appropriate care at the hospital level.

FY08 activities at the hospital/facility level include:

- 1) Expansion of STI services to six additional sites, for a total of 76 sites supported by JHU-BSPH (including hospitals and emerging region health centers)
- 2) Continuing collaboration with uniformed health services coordinating offices to conduct needs assessments of the capabilities of hospital-based STI services. This will be 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, antenatal care, etc.).
- 3) Provision of on-site technical assistance to improve STI diagnosis and treatment following national syndromic management guidelines
- 4) Training, supportive supervision, and mentorship of 300 providers (including physicians, health officers, and nurses) on STI prevention, diagnosis, and treatment, with a focus on the linkages between STI and HIV infection, as per national guidelines
- 5) Training of facility-based peer educators on STI prevention and treatment for PLWH and their partners, as well as community education regarding STI symptoms and the need to seek care
- 6) Development of linkages with the Global Fund for AIDS, Malaria, and Tuberculosis and other PEPFAR-funded partners to ensure adequate supplies of STI drugs at all facilities
- 7) Development of linkages to HIV counseling and testing (HCT) 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
- 8) STI education focused on risk reduction, screening, and treatment for patients enrolled in HIV/AIDS care and treatment at the hospitals
- 9) Provision of condoms, and education on how to use them, to patients enrolled in care and treatment, with a special focus on MARPs
- 10) Integration of STI services into antenatal and PMTCT services. This will ensure that all pregnant women are educated on and/or treated for STI, and receive education on STI prevention during pregnancy (according to national STI management and antenatal care guidelines)
- 11) Development of linkages to community-based organizations that promote risk reduction and HIV/STI prevention and early/complete treatment in communities surrounding ART sites supported by Columbia University's International Center for AIDS Care and Treatment Programs.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10635

**Related Activity:** 16628, 17872, 16631, 16633,  
16635, 16636, 16724

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27924	10635.2792 4.09	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	11465	3787.09	Support for program implementation through US-based universities in the FDRE	\$250,000
10635	10635.07	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	5484	3787.07	FMOH	\$100,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16631	5641.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$1,100,000
16724	10654.08	7525	5551.08	Increasing demand and promotion for quality STI services in FDRE	Population Services International	\$500,000
16633	5618.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$469,836
16635	10545.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$496,800
16636	10430.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$7,000,000

### Emphasis Areas

PHE/Targeted Evaluation

### Food Support

### Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of STI patients refereed to HIV counseling and testing:	N/A	True
5.1 Number of targeted condom service outlets	50	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	12,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	300	False

## Target Populations

### Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

People Living with HIV / AIDS

## Coverage Areas

Adis Abeba (Addis Ababa)

Binshangul Gumuz

Gambela Hizboch

Southern Nations, Nationalities and Peoples

**Table 3.3.05: Activities by Funding Mechansim**

**Mechanism ID:** 3785.08

**Mechanism:** Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia

**Prime Partner:** University of California at San Diego

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Condoms and Other Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 10651.08

**Planned Funds:** \$300,000

**Activity System ID:** 16618



**Activity Narrative:** Addition: 10/7/08

This funding will be used to strengthen the existing prevention intervention of UCSD with in the military. UCSD has assisted the NDFE Training Department in the establishment of Voluntary Counseling and Testing (VCT) centers and education for new military recruits at only a few training sites. In recent discussions with the Training Department Officers, the need for expansion and strengthening VCT centers and of the military training curriculum to incorporate better HIV/AIDS and STIs education was emphasized. Thus, this activity will involve Capacity building and system strengthening of the NDFE and Federal Police Training Departments/colleges for new recruits in HIV/AIDS/STIs education and expansion of VCT services for the new recruits.

**Strengthening STI services for MARPS**

During FY07, the University of California, San Diego (UCSD) initiated a new activity for the prevention and control of sexually transmitted infections (STI). Major accomplishments in FY07 include: the development of a workplan and an assessment tool to identify the sources of STI treatment and prevention activities at health-facility level; participation in CDC-funded trainings; and coordination of training for health providers from the uniformed services. In FY07, UCSD supported expanded access to STI prevention and treatment services and improved STI service quality at 43 uniformed-services health institutions.

During FY08, UCSD will support expanded access to STI prevention and treatment services and improved quality of STI services at 76 facilities. Prevention of STI among uniformed service members, prisoners, and people living with HIV (PLWH) is a critical activity in preventing new HIV infections and slowing the pace of the epidemic among these population groups. Complete and appropriate treatment of STI is also a key element of UCSD's multidisciplinary, client- and partner-focused approach to prevention, care, and treatment.

In FY08, UCSD will work with commands and divisions of the military to help facilitate and coordinate linkages between STI and HIV/AIDS services.

FY08 activities at the hospital/facility level include:

- 1) Expansion of STI services to 33 additional sites, for a total of 76 sites supported by UCSD
- 2) Continuing collaboration with uniformed-health-services coordinating offices to conduct needs assessments of the capabilities of hospital-based STI services. This will be 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, antenatal care, etc.).
- 3) Provision of on-site technical assistance to improve STI diagnosis and treatment following national syndromic management guidelines
- 4) Training, supportive supervision, and mentorship of 152 providers, including physicians, health officers, and nurses, on STI prevention, diagnosis, and treatment, with a focus on the linkages between STI and HIV infection, as per national guidelines
- 5) Training of facility-based peer educators on STI prevention and treatment for PLWH and their partners, as well as community education regarding STI symptoms and the need to seek care
- 6) Development of linkages with the Global Fund for AIDS, Malaria, and Tuberculosis and other PEPFAR-funded partners to ensure adequate supplies of STI drugs at all facilities
- 7) Development of linkages to HIV counseling and testing services, promoting a provider-initiated, opt-out approach, for all STI patients, and linkages to care and treatment services for those who are HIV-positive
- 8) STI education focused on risk reduction, screening, and treatment for patients enrolled in HIV/AIDS care and treatment at the hospitals
- 9) Provision of condoms to patients enrolled in care and treatment and education on how to use them. There will be a special focus on most at-risk patients/populations (MARPs).
- 10) Integration of STI services into antenatal and PMTCT services to ensure that all pregnant women are educated about STI (including STI prevention during pregnancy) and provided with necessary treatment, according to national STI management and antenatal care guidelines
- 11) Development of linkages to community-based organizations that promote risk reduction and HIV/STI prevention and early/complete treatment in communities surrounding UCSD-supported ART sites

UCSD will also focus on:

- 12) Strengthening STI services for MARPs
- 13) Support for sites for STI syndromic data documentation and reporting
- 14) Establishment of an STI surveillance program within the uniformed services' health-delivery structure

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10651

**Related Activity:** 16667, 16669, 16671, 16672,  
16715, 16716, 16579, 16581,  
16724

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28215	10651.28215.09	HHS/Centers for Disease Control & Prevention	University of California at San Diego	11555	3785.09	Twining of US-based Universities with Institutions in the Federal Republic of Ethiopia	\$150,000
10651	10651.07	HHS/Centers for Disease Control & Prevention	University of California at San Diego	5481	3785.07		\$50,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16667	5637.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$1,100,000
16579	10386.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$975,000
16715	5633.08	7519	2249.08	Strengthening HIV/AIDS, TB & STI Prevention, Control & Treatment Activities	Federal Police	\$42,000
16716	5632.08	7519	2249.08	Strengthening HIV/AIDS, TB & STI Prevention, Control & Treatment Activities	Federal Police	\$168,000
16724	10654.08	7525	5551.08	Increasing demand and promotion for quality STI services in FDRE	Population Services International	\$500,000
16581	5777.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$828,750
16669	5772.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$372,000
16671	5722.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$450,000
16672	10436.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$8,400,000

### Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

\* Safe Motherhood

### Food Support

### Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of STI patients refereed to HIV counseling and testing:	N/A	True
5.1 Number of targeted condom service outlets	76	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	152	False

## Target Populations

### Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

### Other

People Living with HIV / AIDS

**Table 3.3.05: Activities by Funding Mechansim**

**Mechanism ID:** 3790.08

**Prime Partner:** United Nations High  
Commissioner for Refugees

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 5786.08

**Activity System ID:** 16688

**Mechanism:** N/A

**USG Agency:** Department of State /  
Population, Refugees, and  
Migration

**Program Area:** Condoms and Other  
Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$160,500

**Activity Narrative:** Condoms and other HIV Prevention Services for Refugees and Host Populations in Ethiopia

The goal of this activity is to promote correct and consistent condom use in Fugnido, Kebribeyah, Teferiber, and Afar refugee camps. All activities are coordinated closely with the Government of Ethiopia's Agency for Refugee and Returnee Affairs (ARRA), which is responsible for providing basic camp health services, and with our other implementing partners (IP). The United Nations High Commissioner for Refugees (UNHCR) has developed a working relationship with the local HIV/AIDS Prevention and Control Office (HAPCO) and will work with other PEPFAR partners to provide appropriate training to staff from ARRA and other IP.

UNHCR's other prevention (OP) programs create a demand for condoms and provide an adequate, 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 information-education-communication (IEC) materials, and by increasing the number of condom outlets, will be implemented in the camps. Syndromic management of sexually transmitted infections (STI) according to guidelines will be ensured.

Creating appropriate interventions and materials for the camps will be challenging because they must be created in all relevant local languages and must accommodate the different learning and communication styles of each population. Furthermore, implementation in all camps and host communities will require significant logistical inputs due to the tenuous security situation; intra- and inter-ethnic conflicts frequently erupt in Gambella region, most notably with the murder of three ARRA officials in December 2003, just ten miles outside of Gambella town. All trips to Fugnido camp require armed military escort, which adds considerable cost for simple routine visits. Despite these difficulties, the need for prevention activities is great. Data from the 2005 Ethiopian Ministry of Health's (MOH) antenatal clinic (ANC) surveillance suggests an HIV prevalence of 2.8% in Fugnido camp, while the national average for rural communities was 2.2%. Syphilis prevalence was also significantly higher than the national average; as a result, condom and other prevention activities described below will meet critical needs.

Implementing prevention programs in Kebribeyah and Teferiber in Somali region poses its own set of challenges. Although Kebribeyah has housed Somali refugees for more than a decade, the level of services is much lower than in most other camps. Prevention activities were implemented in Kebribeyah in late 2007. There is a general lack of knowledge about HIV and how it is transmitted, and the population is engaged in risky behaviors, including abduction and rape of young girls. Condom usage is extremely low or nonexistent, and the promotion of correct, consistent condom use will require significant efforts using various media. Kebribeyah camp abuts Kebribeyah town, and there is frequent interaction between the two. Interventions will target both refugees and the host communities.

The following activities will be implemented in Fugnido, Kebribeyah, Teferiber, and Afar camps:

UNHCR will procure and distribute condoms in all camps through a variety of mechanisms. The number of condom outlets within the camps will continue to be expanded to reach a total of 200 in all of the camps. Wooden condom dispensers were built and made available in 2007, and their presence will be expanded. Money will be provided for their maintenance in 2008 and dispensers will be placed in the new camps in Afar and Teferiber. The boxes will be strategically placed in bathrooms within the communities so that men and women can take the condoms privately. Supervisors, provided with a stipend, will be hired in order to monitor and restock condom supplies at each of the boxes and condom outlets in the camps and host communities. This is necessary to ensure that supplies are constantly available.

Twenty four trainers, the senior peer educators, will be trained from all camps in peer education and condom distribution and education. The trainers will also be trained in the use of penis models for condom demonstrations. Models will be purchased for each of the new camps and used by peer educators in demonstrating the importance and use of condoms. Peer educator kits will be purchased for each of the peer educators so that they can educate their peers on correct condom use. Additional social workers will be hired in order to effectively monitor peer educators, the population, and provide care and support to those who need it. The social workers will also promote counseling and testing services, as well as testing for STI. Condom use is typically not supported within the communities and therefore it is important for peer educators and social workers to promote condom use and work with local community leaders on implementing effective messages and tools to raise awareness of, and support for, condom use.

Condom and other prevention activities will work in tandem with the interactive drama groups and anti-AIDS clubs developed under AB activities. Sports for Life activities will include messages about the importance of condom use for protection against HIV amongst the older youth served by the activities. In addition, community conversations and coffee ceremonies will focus on the importance of condom use and the ability of condoms to help prevent the transmission of HIV and other STI. The activities will target all members of the communities in general, as well as specific groups such as commercial sex workers.

Health workers in each camp will receive training on STI management and the importance of promoting counseling and testing when treating and testing patients for STI. Universities working in the regions will assist in ARRA's training for health workers.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10529

**Related Activity:** 18200, 16686, 16687, 16689,  
16690

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28208	5786.28208.09	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	11554	3790.09		\$184,575
10529	5786.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	5524	3790.07		\$156,500
5786	5786.06	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	3790	3790.06		\$7,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16686	5739.08	7506	3790.08		United Nations High Commissioner for Refugees	\$267,500
16687	10634.08	7506	3790.08		United Nations High Commissioner for Refugees	\$107,000
16689	10572.08	7506	3790.08		United Nations High Commissioner for Refugees	\$107,000
16690	10530.08	7506	3790.08		United Nations High Commissioner for Refugees	\$107,000
18200	18200.08	7506	3790.08		United Nations High Commissioner for Refugees	\$128,400

### Emphasis Areas

#### Gender

- \* Increasing gender equity in HIV/AIDS programs

#### Human Capacity Development

- \* Training
- \*\*\* Pre-Service Training
- \*\*\* In-Service Training

#### Local Organization Capacity Building

#### Wraparound Programs (Other)

- \* Education

### Food Support

### Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of STI patients referred to HIV counseling and testing:	N/A	True
5.1 Number of targeted condom service outlets	169	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	85,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	False

## Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Orphans and vulnerable children

Pregnant women

Refugees/Internally Displaced Persons

Religious Leaders

## Coverage Areas

Gambela Hizboch

Afar

Sumale (Somali)

**Table 3.3.05: Activities by Funding Mechansim**

**Mechanism ID:** 649.08

**Prime Partner:** International Rescue  
Committee

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 10646.08

**Activity System ID:** 16708

**Mechanism:** N/A

**USG Agency:** Department of State /  
Population, Refugees, and  
Migration

**Program Area:** Condoms and Other  
Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$43,545

## **Activity Narrative:** Condoms and other Prevention Activities for Sudanese and Eritrean Refugees

The proposed project is a continuation of the International Rescue Committee's (IRC) current PEPFAR-funded project, which provides current counseling and testing (CT) services to refugees living in camp settings and the surrounding host communities. IRC's CT project was initiated in October 2004 in Sherkole Camp (in the Benishangul-Gumuz region) and in 2007 in Shimelba Camp (in the Tigray region). For FY08, IRC is proposing to continue its current Condoms and Other Prevention activities in both camps and host communities. This project is programmatically linked to Counseling and Testing for Sudanese and Eritrean Refugees (10561) and Abstinence/Be Faithful Activities for Sudanese and Eritrean Refugees (10600).

IRC coordinates its activities closely with United Nations High Commission for Refugees (UNHCR) and the Government of Ethiopia's Agency for Returnee and Refugee Affairs (ARRA). IRC has established relationships with Johns Hopkins University (JHU) and the University of Washington/I-TECH for technical support and training, and with the Ethiopian HIV/AIDS Prevention and Control Office (HAPCO) which provides training to field staff.

### **Outreach and Awareness-Raising**

IRC provides CT and HIV/AIDS awareness and education through strategic behavior-change communication (BCC) campaigns and community group discussions. Messaging will promote understanding among the target populations of the importance of abstinence in reducing the transmission of HIV, the importance of delaying one's sexual debut until marriage, life skills for practicing abstinence, and faithfulness to one's partner within a marriage. The campaigns will focus on at-risk groups, including those who travel and are away from their families for extended periods, women who engage in commercial sex work (both in and out of the camp), women who are vulnerable to sexual exploitation due to their living conditions, former and current military combatants, and adolescents. The campaigns will address prevalent gender inequalities and male norms which encourage risky behaviors.

The awareness-raising activities will contribute to the comprehensive IRC strategy of mainstreaming HIV information through its program sectors, including Education and Community services and the new gender-based violence (GBV) services for the refugee population. The integration of three IRC programs leverages the prevention, counseling, and testing campaign in the camp. The refugees are hearing similar HIV messages from a greater number of sources in their surroundings, thus increasing their awareness of their risk, their need to address current male norms that are spreading HIV, and the need to engage in safer behavior practices.

IRC's information-education-communications (IEC) and BCC materials (e.g., posters, leaflets, billboards) will be designed in collaboration with the refugee and local communities to ensure relevance and appropriateness. These will be distributed to CT clients and placed in strategic locations where they can be seen by both the focus populations and the population at large. These materials will reinforce the project outreach activities and provide a further resource for the targeted communities to understand and eventually use the available CT services.

In conducting discussions with the camp and host communities in Sherkole and camp community in Shimelba, IRC will use the Community Conversations model developed by the United Nations Development Program (UNDP). Community Conversations was introduced in Sherkole Camp in 2006. With the assistance of a facilitator, communities engage in discussions to: create a deeper understanding of HIV/AIDS; to identify and explore factors fueling the spread of HIV/AIDS in their respective contexts; and to reach decisions and take action (such as using a condom or practicing abstinence and faithfulness) to mitigate the effects of the disease in their communities. In FY07, IRC trained 35 HIV/AIDS refugee social workers and youth peer educators in Sherkole Camp to facilitate this innovative strategy. In FY08, the Community Conversations strategy will be expanded to Shimelba Camp.

IRC will continue to coordinate with the GBV and Education teams to integrate AB promotion activities in IRC's informal education classes, primary school classes, GBV community discussions at the ARRA health center, and in outreach activities conducted by the IRC social workers.

In light of the repatriation and resettlement of refugees from both camps, more interventions are planned to engage community and religious leaders, women, and youth in health-education activities on HIV/AIDS and voluntary counseling and testing (VCT) issues to raise the awareness of as many refugees as possible before their return to Sudan or resettlement to the USA.

### **Anti-Aids Clubs and Peer Educators**

In FY08, IRC will continue to provide support for the youth anti-AIDS clubs in Sherkole Camp, the host community in the Benishangul-Gumuz Region, and in Shimelba Camp in the Tigray Region. IRC will also support three peer-education groups (two in Sherkole/Benishangul-Gumuz and one in Shimelba). The anti-AIDS clubs and peer educators are actively educating youth and adults on HIV/AIDS and sexually transmitted infections (STI) using a peer-to-peer model of information-sharing. IRC will provide the peer educators and anti-AIDS clubs with additional training to increase their community mobilization capacity. In Shimelba, IRC will focus on strengthening the anti-AIDS club and encouraging the participation of females.

### **Condom Distribution**

In addition to community awareness-raising activities targeting HIV prevention, free condoms will be supplied to condom-distribution sites located within Sherkole and Shimelba Camps and within the local host population. Condom distributors will also receive training on proper use and storage of condoms.

IRC's 2008 HVOP continuation strategy in Sherkole and Shimelba Camps and host communities will include providing universal precaution (UP) supplies and training on UP to the IRC-supported outreach and static camp CT centers. The strategy will increase availability and access to condoms. It will also introduce condom distributors to condom-negotiation training and the proper use, storage, and disposal of condoms. Community Conversations in Sherkole Camp and the host community will be continued and introduced to the HIV/AIDS program in the Shimelba Camp. Behavior-change discussions on HIV/AIDS, life skills, and condom-negotiation skills will be held with at-risk groups and out-of-school youth. There will be HIV/AIDS awareness sessions in informal education sessions, alternative basic education centers, accelerated learning classes, the primary school, GBV discussion groups, and at the ARRA health center throughout the year. Refugee community leaders and religious leaders will be targeted for HIV/AIDS awareness-raising



**Activity Narrative:** activities that encourage life choices and healthy norms that minimize individual risk to HIV. IRC will continue to provide technical and material assistance as needed for the youth and adult peer-education groups and youth anti-AIDS clubs in both the refugee and the local host communities

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10646

**Related Activity:** 16707, 16709

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28082	10646.2808 2.09	Department of State / Population, Refugees, and Migration	International Rescue Committee	11504	649.09		\$63,545
10646	10646.07	Department of State / Population, Refugees, and Migration	International Rescue Committee	5536	649.07		\$30,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16707	10600.08	7516	649.08		International Rescue Committee	\$92,460
16709	5606.08	7516	649.08		International Rescue Committee	\$130,635

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- \* Training
- \*\*\* In-Service Training

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
Number of STI patients referred to HIV counseling and testing:	N/A	True
5.1 Number of targeted condom service outlets	45	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	34,200	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	126	False

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Pregnant women

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

## Coverage Areas

Binshangul Gumuz

Tigray

Table 3.3.05: Activities by Funding Mechanism

**Mechanism ID:** 494.08

**Mechanism:** Strengthening HIV/AIDS, STI &  
TB Prevention, Control &  
Treatment Activities

**Prime Partner:** Addis Ababa University

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Condoms and Other  
Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 5766.08

**Planned Funds:** \$85,000

**Activity System ID:** 16692

**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).

AA November 2006 study on condom use among university and college students in Addis Ababa, including Addis Ababa University (AAU) students, showed that only 34.5% of students believed that people can protect themselves from HIV by using a condom correctly every time they have sex. Another interesting finding of this survey is that only 3.9% of the students mentioned that condom use is the preferred method of HIV prevention among young people. Another study at Jimma University in 2002, one of the local universities with student-body characteristics similar to those at AAU, found that 60 (12.2%) of 490 students were HIV-positive, with highest prevalence among third- and fourth-year students (i.e., those most acquainted with the social environment). As students come to Addis Ababa from all corners of Ethiopia, a number of factors make them particularly vulnerable to HIV infection including young age, desire for new experiences, peer pressure and the desire to fit in, absence of immediate parental supervision, and change of environment. In addition, the presence of entertainment facilities in the vicinity of the university campuses that serve alcohol and have commercial sex workers creates an enabling environment for exposure to HIV.

AAU has twelve campuses within Addis Ababa and Debre-Zeit town (45 km east of the capital), encompassing a student population of about 32,000, an academic staff of about 3,000, and administrative staff of about 2,000. Preventive behavior-change interventions that combine activities to promote safer behaviors (including use of services) and help build students' ability to implement the interventions are crucially important.

The aim of this project is to prevent and control HIV/AIDS within the entire university community, including regular and summer students, faculty, and administrative staff through behavioral change communication. This Other Prevention activity promotes consistent, correct condom use, corrects misconceptions, tackles stigma and discrimination towards people living with HIV (PLWH) and existing gender imbalances, alerts students to the necessity of early treatment of sexually transmitted infections, and helps increase uptake of services like voluntary counseling and testing (VCT) and ART. Its intent is to reduce risky behaviors and encourage comprehensive care and support in the university and wider community by linking to other services.

Modeling and Reinforcement to Combat HIV/AIDS (MARCH) is a behavior-change communications (BCC) strategy that promotes behavioral changes that reduce the risk of HIV infection and transmission, and encourages communities to use services to care for PLWH and children orphaned by the epidemic. There are two main components to the MARCH program: education through entertainment, and interpersonal reinforcement. The entertainment component uses role models in a storyline to provide information about behavior change, to motivate the audience, and to enhance a sense of self-efficacy. Reinforcement activities use interpersonal strategies like peer-group discussions, with the objective of having group members apply messages from the drama to their own lives. The group discussions also provide accurate information about HIV/AIDS and behavior change, provide opportunities to practice new skills that may be required to avoid infection, and provide support to those infected. A serial drama is distributed every two weeks, The storyline follows the evolution of positive behavior change by role models, forming a basis for peer-group discussions and other forms of interactive discussions.

In FY05, MARCH began on the main AAU campus and medical faculty; it was expanded to all AAU campuses in FY06, when a total of 29,472 students were reached with a variety of MARCH activities, including live theater programs created by AAU students and faculty, and an interactive MARCH website. The website has been visited by 12,700 students. One of the most significant achievements of FY06 was the establishment of training curricula for selected students to receive additional instruction toward obtaining a certificate. The certificate program is designed for students who wish to go beyond the level of casual knowledge and make HIV-prevention part of their academic and career skills.

In FY07 the MARCH project built on the achievements made in the previous fiscal years and accomplished the following major activities: printed serial dramas (PSD); information, education, and communication (IEC) materials; a newsletter; poem book; and fliers, posters and banners were all produced and distributed to all campuses of the university. The certificate curriculum was revised to make it more interactive and practical, with six required modules, one optional module, and a practicum. Five hundred students were trained on HIV/AIDS prevention, particularly on abstinence and being faithful (AB); of those, 50 were retrained and became reinforcement agents. The reinforcement agents conducted various interactive reinforcement activities in which the project reached 30,000 university students and staff members. Technical assistance from the Johns Hopkins University Center for Communications Programs and CDC helped the project to accelerate implementation of activities and achieve results. The university has also built its capacity in financial and procurement procedures, which helped it to manage and accommodate projects.

During FY08 the project will:

- 1) Strengthen the capacity of the campus liaison offices to implement MARCH fully. The goal is to reach 35,000 students and 5,000 staff members by distributing PSD to 10,000 students every two weeks, augmenting IEC materials, and offering student-led reinforcement activities, in which the entire university takes part to practice skills presented in the PSD.
- 2) Conduct training for 250 students in certificate curriculum programs to qualify them to be reinforcement agents and to conduct various interactive activities to reinforce messages from the PSD
- 3) Produce and distribute 26 editions of the PSD
- 4) Undertake various reinforcement activities to personalize PSD messages through events like drama, music, exhibitions, quizzes, sport competitions, talk shows, lectures, etc.
- 5) Continue production and distribution of campus newsletters and other IEC materials
- 6) Explore possibilities for using AAU materials at other schools in Addis Ababa, including private universities
- 7) Strengthen alliances between the university and other Ethiopian universities, colleges, and high schools
- 8) Regularly maintain and upgrade MARCH websites to expand functionality for online interactive discussion on printed serial dramas, other HIV-related fora, data collection, and monitoring and data analysis
- 9) Conduct a process evaluation to identify major monitoring activities and assess early signs of behavior change

**Activity Narrative:**

AAU will also implement another area of intervention in FY08: the establishment of workplace HIV-prevention and control programs at the 12 campuses of the university. This project will target all academic and administrative staff of the university with comprehensive HIV prevention activities. The MARCH project at AAU primarily targets students, and the storylines in the PSD also address the problems which students face in the fight against AIDS during their stay at the university. However, a 2005 report completed in Ethiopia indicates that there is a high adult HIV-prevalence rate, which indicates the need to focus on targeting the adult population with HIV-prevention information.

Therefore, this new workplace activity reaches academic and administrative staff at the university with an intensive and comprehensive program to reduce risky behaviors, stigma and discrimination, and promote abstinence, being faithful, and correct and consistent condom use, service uptake (VCT and ART), and care for HIV-positive people.

Major workplace program activities will include:

- 1) Conduct baseline assessment of HIV knowledge, attitudes, and practices (KAP) through an external consultant
- 2) Develop or adopt HIV workplace policy, strategy, and implementation guidelines
- 3) Produce or adapt training manual
- 4) Conduct BCC training for a selected focal person from each campus
- 5) Organize various sensitization workshops and interactive fora
- 6) Produce IEC materials, including fliers, posters, banners, newspapers, and magazines
- 7) Build capacity for AAU staff anti-AIDS clubs with materials and technical support
- 8) Create referral linkages with HIV/AIDS services within the university
- 9) Establish an HIV resource corner at each faculties' library
- 10) Hire and remunerate a project focal person at each campus of AAU to coordinate effectively and efficiently the implementation of the workplace program activities.

Since the PSD and reinforcement activities encompassed in MARCH are designed to reach the university with a comprehensive ABC message, all targets will be counted under Other Prevention, though AB is a significant part of the overall prevention intervention.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10554

**Related Activity:** 16579, 16691

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28313	5766.28313.09	HHS/Centers for Disease Control & Prevention	Addis Ababa University	11597	494.09	Strengthening HIV/AIDS, STI & TB Prevention, Control & Treatment Activities	\$100,000
10554	5766.07	HHS/Centers for Disease Control & Prevention	Addis Ababa University	5525	494.07		\$10,000
5766	5766.06	HHS/Centers for Disease Control & Prevention	Addis Ababa University	3755	494.06		\$20,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16579	10386.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$975,000
16691	5584.08	7507	494.08	Strengthening HIV/AIDS, STI & TB Prevention, Control & Treatment Activities	Addis Ababa University	\$85,000

## Emphasis Areas

Gender

\* Addressing male norms and behaviors

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

Wraparound Programs (Other)

\* Education

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of STI patients referred to HIV counseling and testing:	N/A	True
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	15,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	275	False

## Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

## Coverage Areas

Adis Abeba (Addis Ababa)

**Table 3.3.05: Activities by Funding Mechansim**

**Mechanism ID:** 3784.08

**Prime Partner:** Columbia University

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 10642.08

**Activity System ID:** 16668

**Mechanism:** Rapid Expansion of ART for HIV Infected Persons in Selected Countries

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$700,000

**Activity Narrative:** This funding will be used to strengthen the existing prevention intervention by Columbia University. Mainly the program will focus on mainstreaming IEC and Behavioral Change Communication programs with care and treatment programs.

Columbia University in collaboration with regional health bureaus, regional HAPCO's, US University partners and CDC-Ethiopia will establish a national and respective regional taskforce to research, design and develop, produce and mounting billboards centrally and regionally on new thematic areas that will be endorsed by the task force. These billboards will replace the central and regional billboards which were mounted in 2004 and 2005 under the theme "the Role of Leadership in the fight against HIV/AIDS". JHU-CCP will provide the necessary technical assistance in the production processes of the educational billboard. University of Washington will mainly work with three regional health bureaus in this regard.

#### Strengthening STI Services for MARP

Prevention of sexually transmitted infections (STI) among most-at-risk populations (MARPs) and people living with HIV (PLWH) is a critical activity in preventing new HIV infections and slowing the pace of the epidemic.

During FY07, Columbia University's International Center for AIDS Care and Treatment Programs, (ICAP-CU) has taken full responsibility for supporting STI activities at 42 public and private health facilities found in Operational Zone 3 (Dire Dawa, Oromiya, Harari, and Somali regions). The support to date has included an assessment of current services and development of a workplan.

FY08 activities at the regional level will include:

1) Coordination with Regional Health Bureaus (RHB) to help facilitate and coordinate linkages between STI and HIV/AIDS services, and strengthen external referral linkages between hospitals, health centers, and community service organizations, faith-based organizations, and PLWH support groups and associations. Regional linkages will be supported so that patients who do not respond to syndromic management of STI symptoms at the health-center level are referred to appropriate care at the hospital level.

FY08 activities at the hospital/facility level will include:

- 1) Expanding STI services to ten additional sites, for a total of 52 sites supported by ICAP-CU
- 2) Continuing needs assessments of the capabilities of hospital-based STI services, 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, antenatal care, etc.)
- 3) Providing on-site technical assistance to improve STI diagnosis and treatment following national syndromic management guidelines
- 4) Training, supportive supervision, and mentorship of physicians, health officers, and nurses on STI prevention, diagnosis, and treatment, with a focus on the linkages between STI and HIV infection, as per national guidelines
- 5) Training of facility-based peer educators on STI prevention and treatment for PLWH and their partners, as well as community education regarding the symptoms of STI and the need to seek care
- 6) Developing linkages with the Global Fund for AIDS, Malaria, and Tuberculosis and other PEPFAR-funded partners to ensure adequate supplies of STI drugs at all facilities
- 7) Developing linkages to HIV counseling and testing (HCT) services, promoting a provider-initiated, opt-out approach for all STI patients, and developing linkages to care and treatment services for those who are HIV-positive
- 8) STI education focused on risk reduction, screening, and treatment for patients enrolled in HIV/AIDS care and treatment at the hospitals
- 9) Providing condoms, and education on how to use them, to patients enrolled in care and treatment, with a special focus on MARPs
- 10) Integration of STI services into antenatal and PMTCT services to ensure that all pregnant women are educated about STI and given necessary treatment, and are educated on STI prevention during pregnancy (according to national STI management and antenatal care guidelines)
- 11) Development of linkages to community-based organizations that promote risk reduction and HIV/STI prevention and early/complete treatment in communities surrounding ICAP-CU-supported ART sites

ICAP-CU will also focus on:

- 12) Exploring the feasibility of extending targeted STI prevention, diagnosis, and treatment services to MARPs, including commercial sex workers

#### HQ Technical Area:

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10642

**Related Activity:** 16667, 16669, 16671, 16672



### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27898	10642.2789 8.09	HHS/Centers for Disease Control & Prevention	Columbia University	11460	3784.09	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	\$475,000
10642	10642.07	HHS/Centers for Disease Control & Prevention	Columbia University	5506	3784.07		\$125,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16667	5637.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$1,100,000
16669	5772.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$372,000
16671	5722.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$450,000
16672	10436.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$8,400,000

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

### Food Support

### Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of STI patients refereed to HIV counseling and testing:	N/A	True
5.1 Number of targeted condom service outlets	52	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	240	False

## Target Populations

### Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

People Living with HIV / AIDS

## Coverage Areas

Dire Dawa

Hareri Hizb

Oromiya

Sumale (Somali)

**Table 3.3.05: Activities by Funding Mechansim**

**Mechanism ID:** 674.08

**Prime Partner:** Ethiopian Public Health Association

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 10638.08

**Activity System ID:** 16649

**Mechanism:** Improving HIV/AIDS/STD/TB Related Public Health Practice and Service Delivery

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$150,000

**Activity Narrative:** This is a continuation activity following on from a formative assessment completed by the Ethiopian Public Health Association (EPHA) in FY07 on men who have sex with men (MSM) and HIV.

Sex between men occurs all over the world. In Europe, the Americas, and Asia, the lifetime prevalence of MSM ranges between 3% and 20%. Recent evidence highlights increasing risk levels and vulnerability in this group in developing countries. Due to 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 prevalence of HIV and sexually transmitted infections (STI) among MSM as high as 14.4% and 25% respectively. Few epidemiological studies exist on HIV and vulnerability to sexually transmitted infections among MSM in sub-Saharan Africa. In Ethiopia, before this recent assessment on MSM, there had been very little information about MSM and their HIV risk behavior. As in most developing countries, MSM tend to congregate in cities, in places frequented by expatriates, and along major tourist travel corridors and destinations. A recent pilot study of MSM in Addis Ababa confirms that this population has long existed covertly. The assessment showed that MSM have an early age of sexual debut, and male-to-male sex appears to be on the increase. MSM were found to have misconceptions about HIV risk; some believe sex with men carries a lower risk of infection than heterosexual sex.

In FY08, EPHA will conduct the following activities:

- 1) Dissemination workshop on the result of the assessment of MSM conducted in FY07, where all regional HAPCO representatives and responsible persons will be in attendance
- 2) Technical assistance support on HIV interventions among MSM in a hidden population
- 3) Strengthen interventions reaching the MSM network with promotion of condoms and counseling and HIV testing
- 4) Studies of STI and HIV prevalence among MSM.
- 5) Developing training manuals on MSM behaviors and MSM/HIV prevention for counselors and health workers
- 6) Training of 40 health workers on counseling and working with MSM in a hidden population (in the Ethiopian context)
- 7) Participatory community assessment on identification of MSM-network meeting places
- 8) Experience-sharing visit to Kenya and Ghana to look at successful program interventions on MSM and HIV
- 9) Development and distribution of educational materials adapted to the needs and contexts of MSM
- 10) Procurement and provision of condoms and lubricants
- 11) Creation of a referral system for STI and linkages to HIV counseling and testing

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10638

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28876	10638.2887 6.09	HHS/Centers for Disease Control & Prevention	Ethiopian Public Health Association	11754	11754.09	Improving HIV/AIDS/STD/TB Related Public Health Practice and Service Delivery	\$180,000
10638	10638.07	HHS/Centers for Disease Control & Prevention	Ethiopian Public Health Association	5491	674.07		\$175,000

## Targets

Target	Target Value	Not Applicable
Number of STI patients referred to HIV counseling and testing:	N/A	True
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	500	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	40	False

## Target Populations

### Special populations

Most at risk populations

Men who have sex with men

**Table 3.3.05: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3786.08	<b>Mechanism:</b> Rapid expansion of successful and innovative treatment programs
<b>Prime Partner:</b> University of Washington	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Condoms and Other Prevention Activities
<b>Budget Code:</b> HVOP	<b>Program Area Code:</b> 05
<b>Activity ID:</b> 10648.08	<b>Planned Funds:</b> \$420,000
<b>Activity System ID:</b> 16642	

**Activity Narrative:** Addition 10/7/08:

This funding will be used to strengthen the existing prevention intervention by University of Washington. Mainly the program will focus on mainstreaming IEC and Behavioral Change Communication programs with care and treatment programs.

University of Washington in collaboration with regional health bureaus, regional HAPCO's, US University partners and CDC-Ethiopia will establish a national and respective regional taskforce to research, design and develop, produce and mounting billboards centrally and regionally on new thematic areas that will be endorsed by the task force. These billboards will replace the central and regional billboards which were mounted in 2004 and 2005 under the theme "the Role of Leadership in the fight against HIV/AIDS". JHU-CCP will provide the necessary technical assistance in the production processes of the educational billboard. University of Washington will mainly work with three regional health bureaus in this regard.

Prevention of sexually transmitted infections (STI) among most-at-risk populations (MARPs) and people living with HIV (PLWH) is a critical activity in preventing new HIV infections and slowing the pace of the epidemic.

During FY07, I-TECH has taken full responsibility for supporting STI activities at 35 sites found in Operational Zone 1 (Afar, Amhara, and Tigray regions). The support includes training healthcare providers in prevention and syndromic management of STI, and providing technical assistance to implement the syndromic approach at hospital level. I-TECH has hired an STI technical officer to spearhead this effort and begin the developing an action plan to initiate the training and assistance that will be needed to affect heightened awareness and treatment of STI by clinical practitioners at all I-TECH hospital sites.

FY08 activities at the regional level will include:

Coordination with regional health bureaus (RHB) will help facilitate and coordinate linkages between STI and HIV/AIDS services, and strengthen external referral linkages between hospitals, health centers, and community service organizations (CSO), faith-based organizations (FBO) and PLWH support groups and associations. Regional linkages will be supported so that patients who do not respond to syndromic management of STI symptoms at the health-center level are referred to appropriate care at the hospital level.

FY08 activities at the hospital/facility level will include:

- 1) Expansion of STI services to three additional sites, for a total of 38 sites supported by I-TECH (including 30 public hospitals, two private hospitals, and six health centers)
- 2) Continuing needs assessments of the capabilities of hospital-based STI services, 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, antenatal care, etc.)
- 3) Providing on-site technical assistance to improve STI diagnosis and treatment following national syndromic management guidelines
- 4) Training, supportive supervision, and mentorship of physicians, health officers, and nurses, on STI prevention, diagnosis, and treatment. The focus will be on the linkages between STI and HIV infection, as per national guidelines.
- 5) Training of facility-based peer educators on STI prevention and treatment for PLWH and their partners, as well as community education on the symptoms of STI and the need to seek care
- 6) Developing linkages with the Global Fund for AIDS, Malaria, and Tuberculosis and other PEPFAR-funded partners to ensure adequate supplies of STI drugs at all facilities
- 7) Developing linkages to HIV counseling and testing services, promoting a provider-initiated, opt-out approach for all STI patients, and providing linkages to care and treatment services for those who are HIV-positive
- 8) Providing STI education focused on risk-reduction, screening, and treatment for patients enrolled in HIV/AIDS care and treatment at the hospitals
- 9) Providing condoms and education on how to use them, to patients enrolled in care and treatment. There will be a special focus on MARPs.
- 10) Integrating STI services into antenatal and PMTCT services to ensure that all pregnant women are educated about STIs (including education on preventing STI during pregnancy) and provided with necessary, according to national STI management and antenatal care guidelines
- 11) Developing 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

I-TECH will also focus on:

- 12) Establishing criteria to ensure that follow-up of patients on treatment is successful
- 13) Close collaboration with the RHB to ensure that those persons at highest risk of STIs from all publicly supported STI clinics are included in the protocols for HIV testing
- 14) Developing appropriate protocols and tools at each site to ensure that all partners of those persons testing positive for any STI are notified of their exposure and of the need for STI evaluation, treatment, and HIV screening, as per the national guidelines
- 15) Evaluating STI/HIV referral services that will be provided quarterly to both hospital staff as well as the RHB
- 16) Providing appropriate training and support for hospital staff to routinely evaluate patients for STI at antenatal, family planning, and ART units and out-patient departments, as well as to offer routine HIV testing
- 17) Support sites in documenting and reporting STI syndromic

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10648

**Related Activity:** 16656, 16643, 16658, 16644

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27913	10648.27913.09	HHS/Health Resources Services Administration	University of Washington	11464	3786.09	Rapid expansion of successful and innovative treatment programs	\$275,000
10648	10648.07	HHS/Health Resources Services Administration	University of Washington	5488	3786.07		\$100,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16656	5639.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$1,100,000
16643	5767.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$550,000
16658	5725.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$561,000
16644	10439.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$9,116,200

### Emphasis Areas

#### Gender

- \* Addressing male norms and behaviors

#### Human Capacity Development

- \* Training
- \*\*\* Pre-Service Training
- \*\*\* In-Service Training
- \* Task-shifting

#### Local Organization Capacity Building

### Food Support

### Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of STI patients referred to HIV counseling and testing:	N/A	True
5.1 Number of targeted condom service outlets	38	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	220	False

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

People Living with HIV / AIDS

## Coverage Areas

Afar

Amhara

Tigray

**Table 3.3.05: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 494.08	<b>Mechanism:</b> Strengthening HIV/AIDS, STI & TB Prevention, Control & Treatment Activities
<b>Prime Partner:</b> Addis Ababa University	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Condoms and Other Prevention Activities
<b>Budget Code:</b> HVOP	<b>Program Area Code:</b> 05
<b>Activity ID:</b> 19504.08	<b>Planned Funds:</b> \$120,000

**Activity System ID:** 19504

**Activity Narrative:** This was a TBD. Addis Ababa University (AAU), one of the largest higher learning institutions in Africa, was established at the end of the 1940s. AAU has twelve different campuses within 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. Addis Ababa University has entered in to a cooperative agreement with CDC Ethiopia since 2004 to strengthen HIV/AIDS, STI and TB prevention, control, and treatment efforts in the AAU. AAU has established an HIV/AIDS Prevention and Control Unit within the Vice President's office for Graduate Students and Research. As the pioneer of higher education and as the leading research center of the country, AAU is playing a substantial role in HIV/AIDS education, research, awareness-raising and brining about behavioral change, as well as in devising new and improved methods of combating the spread of the disease. Particularly the Department of Community Health has been playing a leading role in providing technical assistance and coordinating a number of national research and public health evaluations related to HIV/AIDS. The Department of Community Health has the required organizational, technical and human resource capacity to implement this public health evaluation and other similar programs. A complete reprogramming is, therefore, made from TBD/CDC activity # 187776 to AAU.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.05: Activities by Funding Mechansim**

**Mechanism ID:** 3746.08

**Mechanism:** University Technical Assistance Projects in Support of the Global AIDS Program

**Prime Partner:** JHPIEGO

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Condoms and Other Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 18237.08

**Planned Funds:** \$200,000

**Activity System ID:** 18237



**Activity Narrative:** Strengthening Male Circumcision in Gambella and Southern Nations, Nationalities, and Peoples Region (SNNPR)

This request for \$50,000 in early funding will allow this important new activity to begin as soon as possible.

This is a new activity to provide comprehensive male circumcision service in Gambella.

Circumcision of men is widely practiced in different regions of Ethiopia and often serves as a rite of passage to adulthood. According to the 2005 Demographic Health Survey (DHS), 93% of Ethiopian men aged 15-59 are circumcised. Circumcision was highest among men aged 40-44 and lowest among those aged 15-19. Currently married men are slightly more likely to be circumcised than formerly married men. Men who have never married were least likely to be circumcised. Circumcision was highest among Orthodox Christians and Muslims and lowest among men of non-Christian and non-Muslim religions. With the exception of men in Gambella and Southern Nations, Nationalities, and Peoples Region (SNNPR), circumcision is nearly universal among men in the other regions. Fewer than one in two men living in Gambella (46%) are circumcised, while three in four men living in SNNPR (79.6%) are circumcised.

The effect of male circumcision on the risk of HIV infection, and the impact of the practice in the spread of HIV in different population groups has been a subject of interest. Many studies indicate that circumcised men are less likely to become infected with HIV than uncircumcised men. There is substantial evidence that circumcision protects males from penile carcinoma, urinary tract infections, and ulcerative sexually transmitted infections (STI). There is also considerable evidence supporting association between the presence of a foreskin and susceptibility to STI. Foreskin provides a warm, moist environment for the growth of bacteria and viruses and is susceptible to scratches and tears during intercourse, which are possible sources of viral entry. Lack of circumcision also increases the chances of infection with other STI, which have been shown to enhance transmission of HIV. If lack of male circumcision is indeed an important risk factor for HIV infection, then it merits some consideration as a possible intervention in HIV infection control. Since circumcision is usually linked to cultural or religious practices, it has been argued that the apparent protective effect of the procedure is not related to foreskin removal but to the behaviors prevalent in the ethnic or religious groups in which male circumcision is performed.

Data from a range of observational epidemiological studies, conducted since the mid-1980s, show that circumcised men have a lower prevalence of HIV infection than uncircumcised men. Three randomized, controlled trials have made it possible to separate a direct, protective effect of male circumcision from behavioral or social factors that may be associated with both circumcision status and risk of HIV infection. These trials have been conducted in Orange Farm, South Africa; Kisumu, Kenya; and Rakai District, Uganda. The results of these trials showed that following circumcision, the incidence of HIV infection was reduced in men by more than half.

Male circumcision has been associated with a lower risk for HIV infection in international observational studies and in three randomized, controlled clinical trials. Male circumcision could also reduce male-to-female transmission of HIV to a lesser extent. It has also been associated with a number of other health benefits. Based on the above evidence, in March 2007, the World Health Organization (WHO) has considered male circumcision to be one element of a comprehensive HIV-prevention package that includes the correct and consistent use of condoms, reductions in the number of sexual partners, delay in the onset of sexual relations, avoidance of penetrative sex, and testing and counseling to know one's HIV serostatus.

From the DHS 2005 Ethiopian figure, the relation between HIV and male circumcision conforms to the expected pattern of higher rates among uncircumcised men (1.1%) than circumcised men (0.9%). Uncircumcised men in Gambella had the highest HIV prevalence rate (9.8%)—as compared to the HIV prevalence rate (2.3%) among circumcised men in Gambella. The prevalence of HIV among uncircumcised men in SNNPR was 0.7% which is higher than 0.3% among circumcised men. Therefore, it is a timely intervention to plan and conduct male circumcision service in those regions in Ethiopia.

Because of its long years of experience with strengthening male circumcision services in other African countries, and technical expertise in that area, JHPIEGO will conduct formative assessment, training, and male circumcision services in Gambella and SNNPR regions in FY08

The following activities will be included:

- 1) JHPIEGO will work in community and clinic settings to conduct formative assessments on social and cultural considerations and on integration of the service with other reproductive health services. The assessment will be based on the WHO Assessment Tool Kit.
- 2) Training of trainers on safe male circumcision service and training of 50 healthcare providers in the two regions using the WHO/JHPIEGO male-circumcision training manual. Instructors from Gambella Health Sciences College will be trained to support pre-service education on male circumcision.
- 3) Producing information, education, and communications materials to provide information on the importance, safety, and quality of male circumcision services
- 4) Initiating circumcision services in 12 healthcare facilities (four in Gambella and eight in SNNPR) as part of the comprehensive package of prevention services. That package includes: provider-initiated HIV counseling and testing; active exclusion of symptomatic STI and syndromic treatment when required; counseling on behavior change, including a gender component that addresses male norms and behaviors; provision of condoms and counseling on correct and consistent use; reduction of the number and concurrency of sexual partners; and delaying the debut of, or abstaining from, sexual activity (ABC).

In FY08, the service will be provided to adolescents and adults, and this activity will look for opportunities to provide the services for infants with integration with other reproductive health care services in subsequent years. The service will be supported with intense communication and advocacy campaigns and will provide patient education materials. JHPIEGO will procure all the necessary medical equipment and commodities to run the service in 12 facilities.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

### Emphasis Areas

Gender

\* Addressing male norms and behaviors

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
Number of STI patients referred to HIV counseling and testing:	N/A	True
5.1 Number of targeted condom service outlets	12	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	False

### Target Populations

#### General population

Ages 15-24

Men

Adults (25 and over)

Men

### Coverage Areas

Gambela Hizboch

Southern Nations, Nationalities and Peoples

**Table 3.3.05: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 8181.08	<b>Mechanism:</b> CDC-M&S
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Condoms and Other Prevention Activities
<b>Budget Code:</b> HVOP	<b>Program Area Code:</b> 05
<b>Activity ID:</b> 18722.08	<b>Planned Funds:</b> \$23,300
<b>Activity System ID:</b> 18722	
<b>Activity Narrative:</b> This activity represents the direct technical assistance which is provided to partners by CDC staff. The amount represents the salary and benefit costs for CDC Ethiopia local technical staff. Detailed narrative of CDC-Ethiopia Management and Staffing is included in Program Area 15 – Management and Staffing HVMS.	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	
<b>Related Activity:</b>	

**Table 3.3.05: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 5522.08	<b>Mechanism:</b> pc
<b>Prime Partner:</b> US Peace Corps	<b>USG Agency:</b> Peace Corps
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Condoms and Other Prevention Activities
<b>Budget Code:</b> HVOP	<b>Program Area Code:</b> 05
<b>Activity ID:</b> 18691.08	<b>Planned Funds:</b> \$1,600,000
<b>Activity System ID:</b> 18691	

**Activity Narrative:** At the Government of Ethiopia's (GOE) request, and with support from the US Mission in Ethiopia, Peace Corps returned to Ethiopia in FY07 with a program on HIV/AIDS. PC/ET received PEPFAR funding to support GOE's strategy to create and strengthen a community- and family-centered HIV/AIDS prevention, care, and treatment network model in Amhara and Oromiya regions, where high HIV prevalence and population density are key factors influencing the GOE and USG anti-HIV/AIDS program.

In January 2007, PC/ET started its operations in Ethiopia. Host Country National staff members were hired, and PC/ET will receive 40 Peace Corps volunteers (PCV), 30 PEPFAR-funded volunteers, and ten PCV funded with appropriations in October 2007. Based on GOE requests and a subsequent field assessment, PC/ET worked closely with the Ministry of Health (MOH) and the HIV/AIDS Prevention and Control Office (HAPCO) to identify viable sites for PCV in eight zones in Amhara region and nine zones in Oromiya region.

A key criterion for site selection was the presence of ongoing PEPFAR activities, so that PCV could assist in program linkages and coordination and ensure programs are reaching those in the community most in need of services. PCV will be working with the zonal and district health offices, local partners, including PEPFAR implementing partners, nongovernmental organizations (NGO), community-based organizations (CBO), and faith-based organizations (FBO) to strengthen the coordination of HIV/AIDS services and to strengthen capacity of communities and organizations to provide prevention, care, and treatment services. By working at two levels, both directly with the community and with local health-coordination bodies, PCV have the opportunity to achieve greater impact.

PCV roles were originally envisioned to focus primarily on treatment-related activities, as reflected in the targets for 2007 and 2008. However, prevention at the community level is a core strength of Peace Corps' contributions to PEPFAR globally. This comparative advantage—coupled with the urgent need for prevention activities to respond to data revealing a concentrated epidemic, and the on-the-ground reality of low coverage of services for high-risk groups—means that PCV will shift the focus of their activities primarily towards meeting prevention needs.

PCV will address prevention gaps by supporting activities focusing on high-risk groups, including adult populations that live along high-risk transportation corridors and semi-urban areas in Amhara and Oromiya. They will also work with local HIV coordinating bodies to assist in prioritizing and linking various prevention efforts so that activities are reaching priority populations. In addition to targeting adults and high-risk populations, PCV will also strengthen and coordinate programs and services for youth. Due to PCV reporting structures, although some AB-focused youth programming will be implemented by PCV, all funding and targets for the span of their prevention efforts are funded and reported under HVOP.

In October 2008, PC/ET will receive 30 PEPFAR-funded PVC and 15 more PVC funded through appropriations. This will bring the projected total of PEPFAR-funded PVC to 60 and appropriations-funded PCV to 25, for a total of 85. During their overall PC training, which includes basic HIV/AIDS training, an additional focus on prevention in Ethiopia will be a core component of preparing PCV. Sessions on the epidemiology of HIV in Ethiopia will be conducted so that PVC get a sense of the priority needs in prevention. Behavior-change communication basics will be taught, and specific approaches to addressing transactional sex, concurrent partnerships, correct and consistent condom use, and positive prevention will be covered.

Training will be conducted by the PC/ET training team. Information briefings on current programs working in Amhara and Oromiya regions will be presented, and, where possible, materials for the PCV from existing programs in the region will be shared. PC/ET will collaborate with the PEPFAR USG team to ensure that during their training, PCV receive materials and technical expertise available through the USG PEPFAR team and various PEPFAR partners in prevention.

In addition to technical training and access to existing PEPFAR resources, PCV will receive PEPFAR-funded HIV/AIDS training and have access to PCV Activities Support and Training (VAST) program grants. PC/ET's VAST program is a PEPFAR-funded, small-grants and PCV training program. It supports small-scale, capacity-building projects (including community-focused training) among CBO/FBO, and/or NGO that work with, or provide services to, local communities to fight the HIV/AIDS pandemic. Through the VAST program, PCV will support local projects that address pressing HIV prevention, care, and support needs at the community level.

Once at their sites, PCV will support prevention efforts on several fronts. At the community level, they will support behavior-change interventions geared towards adults that focus on the risks of both multiple and concurrent partnerships and on transactional and commercial sex. The interventions will also promote and provide skills-building for correct and consistent condom use. PCV in the community will have access to out-of-school and other high-risk youth in need of comprehensive services. Though adults and high-risk populations will be a major emphasis of their efforts, they will also support youth-focused prevention with the PC Life Skills curriculum, as well as other community-level efforts to address youth prevention.

PCV also have the opportunity to engage community leaders and community members in discussions about the social norms that heighten the risk for HIV infection. They will be able to assist in organizing community events and discussions that focus on harmful and protective norms and help communities develop policies, action plans, and other methods of eliminating harmful social practices. PCV will work with local anti-AIDS clubs, groups for people living with HIV/AIDS (PLWH), and Idiris (local community institutions) to reach youth and adults. Cross-generational sex, gender-based violence, prevention for positive people, and transactional sex will likely be topics for community-level action.

In addition to focusing on primary prevention, PCV are in the unique position of focusing on positive prevention, as they support PLWH and their families through their care and treatment activities. They address issues of disclosure, discordance, correct and consistent condom use, partner reduction, etc. PCV will assist in referring partners and family members of PLWH for testing as a potential entry point to care.

**Activity Narrative:** Beyond direct interaction with the community, and direct support and implementation of particular prevention programs, PCV will work with district- and zonal-level coordinating bodies in order to support prevention programming that addresses key epidemiologic priorities at a higher level. PCV will: bring together different programs to discuss linkages, referrals, and common goals; strengthen zonal and district efforts in prevention; and help to eliminate duplication of efforts or conflicting messages, which can be confusing to beneficiaries. PCV will also be able to advocate for broader adaptation of innovative approaches in their communities, and can provide organizational development, training, and implementation support to CBO and local government to design and implement prevention programs for at-risk youth and adults. PCV will be a key force in coordinating local efforts to work towards common goals, deliver complementary messages, and build off of one another's efforts.

Assuming that 64 PCV will train local partners and their counterparts to promote HIV/AIDS-prevention programs through comprehensive prevention programming, a total of 1,920 individuals will be trained.

This activity contributes to the overall PEPFAR goal of supporting GOE's strategy for accelerated access to HIV/AIDS prevention, care, and treatment. To maintain continuity as PC/E is moving out of treatment and into prevention, during FY07 PCV will continue to work on linking prevention and care services to ART services and training health workers and lay-health workers on ART service delivery.

PC/ET's unique talent is reaching people at the grassroots, community level—an area that narrows the gap of people reached and trained in Ethiopia, as few other implementers operate where PCV live and work over a two-year period. Peace Corps has a two-pronged approach to strengthen the linkages of PEPFAR program areas and other programs, including wraparound activities. They are: 1) Where possible, PCV will work in clusters with different skills to work in the same geographic catchment area (i.e., zone) but with different communities and different organizations to take advantage of the PCV presence to promote information-exchange and sharing of best practices. They will assist in creating networks among and between service providers and communities and build local organizational capacity. 2) PCV will work through zonal, district, or town health office HIV/AIDS units to strengthen the overall coordination of HIV/AIDS services and to strengthen the linkages between prevention, care, and treatment services, including wraparound activities.

PCVs will be assigned to various implementing, outreach or coordinating entities such as government Health Office, HIV/AIDS Unit or an NGO, FBO, or CBO engaged in work targeting providers of Prevention services. Volunteers will also work with Idirs, Anti-AIDS Clubs, and local structures engaged in prevention services as a means of scaling-up and expanding outreach capabilities.

All PCV will be tasked with bringing different programs (Prevention, OVC, HBHC, and Treatment) together to discuss linkages, referrals, and common goals.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16683, 18810, 16685

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16683	10582.08	7505	5522.08	pc	US Peace Corps	\$800,000
18810	18810.08	7505	5522.08	pc	US Peace Corps	\$0
16685	10662.08	7505	5522.08	pc	US Peace Corps	\$521,000

**Emphasis Areas**

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
Number of STI patients referred to HIV counseling and testing:	N/A	True
5.1 Number of targeted condom service outlets	1,920	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,920	False

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

## Coverage Areas

Amhara

Oromiya

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1210.08

Mechanism: HCP

**Prime Partner:** Johns Hopkins University  
Center for Communication  
Programs

**USG Agency:** U.S. Agency for International  
Development

**Funding Source:** GHCS (State)

**Program Area:** Condoms and Other  
Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 17866.08

**Planned Funds:** \$950,000

**Activity System ID:** 17866

## **Activity Narrative:** Reaching Youth and Women

Johns Hopkins University (JHU)/Health Communication Partnership (HCP) will continue their existing comprehensive youth activities under the Youth Action Kit, while adopting new prevention interventions to reach adults, especially women in university and workplace settings. This is a continuing and expanding activity from FY07.

HCP will continue to expand the Youth Action Kit (YAK) program. YAK is a participatory prevention program for young people between the ages of 15-22; it builds life skills, encourages emotional development, and provides comprehensive information about HIV prevention. It promotes HIV-preventive behaviors such as abstinence, mutual fidelity, correct and consistent condom use, negotiation skills, emotional control, and personal reflection around values and goals. HCP launched YAK in September 2004 through the Ethiopian Youth Network and is currently partnering with the Ethiopian Orthodox Church, Save the Children, Catholic Relief Services and Pact Ethiopia to implement the program. HCP's approach is to train partner staff, who in turn implement programs through youth groups and schools. After 6-10 months of effort, when a youth club has met its goals, it is certified as a "Champion." To date partners have implemented YAK in 75 schools and 1,324 out-of-school clubs and Sunday schools. A total of 155 of these clubs are in the seven target hotspot areas - Addis Ababa, Adama/Nazareth, Jimma, Dire Dawa, Mekele, Bahir Dar and Dessie.

In 2008, HCP will launch the YAK Level II "Tsehay" ("Sun") Program in these seven urban hotspots to advance youth clubs that have already achieved champion status. HCP plans to train 2,400 individuals and reach an estimated 800,000 young people with the YAK prevention program in 2008. The YAK evaluation showed that these clubs are eager to become more engaged in community outreach and possess the human resources to do so. The goal of the Level II program is to further assist the transformation of youth groups into frontline community leaders and to strengthen the sense of individual responsibility in the fight against HIV/AIDS. HCP completed a field test of the "Tsehay" program in 15 clubs in Bahir Dar, Jimma, and Makele in the first half of 2007. The results to date have been promising and HCP will build upon these successes to reach the most vulnerable youth. In response to the 2005 Ethiopian Demographic and Health Survey (EDHS) findings, the program will refocus efforts on bringing group activities and peer counselling to hard-to-reach neighbourhoods and out-of-school youth. During the initial design of the YAK program, HCP used the Media and Materials Clearinghouse (MMC) at JHU to review and capture the best prevention activities from 20 programs across Africa. HCP will return to the MMC and other resources to review prevention work carried out with high-risk populations to compile an activity core for the Level II "Tsehay" program. HCP plans to encourage clubs to conduct more counselling and testing CT campaigns, especially with outreach efforts to reach commercial sex workers and at-risk youth. The YAK program will introduce a "Let's Talk" component which will use short dramatic stories and skits during club meetings and street festivals to capture the interest of participants. Trained facilitators will then initiate discussions designed to "break the silence" around themes such as transactional sex that should, at this point, be common knowledge in Ethiopia.

In addition to the expanded youth activities, HCP will begin addressing the HIV-prevention needs of adults. The keystone of this program will be the "Adult Prevention Kit" which will be designed to insure that participants thoroughly understand the dynamics and dangers of high-risk situations and have the skills to protect themselves. This program will train 2,500 individuals to reach an estimated 28,500 adults with comprehensive HIV-prevention messages and tools. The Adult Prevention Kit will consist of two basic components: "core activities" which will respond to the common or universal needs of vulnerable, at-risk groups and "elective activities" designed to respond appropriately to the concerns and/or risk perceptions of specific target groups. HCP will use the MMC at JHU to adapt, create, and test a collection of modules which can be used with a number of different at-risk populations - adults in the workplace, women attending universities, and women and men engaged in transactional sex and/or maintaining multiple sexual partners. In order to ensure rapid adaptation and deployment of the materials, HCP will initially field test a common version of the kit with women in university and workplace settings. Given the limited free time available to university and working women, HCP anticipates that this kit will be considerably shorter than either YAK or Sports for Life - perhaps taking 6-8 sessions to complete.

HCP will develop and test approaches to engage husbands, boyfriends and co-workers (such as truck drivers linked to factories) of university and working women. At least two of the kit's activities will aim to catalyze dialogue between women and men about gender and HIV and promote gender-equitable behavior among men. During the development of these activities, HCP will work closely with the Male Norms Initiative to incorporate appropriate messaging on male behavior and norms. HCP will also build on the results from their recent Gender Equitable Men (GEM) research which looked at Ethiopian men's views on violence against women, condom use, and homosexuality, among other topics. As with the YAK program, a baseline assessment will be conducted to record changes in attitudes, knowledge, and behaviors over the course of the intervention.

HCP will also create an adult passport to encourage personal reflection and decision-making specifically around issues of coercion and exploitation. The adult passport will contain a "Red Card" to directly challenge social norms and push the limits of acceptable behavior. The red card is similar to the one used in soccer matches, except that women will be encouraged to use the card in any situation in which they feel uneasy. The success of the "Red Card" in Madagascar, which has a social dynamic similar to Ethiopia, demonstrated that a civil rights movement is simmering just below the surface of a traditional society. The passport will also contain "Red Pages" which provide a "personal risk assessment tool" and negotiation techniques to use in high-risk situations. These tools go directly to the heart of cross-generational sex and the lack of gender equality in Ethiopia.

The Adult Program will engage certified peer counselors to reach each cohort of 25-30 women. These peer counselors will be role models who are prepared to make significant service contributions. They will participate in a three-day course and work with university counseling offices and CT clinics towards certification over a six-month period. Certified peer counselors will be equipped to act in the most difficult situations. Peer counselors will provide guidance and support to young women who test either positive or negative. Little work has been done on the best way(s) to seize the opportunity that a negative test result presents. HCP will develop tools that facilitate the implementation of risk-reduction strategies for university and working women, as well as other vulnerable populations such as commercial sex workers and their clients. HCP will work with the HIV/AIDS Prevention and Control Office (HAPCO), the Federal Ministry of



**Activity Narrative:** Health (MOH) and PEPFAR partners to insure that certification of the peer counselors is recognized across Ethiopia.

HCP will launch the "Adult Prevention Kit" in partnership with local nongovernmental organizations and companies in the seven university towns. HCP will collaborate closely with JHU/HCP and the MARCH (Modeling and Reinforcement to Combat HIV/AIDS) project to complement and reinforce the existing and any future MARCH materials or approaches being used at Addis Ababa University. HCP will collaborate closely with all PEPFAR partners, especially Abt Associates, working with the private sector on HIV/AIDS activities. The 25 target factories will be selected in collaboration with HAPCO and USAID. Special efforts will be given to reaching women who work in flower farms/agro-industries in proximity to urban hotspots.

HCP will identify a series of events which link networks of university women and those in the workplace with young women active in the YAK program in order to create a broader sense of collective efficacy, solidarity, and purpose. These events will be positioned to project an image of Ethiopian women as thoughtful, strong, and responsible. Events will be reinforced through mass media coverage. Examples of such activities include an annual community outreach awards ceremony to recognize individuals and groups that have taken exceptional steps to provide leadership and community service in HIV prevention and workplace coverage certification for those companies where 85% of the female employees have participated in the prevention program. Both the YAK and Adult Prevention Kit programs support the Government of Ethiopia's Accelerated Access to HIV/AIDS Prevention, care, and Treatment in Ethiopia: Road Map, 2007-2008 which aims to increase prevention efforts directed at vulnerable youth and women.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16861, 16727, 16566, 16582

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16861	10573.08	7582	1210.08	HCP	Johns Hopkins University Center for Communication Programs	\$950,000
16566	5603.08	7471	645.08	Private Sector Program	Abt Associates	\$180,000
16727	12235.08	7526	6125.08	ACQUIRE	Engender Health	\$350,000
16582	5793.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$950,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

Human Capacity Development

- \* Training
- \*\*\* In-Service Training

Local Organization Capacity Building

Workplace Programs

Wraparound Programs (Other)

- \* Education

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
Number of STI patients referred to HIV counseling and testing:	N/A	True
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	828,500	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,900	False

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Business Community

## Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Dire Dawa

Oromiya

Tigray

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 604.08

**Prime Partner:** Pact, Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 17874.08

**Activity System ID:** 17874

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$125,000

## **Activity Narrative:** Prevention Activities in Gambella

This activity is a continuation of FY07 reprogrammed funds. In FY08, funds for this activity will be split evenly across AB (\$125,000) and Other Prevention (OP—\$125,000).

Gambella is the westernmost region of Ethiopia, bordering Sudan. The region is sparsely populated; in 2005, the Ethiopian Central Statistics Agency estimated a regional population of only 247,000—80% of whom live in rural areas. Pastoralism and agriculture are the major economic activities for the people of Gambella. One of the major ethnic groups in Gambella is the Anuak people, who comprise approximately 30% of the region's population. The Anuak are considered to be ethnically, culturally, linguistically, historically, and religiously different from most other Ethiopians, and there have been ethnic conflicts in recent years in the region, with significant tensions persisting.

The 2005 Ethiopian Demographic and Health Survey (EDHS) revealed surprisingly high HIV prevalence of 6.0% in Gambella region. Gambella's was the highest regional prevalence recorded by the EDHS, and is nearly three times the Government of Ethiopia's (GOE) national single-point prevalence of 2.1%. Behavioral data also reveals high levels of risk behavior. Compared to other regions and the national average, men in Gambella reported high rates of multiple partners, high-risk sex, lifetime sex partners, and having paid for sex. Women in Gambella reported higher than average high-risk sex. The draft Epidemiological Synthesis of HIV/AIDS in Ethiopia, commissioned by the HIV/AIDS Prevention and Control Office (HAPCO) and the World Bank, identify Gambella as a "hotspot." Gambella's circumcision rate is the lowest in the country, with only 47% of men circumcised, compared to a national rate of 93% for circumcision coverage. Furthermore, there are very few civil society groups working on HIV in Gambella, and USG-supported prevention efforts in Gambella prior to FY07 reprogramming have been largely limited to work in the refugee camps on the Sudanese border. Pact is one notable exception, as its Track 1 ABY program has been active in four districts in Gambella since FY06.

Through reprogramming funds, Pact will expand HIV-prevention interventions focused on behavior change to address the prevention needs of adults in Gambella. Building off of a similar approach to that of Y-CHOICES, Pact will provide technical assistance and support for organizational-capacity development to a selected number of local organizations that will carry out the prevention interventions in Gambella. However, there is very limited civil society activity in Gambella, and depending on the presence and capacity of local organizations to focus on adults, Pact may also engage in some direct implementation of prevention services.

Because the region is quite different from many other parts of Ethiopia and there is little civil society experience to draw from, a rapid assessment of prevention needs and local partners to work with will be conducted. Some adaptation of Pact's established approaches in other regions of the country may be necessary in order to be relevant to the populations in Gambella. Though largely rural, due to the disparate population, initial prevention efforts will focus on the capital city, Gambella town, as well as other districts where Y-CHOICES activities are already in place. Assessments for feasible means of outreach to rural populations will be conducted. Needs assessments already conducted by the health network partner in Gambella, Johns Hopkins University (JHU), will also be considered in program design.

Initial assessments of venues where HIV-prevention efforts may be expanded include the use of public transport and public transport workers, as they are the hub of nearly all mobility in the region and the public depends heavily on them. Transport workers and systems may be used to address social norms contributing to HIV risk, to address HIV prevention directly and heighten risk perception among those using public transport. Training transport workers to engage riders in dialogue about HIV while using the transport system, and production of audio materials or radio programs with HIV-prevention information and behavior-change messages are possible methods of addressing prevention in this widely used venue. Training and support to help those engaged in transactional or commercial sex to enter the high-demand market of public transport may also be explored as an alternative means of income for some high-risk and economically vulnerable individuals. Additional platforms for prevention activities in addition to public transport will also be assessed.

Although the results of the rapid assessment will be critical to program design, based on the EDHS data, some likely priorities are evident. Focusing on adult men and women, with a particular emphasis on men, in order to raise risk perceptions related to multiple/concurrent sexual partners, as well as transactional and commercial sex appear to be key needs. Condom skills building and distribution in order to promote correct and consistent condom use, particularly with nonmarital or cohabitating partners, will be emphasized (funded in OP). Peer education approaches will likely be used to raise individual risk-perception among adults. Beyond individual risk-perception and skills building, community organizations will be challenged to find forums to address community norms that heighten HIV risk. This may take place in the form of community conversations, identifying and training community leaders, or targeted use of media (e.g., radio, community drama, church sermons, etc.) for consistent messages that address harmful norms.

By addressing with new activities, Pact will also establish linkages between Y-CHOICES efforts and new activities aimed at higher risk populations and adults. Public forums to raise awareness and challenge social norms, community conversations, etc. will be implemented in concert with Y-CHOICES so that community groups working to address particular populations have an opportunity to come together to develop strategies to support one another and assure that the prevention needs of both youth and adults are addressed.

As Pact will be addressing prevention comprehensively, targets for the adult populations reached will be counted in OP, though there will be a significant emphasis on raising risk perceptions around multiple and concurrent partners. Interventions and trainings including A, B, and C approaches, 50 people trained, and 3,000 people reached. Pact will also establish a consistent definition of person "reached" as having received some intensive dose of the intervention designed (e.g., completing a curriculum, multiple sessions with a peer educator) to assure that the focus of the intervention is on quality, leading to greater plausibility for behavior change. As needs are assessed and approaches are tested in FY08, targets will be relatively modest, with the expectation that capacity to reach larger segments of the population will increase with time.

**Activity Narrative:** The overall strategy will address prevention where new infections are occurring. A focus on high-prevalence urban populations, with an emphasis on adults and high-risk populations, represents a response to two recommendations made through two technical assistance visits by members of the Office of the Global AIDS Coordinator's working groups on general population and most-at-risk populations. As Gambella is the highest prevalence region in Ethiopia, with almost no current prevention efforts ongoing, this activity addresses a critical gap in Ethiopia's prevention needs.

With so few partners in Gambella, linkages between services will be essential, as there will be few other organizations to reach this high prevalence population. Pact will establish a strong referral program for counseling and testing with Johns Hopkins University, the care and treatment provider in Gambella managing counseling and testing sites at health facilities. Connections with the new activity related to male circumcision by JHPIEGO will also be established. As behavior change messages are a critical component of any male circumcision intervention, the assessments Pact conducts and the information it provides will be an important link for MC activities. An ongoing Nike Foundation program for Girls Empowerment will also be leveraged. Pact is also implementing a USAID-funded peace project in Gambella called "Restoration of Community Stability in Gambella." Lessons learned from this project in working in a heavily underserved region will be drawn upon for stronger program design.

Although the assessment will reveal more specific populations to be targeted, the focus will be on sexually active adults with multiple sexual partners. Other high-risk populations, such as commercial sex workers and those engaging in transactional sex, may also be addressed, depending on the results of the initial assessment.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16679, 16557, 18237

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16679	5594.08	7501	604.08		Pact, Inc.	\$500,000
16557	5597.08	7466	610.08	Track 1	Pact, Inc.	\$2,670,364
18237	18237.08	7473	3746.08	University Technical Assistance Projects in Support of the Global AIDS Program	JHPIEGO	\$200,000

**Targets**

Target	Target Value	Not Applicable
Number of STI patients referred to HIV counseling and testing:	N/A	True
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	False

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

## Coverage Areas

Gambela Hizboch

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 3789.08

**Prime Partner:** Population Council

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 17875.08

**Activity System ID:** 17875

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$313,000

## Activity Narrative: Preventing Early Marriage in Amhara Region

Evidence suggests that girls who marry early have increased risk of HIV infection, even compared to their unmarried, sexually active peers. A study in Kenya and Zambia revealed that married adolescent girls have 50% higher HIV rates compared with unmarried, sexually active girls. Married girls' high infection rates are related to more frequent intercourse, almost no condom use, and husbands who are significantly older, more experienced, and more likely to be HIV-positive compared with boyfriends of unmarried girls.

Amhara region has the lowest age at marriage in the country, with 46% of girls marrying by 15 years. Most of these girls have not had sex before marriage and, in this population, the earlier a girl marries, the earlier she has sex. In addition, Amhara region has one of the highest rates of divorce in the world, with early marriage being a predictor of divorce (Tilson and Larsen, 2000). Data from the 2005 Ethiopian Demographic and Health Survey (EDHS) highlights that the HIV epidemic is concentrated among ever-married women, including young women. Ethiopian women who are divorced are a population highly affected by HIV, with 8.1% of divorced women HIV-positive, nationally.

The HIV epidemic in Ethiopia is concentrated in urban areas of the country; however, it disproportionately affects migrants to urban areas, rather than natives. Many young women migrate to urban areas following divorce, to pursue educational or livelihoods goals, or to escape early marriage. A study by Population Council (PC) in low-income areas of Addis Ababa found that 45% of adolescent girls had migrated from rural areas; among the most common reasons given for migration were education, work, and to escape early marriage (Erulkar et al., 2006). Though migrants hope for a better future in urban centers, many end up highly vulnerable, often in lowly paid and exploitive domestic work or in sex work. Being economically vulnerable and socially isolated, such girls and young women are highly vulnerable to forced or coerced sex, transactional sex for daily or periodic support, and negative reproductive health outcomes, including HIV infection. Indeed, among young, urban women below the age of 30, 6.8% of migrants to the urban center are HIV-positive compared to 2.8% of young women who are native to the urban area; likewise 16% of urban women who are divorced and migrated to the area, are HIV-positive (PC tabulations of 2005 EDHS).

The gender, early marriage and HIV infection activity addresses the HIV risks associated with early marriage, as well as those associated with divorce and migration. 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 beforehand may help delay marriage, prevent transmission, and/or foster long-term faithfulness. Delaying marriage may result in lower rates of divorce and related migration following divorce. Few programs have addressed the HIV risk of pre-married and married adolescent girls, including the risk of migration, either escaping marriage or following divorce. This activity implements community awareness and premarital voluntary counseling and testing (VCT) interventions in Amhara to promote later, safer, chosen marriage and marital fidelity. In view of unequal marital relationships, this activity develops interventions encouraging married men to remain faithful. Key faith and community leaders will reinforce these messages.

This expansion of a continuing activity will be undertaken in urban and peri-urban areas of Bahir Dar, Gondar, Debre Markos, Dessie, and Addis Ababa; the latter are being new sites during the current year. All districts are contiguous with the urban centers and along truck routes, where many girls migrate in the event of divorce and where many husbands go on market days, often representing an opportunity for drinking and/or engaging in extramarital relations. Strategies include: 1) educating communities on the risks associated with early marriage, marital HIV transmission, and promoting faithfulness, 2) promoting premarital VCT for engaged couples and VCT for married couples, and 3) supporting and educating married adolescent girls and their husbands through clubs.

Religion is a powerful force in Ethiopia, and for many communities the church may be their only sustained institutional contact. An additional 1,000 religious leaders will be trained through 'Days of Dialogue,' to reach congregations and community members with prevention messages, tailored to the nature of HIV risk in Amhara. Over 1,000,000 individuals will be reached with prevention messages related to HIV, delaying marriage, male norms and behaviors, faithfulness, and premarital VCT. During the current year, core messages will integrate information on linkage between early marriage, divorce, migration, and vulnerability, as well as male norms and risks associated with market days and other types of short-term movements. Two hundred selected religious and community leaders from the new project sites will be trained as VCT promoters to promote premarital VCT and refer couples to VCT sites. Clients testing positive will be provided ongoing support and referral to existing care and support services.

This activity will establish married girls' clubs to reach over 15,000 married adolescent girls, providing venues through which girls can receive information, advice, and social support, including in instances where they feel their husbands pose HIV risk or when they are contemplating migration. The clubs will include livelihood and mentoring opportunities, as well as informal education and HIV information and referral. In collaboration with EngenderHealth's Male Norms Initiative, the activity will establish married men's clubs, reaching 12,000 men, as a venue through which to discuss male roles and gender norms, gender-based violence, and faithfulness, among others.

This activity will be part of the HVAB 10521 activity, but with more focus on the male behavior change and will include condom promotion. This activity will be closely linked to Engender Health's Male Norms Initiative in establishing men's clubs to promote faithfulness in marriage and creating a positive male role in gender norms and gender-based violence; this will contribute to reduction of violence. The activity will also be linked to counseling and testing programs through referrals for pre-marital VCT. The focus of the program will be young girls (married and unmarried,) thereby addressing gender equity in HIV programming. It will also increase the girls' access to income and productive resources through the informal education and livelihood skills training that they receive through their clubs. The faith-based organizations, Amhara Regional Youth & Sports Bureau, and other local organizations partnering with Population Council will have their capacity built in through trainings directed at addressing the problem at the community level.

The program conforms to the PEPFAR Ethiopia Prevention Strategy of targeting high-risk groups; and uses existing faith and community structures to reach the young women (especially those at risk of migration), husbands or prospective husbands, their families, and communities that support early marriage.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16557, 16680, 16675, 16696,  
16589

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16675	5592.08	7499	603.08	*	International Orthodox Christian Charities	\$762,000
16557	5597.08	7466	610.08	Track 1	Pact, Inc.	\$2,670,364
16680	5726.08	7502	3789.08		Population Council	\$900,000
16589	5578.08	7477	298.08	*Positive Change: Communities and Care (PC3)	Save the Children US	\$4,500,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources
- \* Reducing violence and coercion

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

**Target Populations**

**General population**

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

**Other**

Orphans and vulnerable children

Religious Leaders



## Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 7610.08

**Mechanism:** Agribusiness and Trade Expansion

**Prime Partner:** Fintrac Inc.

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Condoms and Other Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 17860.08

**Planned Funds:** \$125,000

**Activity System ID:** 17860

**Activity Narrative:** Agribusiness and Trade Expansion Program  
This is a new wrap-around activity with an existing USAID-funded economic strengthening program.

The Agribusiness and Trade Expansion Program (ATEP) is a USG initiative to improve the productivity and sales of thousands of farmers, processors, and traders in Ethiopia. The project focuses on four agricultural sectors: oilseeds/pulses, horticulture/floriculture, leather/leather products, and coffee. The primary objective is to increase exports in these sectors by \$450 million in three years. ATEP is increasing production and exports in the above sectors, resulting in increased economic activity and employment in concentrated urban and rural areas, mainly in Oromiya and Southern Nations, Nationalities and Peoples regions with some activities in Amhara and Tigray. ATEP is a \$10,500,000 project over three years, with a possible two-year cost extension.

PEPFAR Ethiopia proposes to contribute \$250,000 in funding (\$125,000 in HVAB and \$125,000 in HVOP) to this program in order to introduce an HIV-prevention component to the existing program. The prime partner Fintrac, Inc. works with coffee cooperatives, large commercial farms, other produce groups, exporters, and trade associations. This project is well placed to reach a large number of migrant farm workers, as well as business people who own and manage these activities. For example, the sesame harvest requires thousands of seasonal employees who are housed on location. Commercial flower-, vegetable-, and leather-processing enterprises are rapidly increasing concentrations of relatively well-paid workers. Some of these enterprises employ large numbers of women. With this increased employment and migration of workers comes a higher risk of exposure to HIV. Currently the majority of these employers do not provide any workplace health or HIV education.

With PEPFAR funding, the ATEP Program will provide HIV/AIDS prevention, education, and awareness-raising activities for employees and leverage employer contributions for these efforts. Fintrac will hire an HIV/AIDS prevention specialist and trainers to conduct rapid assessments of the HIV knowledge, behavior, and services at different workplace sites. Based on the assessment, the project will conduct an orientation session with senior management to reach agreement on a memorandum of understanding regarding activities and the contributions to be made by Fintrac and the participating companies.

The ATEP activity will follow the Abt Associates Private Sector Partnership model of training a cadre of peer educators over a two- to five-day period on HIV-related topics. Peer educators also learn skills to support effective counseling and communication with family and community members. Ideally the project trains one peer educator for every 20 to 30 workers. In turn, the peer educators conduct eight to 16 sessions which focus on increasing knowledge and fostering behavioral change. The sessions require 30 minutes to one hour of staff time, which the company provides during working hours. The monthly education sessions use peer interpersonal communication to teach positive behaviors, including correct, consistent condom use, seeking treatment for sexually transmitted infections (STI), and accessing counseling and testing services. Sessions also address stigma and self-risk perception of males engaging in cross-generational, coercive, or transactional sex. Commercial sex workers often congregate near construction sites and other places of business, especially on paydays. The program will aim to provide these individuals with information on HIV and STI prevention.

The project will engage members of associations for people living with HIV/AIDS in the delivery of HIV-prevention messages and will also support companies to design and complete HIV/AIDS workplace policies. To the extent possible, peer educators will coordinate with local public health workers and facilities to increase awareness of, and access to, health services, including counseling and testing for HIV. This activity will provide HIV/AIDS education to an estimated 25,000 employees and train 1,000 peer educators in over 100 workplace sites. The program will also distribute condoms in the workplace sites.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16565	5605.08	7471	645.08	Private Sector Program	Abt Associates	\$370,000
16566	5603.08	7471	645.08	Private Sector Program	Abt Associates	\$180,000

**Emphasis Areas**

Workplace Programs

Wraparound Programs (Other)

\* Economic Strengthening

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
Number of STI patients referred to HIV counseling and testing:	N/A	True
5.1 Number of targeted condom service outlets	100	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	25,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,000	False

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Business Community

## Coverage Areas

Amhara

Oromiya

Southern Nations, Nationalities and Peoples

Tigray

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 7593.08

**Prime Partner:** Geneva Global

**Funding Source:** Central GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 17863.08

**Activity System ID:** 17863

**Mechanism:** New Partner Initiative

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$0

**Activity Narrative:** In FY2007, Geneva Global (GG) selected and trained 30 Ethiopian community-based organizations (CBO) and faith-based organizations (FBO) to deliver HIV/AIDS prevention and care services. GG defines HIV prevention through a behavioral-change framework that seeks to change harmful sexual practices, thus reducing the spread of HIV/AIDS through this primary route of infection. The safest forms of behavior are abstinence (A) the practice of fidelity (B – be faithful) and effective condom use for at-risk groups (C). GG will not fund projects which simply focus on awareness and HIV/AIDS information, as they have proven to be ineffective in promoting behavior change. GG will support prevention-education activities that use a variety of participatory methods of education. Course content will focus on individual and community behavior and attitude development.

Education will take place over a period of time and not be a “one-off” didactic education session. Involving youth in prevention efforts aimed at young people will be central to the prevention programs, as will be fostering a sense of personal behavioral responsibility in young people.

In order to develop behavior change, GG will select prevention materials and curricula from the existing in-country selection (for example, Health Communication Partnership’s (HCP) Youth Action Kit) that focus on life skills that empower young people. In so doing, individuals will be better equipped to make positive decisions concerning their health. The prevention-education materials and methodologies selected will be culturally applicable, gender appropriate, and age sensitive. Gender equity will be maintained through training a minimum of 50% female trainers. GG will work with EngenderHealth to ensure that male norms and behaviors are addressed in the training materials as well as referral to voluntary counseling and testing (VCT) and sexually transmitted infections (STI) services. In addition to peer education, GG will use one-on-one counseling, mass media, community events, and films to promote abstinence/or being faithful among unmarried youth and young, married couples and comprehensive ABC programming to reach at-risk populations.

Geneva Global will work through its 30 implementing partners in 2008 to strengthen their capacity to deliver HIV/AIDS prevention services to Ethiopians in both urban and rural areas of Addis Ababa, Amhara, and Oromiya regional states of Ethiopia. This program hopes to reach 7,000 older youth and adults with ABC-focused programming and train 100 individuals to provide ABC messages in 2008. Activities under this partner will also support ten condom service outlets.

The 30 partners selected by GG will implement prevention education as part of a larger HIV/AIDS care and support program. Most of the 30 partners will also be serving OVC and people living with HIV/AIDS (PLWH). In this way, these partners can ensure that HIV-affected families and communities receive a comprehensive package of prevention and care services. As an example of one of the planned projects for 2008, the local partner, Integrated Service for AIDS Prevention and Support Organization (ISAPSO), will transform the behavior and attitudes of 8,000 women and 12,000 primary and secondary students in three wards in Addis Ababa City and ten wards in Amhara Region. To mobilize the communities and set up local core committees responsible for the programs, ISAPSO will conduct rapid appraisals, stakeholders meetings, and leadership trainings. Simultaneously, it will establish local linkages with health facilities offering counseling and testing (CT) and HIV services, as well as schools and government units. It will then train 1,000 peer educators. Together with the core committees and peer educators, it will identify and assess the needs of 800 OVC and PLWH in order to provide access to education, healthcare, and livelihood training as needed. The program aims to establish 1,200 school clubs, support groups, and/or self-help groups in these communities.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16726, 17833, 18192, 18465, 17838

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16726	12232.08	7526	6125.08	ACQUIRE	Engender Health	\$280,000
17833	17833.08	7593	7593.08	New Partner Initiative	Geneva Global	\$0
17838	17838.08	7593	7593.08	New Partner Initiative	Geneva Global	\$0
18192	18192.08	7593	7593.08	New Partner Initiative	Geneva Global	\$0
18465	18465.08	7593	7593.08	New Partner Initiative	Geneva Global	\$0

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

### Human Capacity Development

- \* Training
- \*\*\* Pre-Service Training

### Local Organization Capacity Building

### New Partner Initiative (NPI)

### Wraparound Programs (Other)

- \* Economic Strengthening
- \* Education

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of STI patients refereed to HIV counseling and testing:	N/A	True
5.1 Number of targeted condom service outlets	10	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	7,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

## Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Oromiya

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 7605.08

**Mechanism:** N/A

**Prime Partner:** Young Mens Christian Association

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Condoms and Other Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

Activity ID: 17871.08

Planned Funds: \$0

Activity System ID: 17871

Activity Narrative: YMCA AIDS Volunteerism and Community Engagement

The YMCA's AIDS Volunteerism and Community Engagement (ADVANCE) Program began in late FY2007 with Plus-Up funding. ADVANCE is a three-year Global Development Alliance (GDA) program that aims to improve the HIV-prevention knowledge and practices of youth and young adults. YMCA will leverage matching resources at a ratio of two to one. USAID provided \$500,000 in funding in FY07, with a YMCA match of \$1,000,000. The YMCA of the USA will provide technical assistance and support to both the YMCA and YWCA of Ethiopia to ensure long-term sustainability of the program and activities.

The 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. It 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, age-appropriate, peer education and community outreach activities 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. These activities will take place in five 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. YMCA will work with existing PEPFAR prevention partners such as Johns Hopkins University/ Health Communications Partnership and MARCH (Modeling and Reinforcement to Combat HIV/AIDS) to learn about and integrate existing information-education-communication materials into the YMCA program.

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 use 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 parental 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 its target populations, for a total number of 15,000 older youth between the ages of 17-29 reached. The program will train 1,000 peer educators in providing ABC prevention messages, including information about partner reduction, alcohol, and correct, consistent condom use.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 17830, 16579, 17866, 16582, 18251

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16579	10386.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$975,000
17830	17830.08	7605	7605.08		Young Mens Christian Association	\$0
16582	5793.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$950,000
17866	17866.08	7582	1210.08	HCP	Johns Hopkins University Center for Communication Programs	\$950,000
18251	18251.08	7605	7605.08		Young Mens Christian Association	\$0

## Emphasis Areas

Gender

\* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of STI patients referred to HIV counseling and testing:	N/A	True
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	15,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,000	False

## Target Populations

### General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women



## Coverage Areas

Adis Abeba (Addis Ababa)

Oromiya

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 2250.08

**Prime Partner:** Ministry of National Defense,  
Ethiopia

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 5635.08

**Activity System ID:** 16718

**Mechanism:** Improving HIV/AIDS/STI/TB  
Prevention and Care Activities

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Condoms and Other  
Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$600,000

**Activity Narrative:** Addition 10/7/08

The NDFE HIV/AIDS prevention intervention using the MARCH model was initiated in FY03 in selected two commands. Currently the MARCH program is scaled up and is being implemented in all commands of the NDFE. In FY06, the project trained 6,392 peer leaders, produced and distributed the first six editions of the comic books, conducted peer-group discussions in the five divisions of the North and West commands, and assigned project staff both at the headquarters and command levels. In FY07, additional peer leaders were trained in the existing new commands, and over 9000 peer groups were organized in all the five commands to hold discussions every two weeks. In FY 07, 806,700 copies of the Print Serial Drama (Edition 1 to 13), 4,500 copies of IEC/BCC materials and around 10,000 copies of the MARCH hand book were distributed to all the commands. In addition, in FY07, MARCH activities and budgets were decentralized to the command level, which has helped in tailoring MARCH implementation to individual soldiers' needs.

There is a strong organizational commitment at different levels of the NDFE leadership structure. NDFE has also developed and used standing structures for training, dissemination, implementation and reporting. Currently, more than 9000 discussion groups have been formed and are meeting regularly to discuss on different issue of HIV/AIDS using the print serial drama and MARCH handbook as a guide for group discussions and information sharing; they guide soldiers to reduce their risk of infection through modifying their risky behaviors, adopting safe sexual behaviors, delaying sex, reducing sexual partners, encourage positive living, and reducing stigma. In general, the scope and depth of this program was strengthened through collaboration with Johns Hopkins University Centers for Communication Program (CCP). The capacity of NDFE has strengthened at different levels to enable NDFE to implement MARCH effectively and efficiently. In FY07, NDFE has successfully achieved its targets both on reach and training.

This funding will be used to strengthen the existing NDFE MARCH program and scale up MARCH program to peace keeping forces in Liberia and Sudan. The activity also involves building the capacity of NDFE Medias ( Print, Radio and Audio visual media) for better reporting of HIV/AIDS educational messages, advocacy of HIV/AIDS prevention, care and treatment services. This activity will create an opportunity to link the existing MARCH program with the NDFE Medias to expand the reach and coverage of the program.

#### Military HIV Prevention Activities

The objective of this intervention is to strengthen and integrate National Defense Forces of Ethiopia's (NDFE) prevention, care, and treatment for soldiers and their dependents through Other Prevention activities, including correct and consistent condom use, issues of male norms and manhood, alcohol use, and others, using the Modeling and Reinforcement to Combat HIV/AIDS (MARCH) model of behavior change. Research conducted in 2004 among 72,000 urban and rural male army recruits indicated high HIV prevalence among the armed forces: an overall 7.2% among urban and 3.8% among rural recruits. Higher education levels in rural recruits were associated with higher HIV infection. Members of the armed forces come from all parts of Ethiopia and live a camp lifestyle, away from family and friends, where they are often exposed to rural and urban hotspots. In short, they represent a most-at-risk population (MARP) requiring strong prevention intervention.

MARCH is a behavior-change communications (BCC) strategy promoting HIV-prevention behaviors and community care for people living with HIV (PLWH) and children orphaned by AIDS. The MARCH program works with the NDFE to develop print-based serial dramas (PSD) in the form of comic books for use in peer-led discussion groups. PSD attempt to reduce risky behaviors by addressing stigma and discrimination, gender inequality, community support for those infected or affected by the virus, and most specifically, correct and consistent condom use and early treatment of sexually transmitted infections (STI) among the armed forces. The comic books employ role models who gradually evolve toward better behaviors; the audience is encouraged to internalize the messages presented through peer discussion groups. In these comic books, both entertainment and health messages are incorporated to evoke emotion, empathy, and character identification from the audience.

In FY06, the project trained 6,392 peer leaders using the newly developed MARCH handbook; produced and distributed the first six editions of the comic books; conducted peer group discussions in the five divisions of the North and West commands every two weeks; and assigned project staff (creative team and project management) at both the headquarters and command levels.

In FY07, activities initiated in FY06 were continued—4,450 additional peer leaders were trained, and 6,674 peer groups were organized to hold discussions every two weeks. Currently, peer leaders use the MARCH handbook as a guide for group discussions and information-sharing. They guide soldiers to reduce their risk of infection by modifying risky behaviors, adopting safer sexual behaviors, delaying sex, and reducing the number of sexual partners. They also encourage positive living, and address the issue of stigma. A year's storyline of 26 episodes has been developed and more than 1 million copies of the comic books have been printed and distributed for peer groups. In FY07, the scope and depth of this program was strengthened through collaboration with Johns Hopkins University Centers for Communication Program (CCP). The capacity of NDFE has strengthened at different levels to enable NDFE to implement MARCH effectively and efficiently.

Due to high turnover and mobility in the military workplace, additional prevention activities besides MARCH are also necessary. A number of existing opportunities and structures exist which can be used to build on MARCH's messaging. Music and sports clubs, outreach development activities, and national defense radio programs and the biweekly newsletter are all opportunities to help reach more target populations with alternative approaches within the NDFE context.

NDFE will develop or adapt a curriculum to train individuals involved in the implementation of the above activities to initiate discussion and distribute communication materials. CCP will also develop a branded communication campaign of print and electronic materials. Defense Ministry radio will support the program through interactive talk shows and radio spots. At the grassroots level, peer leaders trained by CCP will implement the campaign and facilitate discussions.

This activity will leverage the structure and system designed for MARCH and the resources of the NDFE logistics department, as well as support from the Global Fund for AIDS, Malaria, and Tuberculosis. This is

**Activity Narrative:** advantageous because adding an alternative approach (in addition to MARCH) does not require much additional technical assistance (TA).

The following activities will be implemented in FY08:

- 1) Conducting training for 4,450 new and existing peer leaders in the three new commands. This will strengthen comprehensive HIV/AIDS-prevention activities to reach more than 133,470 army personnel in the five commands through biweekly interactive peer-group discussions using the PSD.
- 2) Adopting existing training manuals for work with the military, and train peer leaders for all five commands and headquarters
- 3) Producing and distributing 2,077,632 copies of 26 PSD issues
- 4) Conducting various interactive education programs and discussion groups at NDFE music and sports clubs, and via radio programs, newsletters, and peer-support structures
- 5) Producing and distributing military-specific information, education, and communication/behavior change communication (IEC/BCC) materials on condom use, STI, and other issues for peer-discussion groups, augmenting the comic books, and filling the gaps identified by peer discussion groups
- 6) Strengthening the AIDS Resource Centers (ARC) at NDFE through: procurement of audio-visual materials, collection and documentation of available IEC materials on HIV-related topics, production of military-specific IEC materials, creation of linkages with national ARC; improvement in functionality of the ARC website; and training on IEC/BCC materials production
- 7) Establishing and furnishing project offices at ten divisions in the five commands, as well as strengthening the headquarters and command offices with training and material support
- 8) Conducting sensitization and review meetings with NDFE officials at headquarters and command level
- 9) Conducting capacity building and training for project staff and NDFE staff at different levels (headquarters, command, division, regiment, and unit)
- 10) Strengthening the link between MARCH and HIV services to increase service utilization and treatment adherence through reinforcement activities
- 11) Strengthening the established collaborations with UCSD and Department of Defense (DOD) activities, and organizing activities to increase service uptake of ART, VCT, STI, tuberculosis, and HIV/AIDS
- 12) Monitoring and evaluation of activities, including supportive supervision and outcome evaluation. The funding for the outcome evaluation will come through CCP's MARCH technical assistance budget; thus, CCP will hire an external consultant to conduct the evaluation of NDFE MARCH.

Since the PSD and reinforcement peer discussions are designed to reach the military population with a comprehensive ABC message, all targets will be counted under Other Prevention, though abstinence and be faithful (AB) is a significant part of the comprehensive prevention program.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10579

**Related Activity:** 16717, 16579, 16582

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28167	5635.28167.09	HHS/Centers for Disease Control & Prevention	Ministry of National Defense, Ethiopia	11535	2250.09	Improving HIV/AIDS/STI/TB Prevention and Care Activities	\$600,000
10579	5635.07	HHS/Centers for Disease Control & Prevention	Ministry of National Defense, Ethiopia	5544	2250.07		\$220,000
5635	5635.06	HHS/Centers for Disease Control & Prevention	Ministry of National Defense, Ethiopia	3782	2250.06		\$336,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16717	5634.08	7520	2250.08	Improving HIV/AIDS/STI/TB Prevention and Care Activities	Ministry of National Defense, Ethiopia	\$500,000
16579	10386.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$975,000
16582	5793.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$950,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of STI patients refereed to HIV counseling and testing:	N/A	True
5.1 Number of targeted condom service outlets	0	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	133,470	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,570	False

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Military Populations

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 2249.08

**Prime Partner:** Federal Police

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 5632.08

**Activity System ID:** 16716

**Mechanism:** Strengthening HIV/AIDS, TB & STI Prevention, Control & Treatment Activities

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$168,000

**Activity Narrative:** Added following three paragraphs 10/6/08:

The Federal Police MARCH Office function under the supervision of the Director General's Office, with project advisory boards consisting of higher officials from all departments. The Federal Police MARCH project is being implemented in 7 main departments of the Federal police and Addis Ababa police. All Federal police and Addis Ababa polices are organized in peer group structures except the Federal Rapid Police Department. Project staff were employed and trained on MARCH principles and PSD design. In FY06, 5,263 police members were reached with a variety of MARCH activities, including PSD and reinforcement activities such as live drama presentations, panel discussions, police radio and TV ads, fliers, posters, and banners. Additional 715 police members were trained with the MARCH handbook to promote correct and consistent condom use, early treatment of STI, and risk reduction, and 1,400 peer-discussion groups were convened.

In FY07, additional 875 police members were trained. The Print Serial Drama was produced and distributed to more than 2000 peer groups, and various interactive reinforcement activities were held, reaching more than 5,000 police members. Various information education- communication (IEC) materials, including fliers, posters and banners were produced and distributed. The project used police, newspaper, radio and TV programs to promote MARCH and link prevention with HIV services.

This funding will be used to strengthen the existing Federal Police MARCH program in Addis Ababa and scale up MARCH program to new regional police offices. The activity also involves building the capacity of Federal Police Medias ( Print, Radio and Audio visual media) for better reporting of HIV/AIDS educational messages advocacy of HIV/AIDS prevention, care and treatment services. This activity will create an opportunity to link the existing MARCH program with the Federal Police Medias to expand the reach and coverage of the program.

The objective of this continuing activity is to strengthen and integrate Federal Police Commission (FPC) prevention, care, and treatment activities for police and their dependents with other prevention activities employing Modeling and Reinforcement to Combat HIV/AIDS (MARCH).

In 2005, the HIV sero-prevalence among antenatal care attendees of the Federal Police Referral Hospital was 24.8%—suggesting that HIV prevalence among police members and their families is significant. Moreover, the formative assessment carried out among the Federal Police and Addis Ababa police identified HIV risk factors related to behavior, socio-demographic characteristics, police duties, and relationships in their personal lives, including young age, substance/alcohol abuse, willingness to experiment, frequent movement, sexual dissatisfaction with condoms, and lack of faith in condoms.

MARCH is a behavior-change communications (BCC) strategy that promotes behavioral changes that reduce the risk of HIV infection and transmission, and encourages communities to use services to care for people living with HIV (PLWH) and children orphaned by the epidemic. This Other Prevention intervention promotes consistent, correct condom use, promotes early treatment of sexually transmitted infections (STI), addresses problems related to stigma and discrimination towards PLWH, and promotes uptake of services like voluntary counseling and testing and ART. MARCH also addresses related attitudes to gender, gender-based violence, stigma, and risk perception. Technical assistance from Johns Hopkins University/Center for Communications Programs and CDC helped the project to accelerate implementation of activities and achieve results.

There are two main components to the MARCH program: education through entertainment, and interpersonal reinforcement. The entertainment component uses a printed serial drama (PSD) format to introduce role models in a storyline to provide information about behavior change, to motivate the audience, and to enhance a sense of self-efficacy. Reinforcement activities use interpersonal strategies like peer group discussions, with the objective of group members applying messages from the drama to their own lives. The group discussions also provide accurate information about HIV/AIDS and behavior change, provide opportunities to practice new skills that may be required in avoiding infection, and provide support to those infected.

In FY05, structural adjustments were made to the MARCH Office, allowing it to function under the Director General's Office, with project advisory boards consisting of higher officials from all departments. Project staff were employed and trained on MARCH principles and PSD design. In FY06, a total of 5,263 police members were reached with a variety of MARCH activities, including PSD and reinforcement activities such as live drama presentations, panel discussions, police radio and TV ads, fliers, posters, and banners. An additional 715 police members were trained with the MARCH handbook to promote correct and consistent condom use, early treatment of STI, and risk reduction, and 1,400 peer discussion groups were convened.

In FY07, an additional 875 police members were trained to promote correct and consistent condom use and early treatment of STI. The PSD was produced and distributed to more than 1,400 peer groups, and various interactive reinforcement activities were held, reaching 5,000 police members. Various information, education and communication (IEC) materials, including fliers, posters, and banners were produced and distributed. The project also used the police radio and TV programs to promote MARCH and link prevention with HIV services. The project also created a working relationship with the University of California, San Diego (UCSD) program at the Federal Police Referral hospital.

In FY08, the project will keep the momentum and build on FY07 accomplishments, focusing on existing major activities including:

- 1) Continue building organizational capacity of the FPC and Addis Ababa Police Commission by working closely with the advisory board to improve financial and procurement systems to better implement MARCH
- 2) Strengthen the technical capacity of project staff to develop PSD and IEC materials; conduct peer discussions, training, and mentoring; and monitor the progress of MARCH implementation
- 3) Continue production and dissemination of PSD to reach 6,750 police members with comprehensive HIV/AIDS-prevention messages, supported by biweekly interactive peer-group discussions
- 4) Training 87 police members as peer leaders, as well as refresher training for existing peer leaders
- 5) Continue incorporation of male norms issues into all materials and activities that were begun in FY07
- 6) Produce IEC materials needed to augment PSD and address the gaps identified during peer discussions. Create IEC materials that focus on various issues related to HIV/AIDS, such as gender-based violence,

**Activity Narrative:** alcohol use, risk reduction, etc.

7) Conduct regular peer group discussion and other reinforcement activities using police media, including radio, TV, and newspaper

8) Strengthen project monitoring, evaluation, reporting, and documentation systems and conduct process evaluation

9) Strengthen linkages with other services, such as VCT, ART, and PMTCT in the police hospital and with other service providers

Since the PSD and reinforcement activities encompassed in MARCH are designed to reach the police with a comprehensive ABC (abstinence, be faithful, condom use) message, all targets will be counted under Other Prevention, though AB (abstinence, be faithful) is a significant part of the overall prevention intervention.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10575

**Related Activity:** 16715, 16579

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10575	5632.07	HHS/Centers for Disease Control & Prevention	Federal Police	5543	2249.07		\$15,000
5632	5632.06	HHS/Centers for Disease Control & Prevention	Federal Police	3781	2249.06		\$100,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16579	10386.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$975,000
16715	5633.08	7519	2249.08	Strengthening HIV/AIDS, TB & STI Prevention, Control & Treatment Activities	Federal Police	\$42,000

**Emphasis Areas**

Gender

\* Addressing male norms and behaviors

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
Number of STI patients refereed to HIV counseling and testing:	N/A	True
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	6,750	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	87	False

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Military Populations

## Coverage Areas

Adis Abeba (Addis Ababa)

**Table 3.3.05: Activities by Funding Mechansim**

**Mechanism ID:** 6125.08

**Prime Partner:** Engender Health

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 12235.08

**Activity System ID:** 16727

**Mechanism:** ACQUIRE

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$350,000



**Activity Narrative:** Men As Partners: Preventing HIV Transmission Among High-risk Urban Youth In Addis Ababa Through Addressing Male Gender Norms

This is a continuing activity began in FY2007 under the Male Norms Initiative. As the lead partner for the PEPFAR-supported Male Norms Initiative, EngenderHealth began providing technical assistance and resources to local nongovernmental organizations (NGO) and PEPFAR partners to address the issues of male engagement, gender-based violence (GBV), and the other social norms that exacerbate gender inequalities and negative health behaviors. With FY07 Plus-Up funding, EngenderHealth will be able to expand the reach of their Men As Partners (MAP) Program in Ethiopia. The program, established in 1996, works with men to promote gender equity and health in their families and communities. The MAP curriculum will be adapted from two MAP manuals that were developed in Kenya and South Africa – both of which were funded by PEPFAR and have a heavy emphasis on HIV prevention. The four workshop modules are 1) gender, 2) HIV and AIDS, 3) relationships, and 4) GBV. Each module constantly examines issues related to HIV prevention, which will encompass an ABC approach. The MAP workshop reaches participants with 15 hours of interaction on these topics. The objective of this activity is to provide tools and technical assistance related to MAP to local partners and to reach communities, especially men and young boys, with messages about the links between HIV/AIDS, sexually transmitted infections (STI), alcohol and 'khat' chewing, and GBV. The intervention will focus primarily on unmarried young men who are not in school and who have multiple partners. This high-risk population is particularly vulnerable to HIV infection/transmission. The MAP intervention will also focus on other key beneficiaries including older men, community leaders, parents, and out-of-school young women. EngenderHealth began working with two local NGO—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 are seven wards in Addis Ababa around the Mercato and Kazanechis neighborhoods. EngenderHealth began the project by conducting a rapid assessment. Next the program will train eight trainers-of-trainers and 80 peer educators on how to facilitate MAP three-day workshops with community leaders, NGO, and youth. The training sessions will include topics on how to create men's discussion groups and establish "buddy" support networks. Under FY07, the peer educators expect to reach 2,880 men (ages 25 and over), 3,000 street youth (ages 14-24), and 200 community leaders for a total of 6,080 individuals reached with the MAP curriculum. These individuals will make action plans for community outreach activities to raise awareness of gender and HIV issues, as well as plans for how they will make personal changes in their own lives. 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 and challenges and to learn from each other. Discussions will be related to personal growth 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 ward buildings or compounds. The peer educators will facilitate the discussions and document progress within the groups.

In addition to working with Hiwot and IFSO, EngenderHealth will also provide technical assistance and support to a number of PEPFAR-supported programs to improve the integration of gender into HIV-prevention programs. After the initial Male Norms Initiative launch in May 2007, EngenderHealth developed a technical assistance plan that includes supporting the work of the Population Council, Johns Hopkins University/ Health Communications Partnership (JHU/HCP), the Federal Police, and the AIDS Resource Centers. In FY08, EngenderHealth plans to assist JHU/HCP in developing a module on male norms and HIV prevention for their new Adult Prevention curriculum. Working with the Population Council, the MAP program will conduct a series of three-hour educational dialogues, in which young men and women come together to share their perspectives on gender issues. The dialogues will provide an opportunity for young women enrolled in the Population Council's Brighter Futures project to share their experiences and articulate how they would like young men to serve as allies in their quest for gender equality. These conversations will be used to develop plays and street drama and to enhance community mobilization efforts. In FY08, EngenderHealth will also support the Men's Clubs that Population Council will create to better address the male norms that encourage early marriage and often lead to the social marginalization and vulnerability of young girls in Amhara region.

As a part of the MAP program, EngenderHealth will adapt communication materials and information-education-communication (IEC) tools for HIV-prevention partners to use when working with men and young boys. There are several local NGO already working to support victims of domestic violence and rape and to prosecute the perpetrators, but 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. The MAP program will produce IEC materials including posters, a documentary film, audio tapes, story boards, card games, stickers, T-shirts, and caps. Other community outreach activities will include a live dialogue on radio with a MAP expert that allows for phone-in questions and discussion and feature articles on the MAP project in local newspapers. MAP plans to train 30 journalists and media professional under FY07.

The program will also support a number of community awareness raising events to reinforce the peer-educator activities. During the 16 Days of Activism Against Gender-Based Violence, EngenderHealth will recruit 1,000 men to march and wear a white ribbon as a personal pledge never to commit, condone, or remain silent about violence against women. Key community leaders and politicians will be asked to speak and share their support for the march. The event will occur November 25 – December 10, 2007 and will be coordinated with UN agencies and local organizations.

In FY08, EngenderHealth will continue these activities and expand to work with two new local partners. EngenderHealth will maintain support to a number of local and international NGO to increase their capacity to address gender issues in an HIV program context. In FY08, EngenderHealth would receive \$280,000 in AB and \$420,000 under HVOP for a total funding of \$700,000 for MAP activities. This partner will train 1,000 adolescents and men (ages 15-50) using the MAP curriculum and reach an estimated 30,000 individuals with HIV-prevention education. The targets for this activity are under HVOP.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12235

**Related Activity:** 17830, 17871, 16861, 16581,  
18711, 16725, 16715, 17756,  
16591, 16579, 16580, 16565,  
16680, 16726, 16716, 16566,  
17866

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12235	12235.07	U.S. Agency for International Development	Engender Health	6125	6125.07	ACQUIRE/EngenderHealth	\$350,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16725	12238.08	7526	6125.08	ACQUIRE	Engender Health	\$0
16726	12232.08	7526	6125.08	ACQUIRE	Engender Health	\$280,000
16680	5726.08	7502	3789.08		Population Council	\$900,000
16579	10386.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$975,000
16580	10592.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$1,300,000
16861	10573.08	7582	1210.08	HCP	Johns Hopkins University Center for Communication Programs	\$950,000
17756	17756.08	7615	7615.08	Grant Solicitation and Management	World Learning	\$240,000
16715	5633.08	7519	2249.08	Strengthening HIV/AIDS, TB & STI Prevention, Control & Treatment Activities	Federal Police	\$42,000
16565	5605.08	7471	645.08	Private Sector Program	Abt Associates	\$370,000
17830	17830.08	7605	7605.08		Young Mens Christian Association	\$0
16566	5603.08	7471	645.08	Private Sector Program	Abt Associates	\$180,000
17871	17871.08	7605	7605.08		Young Mens Christian Association	\$0
16716	5632.08	7519	2249.08	Strengthening HIV/AIDS, TB & STI Prevention, Control & Treatment Activities	Federal Police	\$168,000
16581	5777.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$828,750
17866	17866.08	7582	1210.08	HCP	Johns Hopkins University Center for Communication Programs	\$950,000

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

### Human Capacity Development

- \* Training
- \*\*\* Pre-Service Training

### Local Organization Capacity Building

### Workplace Programs

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of STI patients referred to HIV counseling and testing:	N/A	True
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,000	False

## Indirect Targets

## Target Populations

### General population

Ages 10-14

Boys

Ages 15-24

Men

Adults (25 and over)

Men

### Special populations

Most at risk populations

Street youth

## Coverage Areas

Adis Abeba (Addis Ababa)

**Table 3.3.05: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3803.08	<b>Mechanism:</b> Strengthening HIV/AIDS, TB, and STI Prevention, Control and Treatment Activities
<b>Prime Partner:</b> Gondar University	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Condoms and Other Prevention Activities
<b>Budget Code:</b> HVOP	<b>Program Area Code:</b> 05
<b>Activity ID:</b> 21664.08	<b>Planned Funds:</b> \$60,000
<b>Activity System ID:</b> 21664	
<b>Activity Narrative:</b> No narrative 10/7/08	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	
<b>Related Activity:</b>	

**Table 3.3.05: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3802.08	<b>Mechanism:</b> Implementation Support for HIV/AIDS ART Program through Local Universities in the Federal Democratic Republic of Ethiopia under PEPFAR
<b>Prime Partner:</b> Alemaya University	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Condoms and Other  
Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 21667.08

**Planned Funds:** \$80,000

**Activity System ID:** 21667

**Activity Narrative:** No narrative 10/7/08.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 674.08

**Mechanism:** Improving HIV/AIDS/STD/TB  
Related Public Health Practice  
and Service Delivery

**Prime Partner:** Ethiopian Public Health  
Association

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Condoms and Other  
Prevention Activities

**Budget Code:** HVOP

**Program Area Code:** 05

**Activity ID:** 24147.08

**Planned Funds:** \$250,000

**Activity System ID:** 24147

**Activity Narrative:** This funding will be used by the Ethiopian Public Health Association (EPHA) to provide technical assistance to Health Extension and Education Center (HEEC) of the Federal Ministry of Health, one of the departments in the HEEC is Health Communication which deals about Health Education and promotion.

This program is designed to build the capacity of HEEC so that HEEC will play a leading role in leading and standardizing the national health communication programs particularly HIV/AIDS communication interventions in a sustainable manner. The activity will also include capacity building for the HEEC through trainings, personnel secondment, technical assistance, and also equipment.

In this regard, HEEC will collaborate with the JHU/CCP/ARC to strengthen its technical capacity and to undertake different activities through this program. The activities includes organizing national symposiums to enhance leadership in strategic health communication; standardize national IEC/BCC materials to make sure HIV/AIDS communication is incorporated in the health sector system (wraparound). The activity will also help to establish HIV/AIDS communication national taskforce and carry out some activities in the sow of the taskforce.

EPHA is also required to implement a twinning between HEEC, JHU/CCP/ARC, Behavioral Science Department of JHSPH, HAPCO and Jimma University. Part of this funding will also be used to support and provide technical assistance to Federal HIV/AIDS Prevention and Control Office (HAPCO) to scale up the National HIV Prevention Advisory Group, Lead TWG, Advocacy, Social mobilization and behavior change communication activities.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.05: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 494.08	<b>Mechanism:</b> Strengthening HIV/AIDS, STI & TB Prevention, Control & Treatment Activities
<b>Prime Partner:</b> Addis Ababa University	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Condoms and Other Prevention Activities
<b>Budget Code:</b> HVOP	<b>Program Area Code:</b> 05
<b>Activity ID:</b> 24148.08	<b>Planned Funds:</b> \$100,000
<b>Activity System ID:</b> 24148	
<b>Activity Narrative:</b> Justification: This is a change of prime partner from TBD and to Addis Abeba University, which currently does have Co-agreement with CDC/E & implementing other HIV/AIDS activities in the health clinics/facilities/ of the different campuses of the University . It is more cost effective to complement and integrate these STI activities in to the existing HIV/AIDS activities by the University and provide HIV prevention and friendly STI services. Therefore, part of the CDC/TBD activity number 18710.08 to the amount of 100,000 USD is reprogrammed to Addis abeba University to strengthen the STI service in the different Clinics under the University .	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	
<b>Related Activity:</b>	

**Table 3.3.05: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 5551.08	<b>Mechanism:</b> Increasing demand and promotion for quality STI services in FDRE
<b>Prime Partner:</b> Population Services International	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Condoms and Other Prevention Activities
<b>Budget Code:</b> HVOP	<b>Program Area Code:</b> 05
<b>Activity ID:</b> 10654.08	<b>Planned Funds:</b> \$500,000
<b>Activity System ID:</b> 16724	

**Activity Narrative:** Demand Creation and Promotion for Quality

This is a continuing activity. Population Services International (PSI) aims to increase demand for quality HIV and sexually transmitted infections (STI) prevention services in Ethiopia through social marketing of STI treatment services that are linked to HIV counseling and testing. The intervention will be supported by intense service-promotion and demand-creation activities.

In FY06, PSI distributed 50,000 STI (urethral discharge) treatment kits to STI patients through private health facilities in STI/HIV hotspots in Addis Ababa. In addition, 137 health workers in the private facilities were trained on STI syndromic management, based on the national guidelines. In FY07, 100,000 kits for the treatment of urethral discharge and genital ulcers were developed and distributed in private facilities in STI/HIV hotspots, targeting for most at risk populations (MARPs). These kits contained STI drugs, promotional materials, partner-notification cards, condoms, HIV testing information, and vouchers to access free HIV tests. The HIV-testing voucher system increased HIV test uptake.

Kit distribution was accompanied by intense promotion activities to generate demand for quality HIV/STI services, including HIV testing and treatment services and increased service uptake. Two radio and TV spots were created and aired, 85 radio advertisements with a generic message on STI and health-seeking behavior were placed, and 5,000 posters and point-of-sale materials were distributed.

Because of the stigma associated with STI, most STI patients visit lower-level and private facilities. But private facilities have poor STI reporting and recording systems, and few training opportunities are available to providers in private facilities. Therefore, in FY08, emphasis will be given to strengthening private facilities in the areas of STI monitoring by using the STI syndromic approach and STI partner-notification and management. In addition, the project will procure STI drugs for MARPs for inclusion in the kit. HIV-positive patients who are either in ART or on palliative care, and who require these treatments, will receive STI treatment and messaging from this project. The kits will also be used by USAID-supported centers along the high-risk corridor.

In FY08, PSI will carry out the following major activities in collaboration with the Federal Ministry of Health (MOH) and regional health bureaus (RHB):

- 1) Distribution of 150,000 STI treatment kits through private and public facilities, ART clinics, and high risk corridor centers. The kit is used for the treatment of urethral discharge, genital ulcer, and recurrent genital ulcer diseases. It is an essential tool for service providers, as it prescribes the correct medication in correct doses, and provides supporting information, education and communication (IEC) materials and other items (e.g., condoms).
- 2) Linkage of STI treatment services to HIV counseling and testing
- 3) Improvement of service providers in syndromic management through professional training. Emphasis will be on training 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 pre-packaged STI treatment kits.
- 5) Strengthening and improving STI recording and reporting
- 6) Strengthening STI partner notification and management

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10654

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10654	10654.07	HHS/Centers for Disease Control & Prevention	Population Services International	5551	5551.07	psi-cdc	\$310,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

\* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of STI patients refereed to HIV counseling and testing:	N/A	True
5.1 Number of targeted condom service outlets	200	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	150,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	400	False

## Indirect Targets



## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

**Table 3.3.05: Activities by Funding Mechanism**

**Mechanism ID:** 7615.08

**Prime Partner:** World Learning

**Funding Source:** GHCS (State)

**Budget Code:** HVOP

**Activity ID:** 18893.08

**Activity System ID:** 18893

**Mechanism:** Grant Solicitation and Management

**USG Agency:** U.S. Agency for International Development

**Program Area:** Condoms and Other Prevention Activities

**Program Area Code:** 05

**Planned Funds:** \$900,000

**Activity Narrative:** This is a continuing, Plus-Up activity from FY07.

The Grants, Solicitation, and Management (GSM) project run by World Learning for International Development (WL), will assist PEPFAR Ethiopia in the solicitation, review, award, management, and close-out of grants to local Ethiopian partners. The GSM recipients will conduct a wide range of technical and administrative tasks to support the involvement of local nongovernmental organizations (NGO) in HIV/AIDS prevention and care activities. The program began in August 2007 with a total FY06 and FY07 funding level of \$2,100,000 (\$600,000 for OVC, \$200,000 for abstinence, be faithful (AB), and \$1,300,000 in Other Prevention). Applicants were required to meet a 15% cost-share, either in monetary contributions or through services, volunteers, property, equipment, and supplies. With FY08 funding, GSM will maintain support to partners selected in 2007 and add new partners with a total budget of \$2,060,000 in funding (\$720,000 for OVC, \$240,000 in AB Prevention, \$900,000 in Other Prevention, and \$200,000 for HBHC).

In August 2007, World Learning released a solicitation for concept papers to support HIV prevention and care activities in urban areas of Amhara, Oromiya, and Southern Nations and Nationalities Peoples Region (SNNPR). The solicitation emphasized reaching the following target populations: commercial sex workers, their clients, and women and men engaged in informal transactional sex, with a special emphasis on vulnerable girls and women ages 15-35. GSM received over 50 concept papers, of which 6-8 will be funded in 2007. There are a number of different types of activities that will be supported under the GSM mechanism and most projects will include both prevention and care activities for a more integrated family-centered approach. Palliative care funding will be added in FY08 to ensure that HIV-affected families receive comprehensive support. Prevention programs supported under GSM will be addressing higher risk, older adolescents and adults and thus will provide ABC comprehensive HIV education. This will include messages about abstinence, monogamy, partner reduction, and correct and consistent condom use. OVC supported under GSM will receive life skills and HIV-prevention information that address coercive sex, violence, rape, transactional, and cross-generational sex.

New partners selected under the GSM program will receive technical assistance from World Learning and other PEPFAR partners to ensure quality program design, implementation, and monitoring. Recipients will have access to the existing curriculum-based tools and forms developed by JHU/HCP for providing structured behavior-change communication (BCC) interventions. Recipients under GSM will be educated on the Youth Action Kit curriculum, as well as on the Adult Prevention modules developed by HCP in order for them to adopt these materials into their existing prevention programs. New partners will also have access to technical assistance through EngenderHealth to incorporate gender issues into prevention programming. PEPFAR-supported programs should address how gender-based violence, sexual abuse, cross-generational sex, and alcohol use impact HIV transmission and recommend strategies to address these issues. GSM recipients will partner with PEPFAR-supported clinical partners to ensure linkages to counseling and testing services, as well as other health and HIV services.

GSM will continue to support the activities funded in 2007 and will release a new solicitation with FY08 funding to select additional local partners. Prevention activities under the GSM program will reach an estimated 100,000 individuals with HIV-prevention programming and will train 400 individuals to provide HIV-prevention education. New partners will be required to develop sustainable, community-based programs with exit strategies in place. Recipients will also be monitored to ensure that prevention and care activities are well-integrated and focused on serving high-risk vulnerable populations.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16726, 16861, 17756, 16727, 17867, 18263

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16861	10573.08	7582	1210.08	HCP	Johns Hopkins University Center for Communication Programs	\$950,000
17756	17756.08	7615	7615.08	Grant Solicitation and Management	World Learning	\$240,000
16726	12232.08	7526	6125.08	ACQUIRE	Engender Health	\$280,000
16727	12235.08	7526	6125.08	ACQUIRE	Engender Health	\$350,000
17867	17867.08	7615	7615.08	Grant Solicitation and Management	World Learning	\$200,000
18263	18263.08	7615	7615.08	Grant Solicitation and Management	World Learning	\$720,000

## Emphasis Areas

Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Reducing violence and coercion

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of STI patients referred to HIV counseling and testing:	N/A	True
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	400	False

## Target Populations

### Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

## Coverage Areas

Amhara

Oromiya

Southern Nations, Nationalities and Peoples

HBHC - Basic Health Care and Support

Program Area:

Palliative Care: Basic Health Care and Support

Budget Code:

HBHC

**Total Planned Funding for Program Area:        \$21,570,039**

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$1,357,333
Estimation of other dollars leveraged in FY 2008 for food	\$42,990,000

### Program Area Context:

Before FY 2006, palliative care support activities in Ethiopia focused mainly on end-of-life care and distribution of commodities to people living with HIV (PLWH). With the advent of free ART and improved access to HIV/AIDS care services, palliative care is increasingly perceived as a continuum of care, including social support and prevention services. In the first six months of FY 2007 (October 2006-March 2007), 560,204 PLWH received at least one category of service from PEPFAR Ethiopia partners, as defined in the Office of the Global AIDS Coordinator's (OGAC) palliative care guidance. Services included: the delivery of clinical care, including treatment for opportunistic infections and symptom management; psychological care through peer support groups; spiritual support through linkages with faith-based organizations; and delivery of elements of the preventive care package, including cotrimoxazole prophylaxis, long lasting insecticide treated nets to prevent malaria in endemic areas, screening for TB disease, prevention-for-positives counseling, condoms, referral of household contacts for HIV counseling and testing (HCT), safe water and hygiene, nutrition counseling, and multivitamin supplementation. The minimum package of care for service counting will be revised during FY2008 in accordance with the latest guidance from OGAC.

**Regional and National Level Support:** PEPFAR Ethiopia continues to work with regions and districts 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. In collaboration with the Ministry of Health's (MOH) HIV/AIDS Prevention and Control Office (HAPCO) and partner organizations, the PEPFAR Ethiopia partner International Technical Education Center on HIV/AIDS (I-TECH) has recently developed training modules to standardize palliative-care training at the national level.

**Hospital Level:** PEPFAR Ethiopia supports palliative care services at the hospital level through cooperative agreements with four USG universities, including Johns Hopkins University, Columbia University, I-TECH (University of Washington), and University of California at San Diego (UCSD). As of May 2007, these partners worked in 117 hospitals (92 public hospitals, 13 private hospitals, and 12 military hospitals) nationwide providing support for palliative care services, including: training, supportive supervision, and clinical mentoring of healthcare 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. In FY 2008, the university partners will continue to provide technical assistance, training, and material support to these hospitals to strengthen palliative care services.

**Health Center Level:** In FY 2008, PEPFAR Ethiopia will support palliative and clinical care services at 393 health centers (240 treatment sites and 153 non-treatment sites) within the network through Management Sciences for Health/Care and Support Program (MSH/CSP). Palliative care support at the health center level will include: training, supportive supervision, and clinical mentoring of healthcare 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, Organization for Social Support for AIDS, Save the Children USA, Family Health International, Catholic Relief Services, and the World Food Program at over 300 sites around the country. These organizations support home- and community-based palliative care services including: nursing; psychological, social and spiritual care; safe water, food, and nutrition counseling; adherence support for ART; and symptomatic TB screening and appropriate referral; and prevention for positives. PEPFAR Ethiopia welcomes the addition of two New Partner Initiative recipients, Nazarene Compassionate Ministries, Inc., and Geneva Global, to the palliative care team. All PEPFAR partners follow appropriate GOE guidelines for home-based care. Several new partners, including Land O'Lakes for dairy development, will expand income-generating opportunities for PLWH. These PEPFAR Ethiopia partners will also collaborate with the Global Fund for Aids, Tuberculosis and Malaria (GFATM) to facilitate the delivery of long-lasting insecticide treated bednets in malaria endemic areas. PEPFAR is also supporting the United Nations High Commission on Refugees to provide palliative care for refugees in 5 sites in Ethiopia. With COP08 funding, UNHCR expects to reach 300 individuals.

OGAC recently categorized Ethiopia as a focus country for food and nutrition. PEPFAR Ethiopia has identified nutrition support as a priority palliative care service that is critical to improve ART adherence and treatment outcome. With COP07 funding, PEPFAR-Ethiopia is implementing therapeutic feeding in the form of Food By Prescription (FBP) at 20 hospitals and 25 health centers in the network. These facilities are selected based on the client load and infrastructure. The FBP program identifies severely malnourished PLWH, HIV-positive pregnant women in PMTCT programs, HIV-positive lactating women in the first six months post-partum, their infants, and OVC as candidates for therapeutic feeding. With COP08 funding, PEPFAR Ethiopia will expand

therapeutic feeding by prescription from those 45 facilities to 30 new facilities, for a total of 75 facilities in USG-supported networks.

During FY 2008, PEPFAR Ethiopia partners will also train and equip approximately 200 service providers at 150 service outlets to provide nutritional care and support to PLWH. To complement food resources leveraged from Title II Food For Peace and the World Food Program, PEPFAR Ethiopia will improve nutrition assessment, counseling, and monitoring of HIV-positive persons at all HIV-care, ART, and PMTCT service sites in the network. The FBP program will be linked with the HCT, TB/HIV, ART, and pediatric clinics through intra-facility referrals. The program will emphasize strengthening access to community based supplemental feeding, skills development, and IGA options for referral of PLWH graduating from the FBP program.

In addition to food and nutrition issues in palliative care, Ethiopia grapples with the use of opioids as part of its pain management approach. Limited assessment of pain management practice at different level facilities in Ethiopia has shown that pain management is not given due emphasis by care providers, and there is low level awareness with regard to the proper assessment and management of pain. Lack of opioid drugs is a common problem at all levels of healthcare.

PEPFAR Ethiopia has identified a lead partner, UCSD, to support the MOH and HAPCO in revising the national policy on opioid use. Palliative care training package for different level care providers will incorporate pain management as one major component. Site level support and clinical mentorship will improve usage of the national pain management guidelines (which was recently developed by the MOH in collaboration with PEPFAR Ethiopia) for management of pain according to the national standard. In addition, national advocacy workshops and training will be organized to raise awareness on standardized pain management practice, including use of opioids at all levels of healthcare.

**Program Area Downstream Targets:**

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1172
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	468013
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	9928

**Custom Targets:**

**Table 3.3.06: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 118.08	<b>Mechanism:</b> USAID M&S
<b>Prime Partner:</b> US Agency for International Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: Basic Health Care and Support
<b>Budget Code:</b> HBHC	<b>Program Area Code:</b> 06
<b>Activity ID:</b> 18724.08	<b>Planned Funds:</b> \$502,782
<b>Activity System ID:</b> 18724	

**Activity Narrative:** Funding for USAID staff in the HBHC program area covers the following:

**Care and Support Advisor:**

The HIV/AIDS Care and Support Advisor provides technical leadership for USAID HIV/AIDS care and support activities. The Advisor also serves as a member of the PEPFAR Care and Support Technical Working Group and monitors all HIV/AIDS care and support activities. The HIV/AIDS Care and Support Advisor provides technical, operational, and management support to PEPFAR Ethiopia and the USAID Mission. The Advisor is involved in the planning, design, and implementation and evaluation of HIV/AIDS care and support activities, as well as holding responsibility for assisting the Team achieve its PEPFAR targets and Intermediate Results.

**Psychosocial Support Advisor:**

The Psychosocial Support Advisor will work with relevant stakeholders and partners in addressing the non-physical suffering of individuals and family members, including mental health counseling; family care and support groups; support for disclosure of HIV status; bereavement care; development and implementation of culture- and age-specific initiatives for psychological care; and treatment of HIV-related psychiatric illnesses, such as depression and related anxieties.

**Sr. HIV/AIDS Nutrition Program Specialist**

The HIV/AIDS Nutrition Advisor will provide leadership and technical oversight in the areas of food security, nutritional support for adults and children living with HIV/AIDS, therapeutic and infant feeding, micronutrients, counseling, nutritional assessments and related issues. The Advisor will liaise with USAID's Title II Office and work closely with all relevant donors and supporting agencies. The HIV/AIDS Nutrition Advisor will also play a pivotal role in the Care and Support and Treatment Technical Working Groups. As a certified Cognizant Technical Officer (CTO), the Advisor will manage all USAID's treatment and care and support activities related to HIV/AIDS nutrition.

**Five Nutritionists:**

The nutritionists will be engaged in HIV/AIDS-Nutrition program design, implementation and evaluation, under the technical supervision of the Sr. HIV/AIDS Nutrition Program Specialist. They will work with relevant stakeholders and partners in linking HIV/AIDS-Nutrition programs with existing productive safety net and supplemental food programs. The nutritionists will be seconded to HIV/AIDS Prevention and Control Office (HAPCO) and selected regions.

**Alternative Livelihoods Team (ALT)/PEPFAR Program Officer (FSN)**

The ALT/PEPFAR Program Officer will support and strengthen linkages between the ALT and PEPFAR programs. This position will be a PEPFAR position but the Program Officer will be located in the ALT office to further strengthen the connections between Title II and Health Programs. The ALT/PEPFAR Program Officer will serve as the technical lead in the facilitation and support of a broad range of nutrition and food security related activities to strengthen community-based support to persons affected by HIV/AIDS. The ALT/PEPFAR Program Officer will work closely with all relevant donors and supporting agencies. The Program Officer will assist the Ministry of Health and HAPCO to support capacity development in nutrition and food security to facilitate increased nutritional and food support for persons affected by HIV/AIDS. S/he will be responsible for assisting the HIV/AIDS Team achieve its PEPFAR targets and Intermediate Results.

**HIV/AIDS Health Network Monitor**

The PEPFAR HIV/AIDS Health Network field-based Monitor will contribute to ensuring the health of the functioning networks by working on-site with all relevant partners at hospitals and health centers and in communities. The HIV/AIDS Monitor will examine on-site operations, procedures, and performance of partners and Government of Ethiopia staff, and provide critical feedback to the PEPFAR technical working group. The Monitor will address all activities in the ART supply chain, linkages and referrals within and across facilitates occur and to the broader community. Through written reports, the Monitors will conduct follow-up at existing sites to ensure problems are addressed in a timely fashion.

USAID has removed the five Nutritionist positions that were under HBHC USAID M&S section and put the funding into an implementing partner (TBD under Food by Prescription Activity# 5616.08).

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 8181.08

**Mechanism:** CDC-M&S

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

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GAP

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 18725.08

**Planned Funds:** \$45,400

**Activity System ID:** 18725

**Activity Narrative:** This activity represents the direct technical assistance which is provided to partners by CDC staff. The amount represents the salary and benefit costs for CDC Ethiopia local technical staff. Detailed narrative of CDC-Ethiopia Management and Staffing is included in Program Area 15 – Management and Staffing HVMS.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 7593.08

**Mechanism:** New Partner Initiative

**Prime Partner:** Geneva Global

**USG Agency:** U.S. Agency for International Development

**Funding Source:** Central GHCS (State)

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 17838.08

**Planned Funds:** \$0

**Activity System ID:** 17838

**Activity Narrative:** New Partner Initiative

Geneva Global will work through 24 implementing partners to strengthen their capacity to provide a comprehensive package of services to 4,100 people living with HIV/AIDS (PLWH) in both urban and rural areas of Addis Ababa, Amhara, and Oromiya Regional States of Ethiopia. The program builds on the past experiences of local partners through the scale-up of their current prevention and care services, and seeks innovative approaches to respond to the HIV/AIDS epidemic in Ethiopia.

Gender equity will be maintained, with 50% or more of the PLWH beneficiaries being female. Needy child-headed and women-headed households affected by HIV will be prioritized to participate in economic-strengthening activities. The program will aim to train 800 volunteers to provide home-based care and emotional support.

The partners implementing palliative care programs will integrate secondary HIV prevention and positive living into their programs to ensure all beneficiaries receive age-appropriate information. These local partners will be able to provide HIV-affected families a comprehensive package of prevention and care services to ensure coordinated care. As an example of one of the planned projects for 2008, local partner, Remember the Poorest Community (RPC), will support 75 bed-ridden PLWH in Nazareth. These beneficiaries will each be assessed to determine their needs and provided with food, ART adherence information, nutrition and hygiene, access to healthcare, and livelihood opportunities for family members as needed. This program will purchase food for use by sick PLWH. In addition to working with PLWH, this partner will also support the OVC in the HIV-affected families (estimated 453 OVC in the community).

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 17833, 17863, 18192, 18465

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17833	17833.08	7593	7593.08	New Partner Initiative	Geneva Global	\$0
17863	17863.08	7593	7593.08	New Partner Initiative	Geneva Global	\$0
18192	18192.08	7593	7593.08	New Partner Initiative	Geneva Global	\$0
18465	18465.08	7593	7593.08	New Partner Initiative	Geneva Global	\$0

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources

### Human Capacity Development

- \* Training
- \*\*\* Pre-Service Training

### Local Organization Capacity Building

### New Partner Initiative (NPI)

## Food Support

Estimated PEPFAR dollars spent on food	\$45,669
Estimation of other dollars leveraged in FY 2008 for food	\$90,000

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	30	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	4,100	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	810	False



## Target Populations

### General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Persons in Prostitution

### Other

People Living with HIV / AIDS

## Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Oromiya

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 7592.08

**Prime Partner:** Nazarene Compassionate Ministries

**Funding Source:** Central GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 17839.08

**Activity System ID:** 17839

**Mechanism:** New Partner Initiative

**USG Agency:** U.S. Agency for International Development

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$0

**Activity Narrative:** New Partner Initiative

Nazarene Compassionate Ministries, Inc. (NCMI) is rapidly scaling up palliative care services in Ethiopia through community-based organizations (CBO), indigenous nongovernmental organizations (NGO), faith-based organizations (FBO), and prisons. NCMI will work through its lead agency, Fayyaa Integrated Development Association (FIDA), operating in partnership with sub-grantee Justice for All–Prison Fellowship Ethiopia (JFA-PFE). This ongoing alliance under the New Partners Initiative (NPI) will provide palliative care to 388 people living with HIV/AIDS (PLWH) through home-based and prison-based care services in FY 2008. The NPI palliative care project aims to improve the quality of life for PLWH through alleviation of their suffering, thereby reducing the burden for the family and other caregivers with a holistic approach to palliative care, providing quality care to respond to physical, psychosocial, social, and spiritual needs. Moreover motivational interviews will be conducted with these beneficiaries to encourage behavior change.

The palliative care activities include: food support, medical support training, and support to caregivers, spiritual counseling and promotion of positive living, establishing support groups, identifying and referring for STI, and TB treatments, promoting disclosure, end-of-life planning and bereavement counseling.

These home-based care (HBC) activities will be provided through a team of district nurses and volunteers trained and certified in home- and community-based care for PLWH. Each team comprises a minimum of five volunteers and a nurse. As part of a holistic approach to palliative care, children of PLWH will be supported in school material, fee and uniforms.

FIDA will work with local community leaders, faith-based organizations, and community-based organizations to deploy, train, and supervise volunteer HBC providers. Volunteers and caregivers will receive HBC kits to help them look after the clients. For motivation, volunteers will receive monthly incentives to enable them reach the clients and reduce volunteer burnout.

Training will be given to spiritual leaders to deal with emotional and psychosocial issues of both infected and affected people. FIDA will also strengthen community-based support groups, community mobilization, and PLWH leadership development to reduce stigma and strengthen affected households and communities. FIDA will train caregivers to provide ongoing care and prevention messages for PLWH in HBC settings to help them maintain safe sexual practices. To reduce diarrheal morbidity and mortality, FIDA will educate PLWH and their families on safe water and personal hygiene, including education on home water treatment. In addition, needy patients will be given monthly food and hygiene support and will be linked to community support groups for sustaining the support. The home-based care activities will be strongly linked to health centers and hospitals. Through training of prison officials and peer volunteers in ten prisons in six regions, prison-based care, food, nutrition, and ART adherence counseling will be delivered to prisoners living with HIV/AIDS. To facilitate ART referral from prisons, JFA-PFE will work with Columbia University-based organizations.

In five districts throughout Oromiya and SNNP regions, FIDA will promote ART adherence and compliance. HBC volunteers will receive basic training on ART referrals and adherence counseling. To facilitate referral services in each health institution, key persons will be identified to coordinate the referral process. In addition to counseling and referral, FIDA will cover monthly transport costs for those who do not have access for ART services. In order to promote project sustainability, identification of potential community resources and support will be conducted. FIDA will also encourage sustainability by strengthening community HIV committees through capacity-building efforts, including training on resource mobilization, leadership, and financial management. In addition, FIDA will advocate for the mainstreaming of care and support activities for PLWH in the existing community support organizations and social networks to ensure sustainability of project activities beyond the project period.

NCMI will do mapping on palliative care services for connecting to wraparound services with PEPFAR partners. In case one or both parents die, children of PLWH will be identified by local HIV committee and will be referred to FIDA's OVC project and linkages to wraparound services provided by the World Food Program and Family Health International, or other community resources such as food security, education, skills development, and economic self-sufficiency. Individuals practicing unsafe sex will be counseled on safe sex and referred to health institutions for voluntary counseling and testing and condoms. PLWH will be referred to service outlets such as ART and PMTCT. Through partnership with JFA-PEE, NCMI will link to activities with Colombia University partners and Ministry of Health to facilitate palliative care and ART referral for PLWH prisoners.

The NPI palliative care project serves PLWH in five districts in two regions through counseling and HBC. Those needy PLWH will be supported with food, transport, and hygiene products. Children of PLWH will be supported with school materials, fees, and uniforms. The local HIV committees will identify the needy PLWH to be targeted by palliative care project activities in their communities. The project benefits the most disadvantaged segment of the population including prisoners. PLWH prisoners in ten prisons in six regions will be identified in collaboration with prisons' health officials and local health institutions.

The emphasis areas for the palliative care project include promoting gender equity and capacity building of local organizations. To promote gender equity an equal number of men and women will benefit from the project. In addition the project addresses women's vulnerability to AIDS in all prevention activities. The capacity of local organizations will build and strengthen the community HIV committee through training on resource mobilization, leadership, and financial management will be rendered. Wraparound programs include referral for TB treatment; economic strengthening and education through provision of vocational training for self and other employment; and household food security through gardening activities.

**HQ Technical Area:****New/Continuing Activity:** New Activity**Continuing Activity:**

## Related Activity:

### Emphasis Areas

#### Gender

- \* Increasing gender equity in HIV/AIDS programs

#### Human Capacity Development

- \* Training
- \*\*\* In-Service Training
- \* Task-shifting
- \* Retention strategy

#### Local Organization Capacity Building

#### New Partner Initiative (NPI)

#### Wraparound Programs (Health-related)

- \* TB

#### Wraparound Programs (Other)

- \* Economic Strengthening
- \* Education
- \* Food Security

### Food Support

Estimated PEPFAR dollars spent on food \$81,200

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	10	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	388	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	300	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Incarcerated Populations

### Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

## Coverage Areas

Adis Abeba (Addis Ababa)

Afar

Dire Dawa

Hareri Hizb

Oromiya

Southern Nations, Nationalities and Peoples

Sumale (Somali)

**Table 3.3.06: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7601.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Land O'Lakes	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: Basic Health Care and Support
<b>Budget Code:</b> HBHC	<b>Program Area Code:</b> 06
<b>Activity ID:</b> 12310.08	<b>Planned Funds:</b> \$1,116,000
<b>Activity System ID:</b> 17864	
<b>Activity Narrative:</b> Income Generation for PLWH (Small-Scale Dairy)	

This is a continuing activity from the FY07 supplemental.

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 increase their adherence to preventive care and treatment services. Observations during recent site visits including 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 exacerbates an individual's poverty status as it becomes necessary to shed personal or household assets and migrate to new towns because of ART service availability or stigma and discrimination. An expansion of income-generation activities (IGA) for those enrolled in care and treatment services is necessary to provide a continuum of care that graduates individuals to basic clinical management without other major support services, as they are productive and healthy individuals. Each beneficiary will receive time-limited support to establish income-generating activities in parallel to on-going care and treatment services. Upon graduation the majority of beneficiaries will have a small sustainable income to support themselves.

PEPFAR Ethiopia proposes to continue and expand an FY07 activity that contributed Global HIV/AIDS Initiative (GHA) funds into a pre-existing mechanism funded through USAID/Ethiopia's Office of Business, Environment, Agriculture and Trade (BEAT) to expand income-generation activities specific to smallholder dairy production for HIV/AIDS care and treatment beneficiaries. PEPFAR Ethiopia proposes to add an additional \$1,000,000 to continue implementation of the FY07 activity and expand this activity to a larger population. PEPFAR Ethiopia will continue to benefit from and leverage \$5,000,000 of USG Development Assistance 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 significantly expand to meet the 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.

The FY08 program will continue with implementation of dairy income-generation activities for beneficiaries selected in FY07 and will select new beneficiaries in FY08. Beneficiary selection will occur using existing community-based care structures within local government/local faith-based associations and local nongovernmental organizations. The program anticipates establishing smallholder dairy businesses, including dairy production (majority), fodder production, small-scale processing, and milk marketing for an additional 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 that overlap with several ART health networks that contain 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 been successful in significantly raising milk production and incomes of smallholder farmers. A smallholder dairy farmer with three improved cows, for example can earn from approximately \$6.00 to \$15.00 per day from milk sales. The market for raw milk is strong because demand for milk is higher than available supply. Since August 2005, the program has provided training and technical assistance to over 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.

This program will be coordinated with other palliative care mechanisms providing social support to avoid duplication and overlap.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12310

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27951	12310.27951.09	U.S. Agency for International Development	Land O'Lakes	11468	7601.09	EGAT-Small Scale Dairy Wraparound	\$1,296,000
12310	12310.07	U.S. Agency for International Development	US Agency for International Development	5475	118.07		\$1,000,000

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources

Local Organization Capacity Building

Wraparound Programs (Other)

- \* Economic Strengthening

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	10	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	False

**Target Populations**

**Other**

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

## Coverage Areas

Amhara

Oromiya

**Table 3.3.06: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7615.08	<b>Mechanism:</b> Grant Solicitation and Management
<b>Prime Partner:</b> World Learning	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: Basic Health Care and Support
<b>Budget Code:</b> HBHC	<b>Program Area Code:</b> 06
<b>Activity ID:</b> 17867.08	<b>Planned Funds:</b> \$200,000
<b>Activity System ID:</b> 17867	
<b>Activity Narrative:</b> Grants, Solicitation and Management	

The Grants, Solicitation and Management (GSM) program is a continuing, plus-up activity from FY07 that is linked to other GSM activities under HVAB (10406), HVOP (10407), and HKID. This activity will also link with other palliative care programs, such as the World Food Program (WFP—10523), as well as all USG PEPFAR clinical partners working in proximity to projects funded under this mechanism.

The GSM project is run by World Learning for International Development (WL). It will assist PEPFAR Ethiopia in the solicitation, review, award, management, and close-out of grants to local Ethiopian partners. The GSM recipients will conduct a wide range of technical and administrative tasks to support the involvement of local nongovernmental organizations (NGO) in HIV/AIDS prevention and care activities. The program began in August 2007 with a total FY06 and FY07 funding level of \$2,100,000 (\$600,000 for OVC, \$200,000 for AB, and \$1,300,000 in Other Prevention). Applicants were required to meet a 15% cost-share, either in monetary contributions or through services, volunteers, property, equipment and supplies. With FY08 funding, GSM will maintain support to partners selected in 2007 and add new partners with a total budget of \$2,060,000 in funding (\$720,000 for OVC, \$240,000 in AB Prevention, \$900,000 in Other Prevention, and \$200,000 for HBHC). The 15% cost-share will remain a requirement for future applicants.

In August 2007, World Learning released a solicitation for concept papers to support HIV prevention and care activities in urban areas of Amhara, Oromiya, and SNNPR. The solicitation emphasized reaching the following target populations: formal sex workers, their clients, and women and men engaged in informal transactional sex, with a special emphasis on vulnerable girls and women ages 15-35. GSM received over 50 concept papers, of which four to six will be funded in 2007. There are a number of different types of activities that will be supported under the GSM mechanism and most projects will include both prevention and care activities for a more integrated family-centered approach.

Palliative care funding would be added in FY08 to ensure that HIV-affected families receive comprehensive support. Local partners would provide community-based care to an estimated 1,000 PLWH and their families and train 150 community volunteers and family members on how to provide care for bed-ridden PLWH. Programs supported under GSM will provide a variety of services for PLWH, including support for positive living, hygiene and nutrition information, linkages to food assistance, prevention education (especially for discordant couples), information/referrals for family planning, PMTCT, and ART services, and income-generating activities, such as livestock raising. For sick or bed-ridden PLWH, a trained family member or community volunteer would make home visits to provide emotional support and monitor the medical needs of the individual. Local partners will be encouraged to hire and engage PLWH in their programs. Palliative care programs supported under GSM will provide family-centered support by addressing PLWH as well as their children's needs.

New partners selected under the GSM program will receive technical assistance from World Learning and other PEPFAR partners to ensure quality program design, implementation and monitoring. PEPFAR-supported programs should address how gender-based violence (GBV), sexual abuse, cross generational sex, and alcohol use impact HIV transmission and recommend strategies to address these issues. GSM recipients will partner with PEPFAR-supported clinical partners to ensure linkages to counselling and testing services, as well as other health and HIV services. New partners will be required to develop sustainable community-based programs with exit strategies in place. Recipients will also be monitored to ensure that prevention and care activities are well-integrated and focused on serving high-risk vulnerable populations.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 17756, 16681, 18263

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17756	17756.08	7615	7615.08	Grant Solicitation and Management	World Learning	\$240,000
16681	5774.08	7503	3794.08	Urban HIV/AIDS Program	World Food Program	\$4,000,000
18263	18263.08	7615	7615.08	Grant Solicitation and Management	World Learning	\$720,000

## Emphasis Areas

### Gender

- \* Increasing women's access to income and productive resources
- \* Reducing violence and coercion

### Human Capacity Development

- \* Training
- \*\*\* Pre-Service Training

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	False

## Target Populations

### Other

People Living with HIV / AIDS

## Coverage Areas

Amhara

Oromiya

Southern Nations, Nationalities and Peoples



**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 8141.08

**Prime Partner:** University of Connecticut

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 18694.08

**Activity System ID:** 18694

**Mechanism:** DOD-UCONN-PWP

**USG Agency:** Department of Defense

**Program Area:** Palliative Care: Basic Health  
Care and Support

**Program Area Code:** 06

**Planned Funds:** \$200,000

## Activity Narrative: Prevention with Positives

University of Connecticut's Center for Health, Intervention, and Prevention (CHIP) will develop two programs for use with People Living with HIV/AIDS (PLWH) in the military: a Prevention-with-Positives (PWP) program and an ARV adherence-support program. The current proposal describes the proposed PWP program.

An estimated 0.9% to 3.5% of the population in Ethiopia is HIV-positive, with at least 7% of military personnel believed to be HIV-positive. With an estimated 88% of all HIV transmissions acquired through heterosexual contact, and military prevalence rates more than double that of the general population, there is no doubt that many in the military are engaging in high-risk sexual behavior. Thus, effective HIV-prevention programs for those in the military are greatly needed. In order to be effective, these programs must be tailored to address the unique circumstances of the military environment, including high mobility, the prevalence of commercial sex workers in areas where military live and socialize, and HIV/AIDS stigma.

Historically, HIV-prevention programs have focused on those who are HIV-negative and have done little to support HIV-positive individuals in the practice of safer behavior. The goal of the proposed project is to develop, implement, and evaluate a PWP program for HIV-positive military members and spouses who attend military clinics in Ethiopia. This program will be implemented in two military healthcare sites in Addis Ababa during Year One and then disseminated to multiple healthcare sites in subsequent years. CHIP will work collaboratively with the National Defense Forces of Ethiopia (NDFE), UCSF, the US Embassy, the US DOD HIV/AIDS Prevention Program (DHAPP), CDC, and USAID, as well as with local stakeholders (e.g., clinic staff and HIV-positive patients) to develop an HIV risk-reduction program that is acceptable to staff and patients, feasible to implement in the clinical-care setting, can be delivered with fidelity, and effective at reducing the HIV risk behavior of HIV-positive soldiers and spouses. By reducing the risky sexual and drug use behaviors of PLWH, this program can help prevent the transmission of HIV and other pathogens to uninfected individuals, as well as help protect PLWH from possible reinfection with drug-resistant strains of HIV and other sexually transmitted infections (STI).

CHIP has an extensive history of developing effective health-promotion and disease-prevention programs internationally, with particular expertise in HIV risk-reduction programs and ARV adherence-support programs. The content of the proposed PWP program will be informed by the empirically-validated Information-Motivation-Behavioral Skills (IMB) model of HIV prevention, which has been used effectively with a variety of populations in Africa, the US, Europe, and Asia. The program will use Motivational Interviewing (MI) techniques to identify individuals' informational, motivational, and behavioral skills barriers to safer sex and drug-use practices and to convey critical HIV risk-reduction information, motivation, and behavioral skills content to them in order to help motivate them to engage in safer behaviors. The proposed PWP program will be based on a program developed by the CHIP team for South African PLWH in clinical care called "Izindlela Zokuphila/Options for Health." A rigorous evaluation of "Options for Health" revealed that it significantly reduced risky sexual behavior among the participants. A version of this PWP program is currently being implemented at the Maputo Military Day Hospital in Mozambique. This is a one-on-one program that is designed to be implemented at each routine clinical care with HIV-positive patients. It can be delivered by anyone who provides ongoing care to PLWH, such as doctors, nurses, adherence counselors, and health educators. In Mozambique, trained peer educators are delivering the program to HIV-positive patients in care.

The program consists of a collaborative, patient-centered discussion between the provider and the patient in which the provider uses MI techniques to: assess the patient's risk behaviors; identify his/her specific barriers to the consistent practice of safer behaviors; elicit strategies from the patient for overcoming these barriers; and negotiate an individually-tailored risk-reduction goal or plan of action that the patient will work on between clinic visits. These discussions of HIV risk-reduction are individualized for each patient based on the patient's risk assessment and current readiness to change his/her risk behavior, and they are designed to be brief (about ten minutes) and to occur on an ongoing basis when the patient comes to the clinic for regularly scheduled medical visits.

### GOALS AND OBJECTIVES

(1) Conduct a needs assessment to identify the prevalence and dynamics of HIV risk behaviors among HIV-positive soldiers and spouses, and to determine what types of HIV-prevention programs are feasible and practical to do in military healthcare settings. The specific goals of the assessment are to: (a) explore the dynamics of risky sex and drug-use behaviors among Ethiopian PLWH; (b) identify culturally appropriate strategies that PLWH can use to reduce their risky behaviors; (c) determine whether a modified version of the "Options for Health" program is feasible to implement in military healthcare settings; (d) determine which individuals (e.g., doctors, nurses, psychologists, counselors, pharmacists, and/or peer educators) are most appropriate for implementing a risk-reduction counseling program with PLWH and what their specific training needs are; and (e) assess how to most effectively and efficiently integrate an HIV-prevention program for PLWH into the clinic routine.

(2) Based on the findings from the needs assessment, develop a tailored Prevention-with-Positives program that addresses the specific risk-reduction needs of HIV-positive soldiers and spouses in Ethiopia. Once the focus groups are completed, the findings will be compiled and analyzed, and a risk-reduction counseling program developed. Our collaborators will play a central role in the framing, conduct, and analysis of the needs assessment and its integration into the final PWP program. The needs assessment and multidisciplinary collaboration will allow us to tailor the PWP program to the clinic site and the particular needs of its HIV-positive patients.

(3) Train Ethiopian military interveners in the PWP program. The content of the PWP program and the training protocol will be based upon: (a) the findings from the needs assessment; (b) the US team's experience developing PWP programs in South Africa, Mozambique, and the US, and training interveners to deliver them; and (c) input and feedback from the multidisciplinary Ethiopian team. Intervenors (e.g., doctors, nurses, psychologists, counselors, pharmacists, and/or peer educators) will be jointly trained by the US team. One or more of the intervenors will be selected and trained as a master trainer in the program protocol (Obj 6). This individual(s) will continue to provide training at other military healthcare sites in Ethiopia once the US-led portion of the project is completed. Training materials will be given to each intervener. In addition, they will be given educational materials that they can give to the patients to supplement their discussions with them.

(4) Implement the PWP program at two military healthcare sites in Addis Ababa, Ethiopia. At each site, trained intervenors will implement the PWP program on an ongoing basis when patients come in for their routine clinical-care visits. Each session will consist of a one-on-one patient-centered discussion in which the intervener works collaboratively with the patient to: (1) identify the patient's HIV risk behaviors; (2) understand the dynamics of those behaviors; (3) determine the barriers to consistently practicing safer behaviors; (4) provide critical HIV-prevention information, motivation, and behavioral skills to overcome those barriers and reduce risky behavior; and (5) set a specific goal for the patient to accomplish between

**Activity Narrative:** clinical care visits as a means of reducing his/her risky behavior or maintaining his/her safer behavior. Subsequent discussions between the HIV-positive patient and his/her intervener will occur at each successive medical visit and will focus on monitoring the patient's progress toward his/her risk-reduction goal; providing information, motivation, and behavioral skills training; and negotiating a new goal, when appropriate.

(5) Evaluate the effectiveness of the PWP program by comparing the self-reported HIV transmission risk behaviors of 150 to 200 HIV-positive patients prior to the inception of the program with their self-reported behaviors after the program begins. An in-country project assistant will recruit a randomly selected sample of 75-100 HIV-positive NDFE military personnel and 75-100 HIV-positive spouses of soldiers to complete the program evaluation.

(6) Identify and train one or more Ethiopian healthcare providers to serve as a master trainer in the PWP program. This will allow the PWP program to be disseminated to additional healthcare sites throughout Ethiopia and to function independently of the US team. Initially, the Ethiopian master trainer(s) will work collaboratively with the US team to refine and revise the program and training protocol. The goal will be to use any and all "lessons learned" from the program evaluation to modify the program to maximize its effectiveness and utility. Once the PWP program is finalized, the master trainer(s) will disseminate the program to multiple military healthcare sites, with support from the US team as needed. The long-term goal is to provide sufficient training to the master trainer(s) so that they can independently maintain the program.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Emphasis Areas**

Human Capacity Development

- \* Training
- \*\*\* Pre-Service Training
- \*\*\* In-Service Training

Wraparound Programs (Health-related)

- \* Child Survival Activities
- \* Safe Motherhood

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	200	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	50	False

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Military Populations

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 649.08

**Prime Partner:** International Rescue  
Committee

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 18102.08

**Activity System ID:** 18102

**Mechanism:** N/A

**USG Agency:** Department of State /  
Population, Refugees, and  
Migration

**Program Area:** Palliative Care: Basic Health  
Care and Support

**Program Area Code:** 06

**Planned Funds:** \$186,621

**Activity Narrative:** Care and Support Activities for Sudanese and Eritrean Refugees

This new activity works into the International Rescue Committee's (IRC) current PEPFAR-funded project, which provides prevention and counseling and testing (CT) services to refugees living in Sherkole and Shimelba Refugee camps and the surrounding host communities.

IRC's HIV prevention and CT project was initiated in October 2004 in Sherkole Camp (in the Benishangul-Gumuz region) and in 2007 in Shimelba Camp (in the Tigray region). For FY08, IRC is proposing to continue its prevention and CT activities with a strategic plan to expand its continuum of care to include care-and-support activities in both camps and host communities.

IRC coordinates its activities closely with the United Nations High Commission for Refugees (UNHCR), the Government of Ethiopia's (GOE) Agency for Returnee and Refugee Affairs (ARRA), and the Ethiopian HIV/AIDS Prevention and Control Office (HAPCO), and has established relationships with Johns Hopkins University and the University of Washington/I-TECH for technical support and training. This proposal was developed in consultation with the GOE/ARRA.

IRC provides CT and HIV/AIDS awareness and education through strategic, behavior-change communication (BCC) campaigns and community group discussions. In FY07, IRC trained 35 HIV/AIDS refugee social workers and youth peer educators in Sherkole Camp to facilitate the Community Conversations model developed by the United Nations Development Program (UNDP). The BCC campaigns and Community Conversation strategy target youth 'at risk' and adult community groups to identify and explore factors fuelling the spread of HIV/AIDS in their respective contexts and to reach decisions and take action (e.g., abstaining from sexual activities before marriage and addressing gender inequalities, sexual taboos, and male norms which encourage the spread of HIV) to mitigate the effects of HIV and the stigma that comes with being identified as HIV-positive in their communities. In FY08, the Community Conversations strategy will be expanded to Shimelba Camp.

Since FY05, IRC has provided HIV prevention, scaling up over time to include CT services and referrals for assessment and wraparound care to local regional hospitals. While this program aspect has been successful and well-received by the communities, there is no next step for those who have tested positive. In FY08, IRC plans to expand its HIV program by providing care and support for people living with HIV (PLWH), thereby providing a continuum of care for refugees and host communities. Since HIV testing began in 2005 in Sherkole Camp, IRC has provided counseling and testing to 3,324 clients; 1,671 refugees (970 males, 701 females), and 1,653 host-community individuals (1,023 males, 630 females). To date, 60 individuals have tested positive; 19 refugees (11 males, eight females) and 41 host community individuals (12 males and 29 females), and 24 refugees have been referred to the Assosa Regional Hospital for wraparound care and monitoring. Eight are receiving ART therapy and 16 are being monitored.

HIV testing in Shimelba Camp began on July 2, 2007. In the first month, 364 clients (98 females and 258 males) received counseling and testing (343 were refugees, 13 host-community residents). Within the first month, 13 people were found to be HIV-positive; eight males and five females of whom 11 are refugees (seven males, four females) and two are from the local community (one male, one female). All have been referred by ARRA to the Shire Regional Hospital for wraparound care and monitoring.

In FY08 IRC will hire a full-time counselor, who will provide counseling and support to individuals and their families, assist in developing and supporting refugee PLWH groups, strengthen and expand community-based PLWH groups, and build referral networks to improve access to information, education, and support services.

IRC plans to recruit a short-term consultant to begin the Care and Support program. S/he will establish and strengthen referral networks to Johns Hopkins University (JHU) and the University of Washington/I-TECH program, both of which provide technical support, training, and mentoring to the regional hospitals for ART and opportunistic infections (OI) treatment. This consultant will then hand over an established program to the full-time counselor.

FY08 will involve increasing strategic, community-awareness-raising activities, which promote the benefit of knowing one's status through CT and communicating positive messages about living with HIV to reduce stigmatization, with the intended effect of promoting responsible behavior.

IRC will focus on increasing the capacity of PLWH groups and communities to care for individuals from diagnosis through end-of-life, and enable the groups to engage in advocacy, networking, and caring for HIV-positive persons. PLWH individuals and groups will be supported to participate in training on home-based care, nutritional counseling, and healthy life strategies. PLWH will receive preventive-care packages which will include condoms, long-lasting insecticide nets (LLIN) in malaria-endemic areas, TB screening, and education on safe water and personal hygiene.

IRC will continue to coordinate with the Gender-Based Violence (GBV) and Education teams to integrate HIV education and anti-stigma discussions in IRC's informal education classes, primary school classes, GBV community discussions, at the ARRA health center, and during outreach activities conducted by the IRC social workers.

In light of the repatriation and resettlement of refugees from both camps, more interventions are planned to engage community and religious leaders, women, and youth in health-education activities on HIV/AIDS and voluntary counseling and testing (VCT) issues. The program is based on the current situation, demographics, and population in the refugee camps, but it is likely that the situation will change in one year, as mobility, the influx of new refugees, and voluntary repatriation of current refugees cannot be predetermined.

To support the new Care and Support services, IRC will continue to build the capacity of psychosocial counselors, CT center staff, and ARRA health staff through: ongoing in-service trainings to support palliative care and treatment; and strengthening referrals between the CT centers, the ARRA health centers, the regional hospitals and affiliated universities, the post-test clubs, the PLWH associations, and the regional HIV/AIDS Prevention and Control Office (HAPCO) offices for effective wraparound care and support.

**Activity Narrative:** Monthly coordination meetings will be held between the counselors, CT staff and ARRA health clinic to review cases for follow-up and intervention. IRC will continue to strengthen referral links established between the VCT centers, the ARRA health centers, the regional hospitals, the post-test clubs, and the regional HAPCO offices.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16707, 16708, 16709

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16707	10600.08	7516	649.08		International Rescue Committee	\$92,460
16708	10646.08	7516	649.08		International Rescue Committee	\$43,545
16709	5606.08	7516	649.08		International Rescue Committee	\$130,635

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- \* Training
- \*\*\* In-Service Training

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	200	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	30	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Pregnant women

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

## Coverage Areas

Binshangul Gumuz

Tigray

**Mechanism ID:** 3787.08

**Mechanism:** Support for program implementation through US-based universities in the FDRE

**Prime Partner:** Johns Hopkins University  
Bloomberg School of Public Health

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 5618.08

**Planned Funds:** \$469,836

**Activity System ID:** 16633



## **Activity Narrative:** Palliative Care and Nutrition Support at Hospitals

In FY06, Johns Hopkins University – Bloomberg School of Public Health (JHU-BSPH) introduced a basic palliative care approach to 20 ART facilities and then in FY07 expanded this activity to 44 sites in Operational Zone 2 (Addis Ababa, Benishangul-Gumuz, Gambella, and SNNP). Initial work included: a baseline assessment of the palliative care activities at sites; development of site-level training materials for palliative care and the preventive care package in cooperation with the national leadership; development of national pain management guidelines and training materials; and supervision of palliative care activities. Training and supervision focused on identifying pain and discomfort among HIV patients, ensuring cotrimoxazole (CTX) prophylaxis (pCTX) for all eligible patients, conducting tuberculosis (TB) screening for HIV-positive patients, and targeting elements of the preventive care package (e.g., multivitamins, nutrition assessments, condoms, and links to programs that distribute insecticide-treated bed nets (ITN) to HIV-positive patients. To date in FY07, this project has provided palliative care to 3,995 people, and has distributed 22,000 condoms, 1.2 million tablets of CTX, 33,000 bottles of cotrimoxazole and 630,000 multivitamins to ART sites. Four programs have linked ART clinics with the regional ITN distribution, reserving 1,200 nets for HIV-positive persons of all ages. As the lead for nutritional programs among university partners, JHU-BSPH has initiated collaborative meetings with Food and Nutrition Technical Assistance (FANTA) and the HIV/AIDS Prevention and Control Office (HAPCO) to facilitate the introduction of “food by prescription” programs at hospital level. Initial site visits have been conducted at St. Peter’s Hospital by JHU with FANTA.

In FY08, JHU will support palliative care activities at 50 sites providing HIV/AIDS care and treatment (hospital and emerging regional health centers), via a multidisciplinary, family-focused approach to providing 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 people living with HIV (PLWH), slowing disease progression and reducing morbidity and mortality.

JHU will assist the 50 facilities to provide the preventive care package, complementing the Global Fund for AIDS, Tuberculosis, and Malaria (Global Fund), the Federal Ministry of Health, and other PEPFAR Ethiopia-funded activities when possible. JHU will focus on providing the basic care package for adults, which includes: pCTX; micronutrient and nutrition supplements and counseling; ITN (through linkage with the Global Fund malaria control program); water disinfectant at community and hospital level; condoms and education for prevention among positives; and TB screening and pain management for all patients. The basic care package for children includes: pCTX to prevent serious illnesses like Pneumocystis carinii pneumonia, TB, and malaria; prevention and treatment of diarrhea; nutrition and micronutrient supplement; and links to national childhood immunization programs.

JHU will work closely with other university partners to ensure complementarity of activities with, for example, the implementation of national pain management guidelines and the development and implementation of the Palliative Care Training curriculum.

JHU support to facilities will be continued or expanded as follows:

- 1) Strengthen the internal and external linkages required at facility level to identify HIV-positive individuals and provide them with access to care. Internal linkages include referrals to the HIV/AIDS/ART clinic from antenatal clinics, TB clinics, under-5 clinics, inpatient wards, out-patient departments, and voluntary counseling and testing. 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 multidisciplinary teams.
- 4) Provide clinical mentoring and supervision to multidisciplinary teams related to the care of PLWH, including those who do not qualify for, or choose not to be, on treatment, in partnership with regional health bureaus 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 to palliative care, to the importance of adherence to both care and treatment for PLWH, and to the palliative care services available at the facility level.
- 7) Improve nutrition assessment at health facilities.
- 8) Promote interventions (pharmacologic and non-pharmacologic) to ease distressing pain or symptoms.
- 9) Continue patient management after hospital discharge, if pain or symptoms are chronic.
- 10) Link patients with community resources after discharge.

JHU will: ensure that all supported sites have reliable stocks of CTX tablets and syrups; provide emergency supplies when essential for quality and continuity of care; promote TB screening; and provide and promote INH prophylaxis for HIV+ adults and children. (See also the activity section on TB/HIV activities.) Supportive supervision and the institution of standard operating procedures and national guidelines will improve the use of CTX and INH prophylaxis. Attention will be given to the issue of HIV/malaria co-infection, and the routine provision of ITN in HIV/AIDS and PMTCT programs in collaboration with Global Fund. Health education and behavior-change communication for HIV-positive 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 and promote prevention among positives to prevent further HIV transmission.

In FY08, JHU will continue to support and expand nutritional activities to:

- 1) Assist in development of guidelines for nutrition assessment.
- 2) Improve dietary and nutrition assessment at the point of care and evaluate the effectiveness of the assessment technique.
- 3) Improve nutrition counseling by assessing current practices and implementing identified best practices for 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 implementation of “food-by-prescription” in at least 20 hospitals, based on criteria agreed upon by PEPFAR Ethiopia.

- Activity Narrative:** 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 (i.e., PLWH) to assist with nutritional counseling so that clinic staff is not overburdened.  
 14) Share information regarding nutritional assessment guidelines and experiences gained through pilot implementation programs with the other university partners.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10497

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27926	5618.27926.09	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	11465	3787.09	Support for program implementation through US-based universities in the FDRE	\$70,475
27925	5618.27925.09	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	11465	3787.09	Support for program implementation through US-based universities in the FDRE	\$399,361
10497	5618.07	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	5484	3787.07	FMOH	\$421,000
5618	5618.06	HHS/National Institutes of Health	Johns Hopkins University Bloomberg School of Public Health	3787	3787.06		\$675,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	50	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	24,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	160	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Pregnant women

People Living with HIV / AIDS

## Coverage Areas

Adis Abeba (Addis Ababa)

Southern Nations, Nationalities and Peoples

Binshangul Gumuz

Gambela Hizboch

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 3786.08

**Prime Partner:** University of Washington

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 5767.08

**Activity System ID:** 16643

**Mechanism:** Rapid expansion of successful and innovative treatment programs

**USG Agency:** HHS/Health Resources Services Administration

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$550,000

## Activity Narrative: Palliative Care

In this continuing FY08 activity, two I-TECH FY07 palliative care programs (i.e. basic care and support-10501) and prevention with positives (10629), are merged into one activity.

In FY06, the University of Washington/I-TECH introduced a basic palliative care approach to 31 ART facilities. In FY07, they expanded this activity to 35 sites in Operational Zone 1 (Afar, Amhara, and Tigray regions). Initial work included baseline assessment of the palliative care activities at sites, development of pain management guidelines, and development of palliative care training curriculum in collaboration with relevant government stakeholders. They also conducted regular supervision of palliative care activities at site level. The palliative care curriculum developed by I-TECH was integrated as part of the basic comprehensive HIV training, including ART. Training and supervision focused on identification of pain and discomfort among HIV patients, ensuring cotrimoxazole prophylaxis (pCTX) for all eligible patients, tuberculosis (TB) screening for HIV-positive patients, and targeted elements of the preventive care package (e.g., multivitamins, nutrition assessments, condoms, and links to programs that distribute insecticide-treated bed nets (ITN).)

As a lead partner in palliative care among US-based university partners, I-TECH, in collaboration with the Ethiopian Drug Administration and Control Authority and PEPFAR partner organizations, has developed the National Pain Management guideline to aid proper assessment and management of pain at all levels of healthcare. As an active member of the National Palliative Care Task Force, I-TECH is working with other stakeholders in the development of the National Palliative Care Guideline and coordination of palliative care program implementation at the national level.

In FY07, 5,417 persons have received palliative care, and 60,000 tablets of cotrimoxazole (CTX) and 1,000 bottles of CTX have been provided to ART sites in the Afar region as emergency support.

In FY08, I-TECH will support palliative care activities at 38 sites that provide HIV/AIDS care and treatment (hospitals and emerging region health centers), via a multidisciplinary, family-focused approach to providing the preventive care package for both adults and children. This approach will incorporate best practices for health maintenance and prevention of opportunistic infections for people living with HIV (PLWH), slowing disease progression and reducing morbidity and mortality.

I-TECH will assist hospitals in Afar, Amhara, and Tigray to provide the preventive care package, complementing the Global Fund for Aids, Tuberculosis and Malaria (Global Fund), federal Ministry of Health, and other PEPFAR Ethiopia-funded activities when possible. I-TECH will focus on provision of the preventive care package, which for adults includes: pCTX; micronutrient (multivitamin) and nutrition supplements and counseling; ITN, through links with the Global Fund malaria control program; point-of-use water disinfectant (wuha agar) at hospital level and health education about safe water use; condoms and education for prevention among positives; and screening of partners and family members of PLWH, as well as TB screening and isoniazid (INH) preventive therapy. The preventive care package for children includes: pCTX to prevent serious illnesses like *Pneumocystis carinii* pneumonia, TB, and malaria; prevention and treatment of diarrhea; nutrition and micronutrient supplements; and links to national childhood immunization programs.

I-TECH will work closely with PEPFAR Ethiopia's other US-based university partners to ensure complementarity of activities in the implementation of national pain management guidelines and the palliative care training curriculum.

I-TECH's support to facilities will be continued or expanded as follows:

- 1) Strengthen the internal and external linkages required at facility level to identify HIV-positive individuals and provide them with access to care. Internal linkages include referrals to the HIV/AIDS/ART clinic from the antenatal clinics, TB clinics, under-5 clinics, inpatient wards, out-patient departments, and voluntary counseling and testing. 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 multidisciplinary teams.
- 4) Provide clinical mentoring and supervision to multidisciplinary teams related to the care of PLWH, including those who do not qualify for or choose not to be on treatment, in partnership with regional health bureaus 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 to palliative care, to the importance of adherence to both care and treatment for PLWH, and to the palliative care services available at the facility level.
- 7) Improve nutrition assessment at health facilities.
- 8) Promote interventions (pharmacologic and non-pharmacologic) to ease distressing pain or symptoms.
- 9) Continue patient management after hospital discharge if pain or symptoms are chronic.
- 10) Link patients with community resources after discharge.

I-TECH will ensure that all supported sites have reliable stocks of CTX tablets and syrups as well as promote TB screening and provide INH prophylaxis for HIV-positive adults and children. (See also the activity section on TB/HIV activities.) Supportive supervision and mentorship will be strengthened to ensure that standard operating procedures and national guidelines for the provision of CTX and INH prophylaxis are being followed. Attention will be given to the issue of HIV/malaria co-infection, and the routine provision of ITN in HIV/AIDS and PMTCT programs in collaboration with the Global Fund. Facility and lay staff will provide health education and behavior-change communication for HIV-positive individuals, complementing Global Fund and other USG-funded activities. Health education, counseling, and support will encourage positive living to forestall disease progression, and promote prevention among positives to prevent further HIV transmission.

In FY08, I-TECH will continue its national-level support through active participation in the National Palliative Care Task Force and through organizing workshops to advocate for the integration of palliative care (including the preventive care package) in the overall healthcare system. I-TECH will also address the

**Activity Narrative:** human resource issue by increasing healthcare worker training through the standardized palliative care curriculum.

I-TECH will implement prevention-with-positives activities which include: promotion and education on the use of condoms; partner and family screening; education and counseling on positive living; and addressing the full spectrum of transactional sex, particularly in urban settings. Along with these efforts, some opportunities may exist for more strategic access to condoms, condom distribution and condom education. In addition to standardized training, coordination, and evaluation, strategies will include peer education and outreach programs through the case managers and outreach workers at each facility (given the human resource constraints in Ethiopian health facilities). Many of those programs will include PLWH. In addition, the lessons learned from FY07 prevention-with-positives activities will be used to enhance and refine the approach to this intervention, as well as to strengthen prevention-with-positives activities throughout PEPFAR Ethiopia's palliative care programs.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10501

**Related Activity:** 16656, 16657

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27915	5767.27915.09	HHS/Health Resources Services Administration	University of Washington	11464	3786.09	Rapid expansion of successful and innovative treatment programs	\$82,500
27914	5767.27914.09	HHS/Health Resources Services Administration	University of Washington	11464	3786.09	Rapid expansion of successful and innovative treatment programs	\$467,500
10501	5767.07	HHS/Health Resources Services Administration	University of Washington	5488	3786.07		\$333,000
5767	5767.06	HHS/Health Resources Services Administration	University of Washington	3786	3786.06		\$400,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16656	5639.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$1,100,000
16657	5751.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$441,750

**Emphasis Areas**

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	50	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	24,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Pregnant women

People Living with HIV / AIDS

## Coverage Areas

Afar

Amhara

Tigray

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 3784.08

**Prime Partner:** Columbia University

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 5772.08

**Activity System ID:** 16669

**Mechanism:** Rapid Expansion of ART for HIV Infected Persons in Selected Countries

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$372,000



## Activity Narrative: Palliative Care Support at Hospital Level

Care and treatment of HIV is the centerpiece of the activities of the International Center for AIDS Care & Treatment Programs-Columbia University (ICAP-CU). In FY07, ICAP-CU supported basic palliative care services at 42 facilities. These included: an initial assessment of site-level palliative care activities, training of the multidisciplinary team, site-level clinical mentoring, enhancement of data collection and reporting, minor renovations, and supportive supervision of palliative care activities. Training and supervision focused on identifying and managing symptoms, pain, and discomfort among HIV-positive patients, and on providing cotrimoxazole prophylaxis (pCTX), tuberculosis (TB) screening, and key elements of the preventive-care package, such as multivitamins, nutritional assessments, and prevention for positives. This program was introduced to the hospitals in Operational Zone 2 (Dire Dawa, Harari, Oromiya, and Somali regions).

In FY08, ICAP-CU will support palliative care activities at 52 facilities providing HIV care and treatment via a multidisciplinary, family-focused approach to providing 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 people living with HIV (PLWH), slowing disease progression and reducing morbidity and mortality. ICAP-CU will play the lead role in pediatric care and treatment among PEPFAR Ethiopia's US university partners and will spearhead the development of national guidelines and standard operating procedures for pediatric HIV care.

ICAP-CU will assist 52 facilities in Operational Zone 2 to provide the preventive care package, complementing the Global Fund for Aids, Tuberculosis, and Malaria (Global Fund), the Federal Ministry of Health, and other USG-funded activities when possible. ICAP-CU will focus on provision of the preventive care package for adults, which includes: active TB screening; pCTX; symptom management; micronutrient (multivitamin) and nutrition supplementation and counseling (see below); insecticide-treated mosquito nets (ITN) through links with Global Fund; condoms; positive-living strategies; prevention with positives; counseling and testing of family members and contacts; and home water disinfectant and vessels at all ICAP-CU-supported hospitals.

The preventive care package for children includes: appropriate prophylaxis and ITN to prevent serious illnesses like *Pneumocystis carinii* pneumonia, TB, and malaria; symptom management; prevention and treatment of diarrhea; nutrition and micronutrient supplements; and linkage to national childhood immunization programs. ICAP-CU will also ensure that all HIV-positive children receive careful and consistent clinical, developmental, and immunologic monitoring to promptly identify those eligible for ART. OVC enrolled in care and treatment will be prioritized for palliative care services and linked to community-based OVC care programs in order to receive a continuum of care.

ICAP-CU will work closely with other PEPFAR Ethiopia US-based university partners (e.g., University of California, San Diego) to ensure complementarity of activities on implementation of national pain management guidelines. As member of the National Technical Working Group on Palliative Care, ICAP-CU will contribute to the development of guidelines, formats, and standards. More details on delivery of these aspects of the preventive care package are outlined below.

ICAP-CU support to facilities will be continued or expanded as follows. ICAP-CU will:

- 1) Strengthen the internal and external linkages required at facility level to identify HIV-positive individuals and provide them with access to care. Internal linkages include referrals to the HIV/AIDS/ART clinic from antenatal clinics, TB clinics, under-5 clinics, inpatient wards, out-patient departments, as well as voluntary counseling and testing. 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 multidisciplinary teams.
- 4) Provide clinical mentoring and supervision to multidisciplinary teams for care of PLWH, including those who do not qualify for or choose not to be on treatment, in partnership with regional health bureaus 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 to palliative care, to the importance of adherence to both care and treatment for PLWH, and to the palliative care services available at the facility level.
- 7) Improve nutrition assessment at health facilities.
- 8) Promote interventions (pharmacologic and non-pharmacologic) to ease distressing pain or symptoms.
- 9) Continue patient management after hospital discharge if pain or symptoms are chronic.
- 10) Link patients with community resources after discharge.

ICAP-CU activities will promote prophylaxis and treatment for opportunistic infections in accordance with national guidelines. Appropriate use of pCTX is an essential element of care for HIV-positive adults and children, and for HIV-exposed infants, and will be an important component of ICAP-CU's implementation activities, especially at those sites not yet providing ART. ICAP-CU will ensure that all supported sites have reliable stocks of CTX tablets and syrup, and will provide emergency supplies when absolutely necessary to ensure quality and continuity of care. Similarly, TB screening and isoniazid prophylaxis (IPT) will be promoted and provided for HIV-positive adults and children. (See TB/HIV narrative). Supportive supervision and the institution of standard operating procedures will improve the use of CTX and IPT. Attention will be given to the issue of HIV/malaria co-infection and routine provision of ITN to all HIV patients, in collaboration with Global Fund. Pregnant patients in HIV/AIDS and PMTCT programs will have priority.

Health education and behavior-change communication for HIV-positive 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. At least five hospitals will provide "therapeutic feeding-by-prescription" for patients who qualify based upon criteria agreed upon by PEPFAR Ethiopia (i.e., HIV-positive pregnant or breastfeeding women, HIV-exposed or infected infants who are no longer breastfeeding, malnourished patients). Johns Hopkins University, the lead for hospital-level nutrition programs, will provide guidance. Clear criteria will be established for patient selection, and an exit strategy developed when therapeutic feeding support is initiated. Health education, counseling, and support will encourage positive living to forestall disease progression and promote prevention among positives to

**Activity Narrative:** prevent further transmission of HIV.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10495

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27900	5772.27900.09	HHS/Centers for Disease Control & Prevention	Columbia University	11460	3784.09	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	\$61,172
27899	5772.27899.09	HHS/Centers for Disease Control & Prevention	Columbia University	11460	3784.09	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	\$346,637
10495	5772.07	HHS/Centers for Disease Control & Prevention	Columbia University	5506	3784.07		\$333,000
5772	5772.06	HHS/Centers for Disease Control & Prevention	Columbia University	3784	3784.06		\$850,000

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- \* Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- \* Malaria (PMI)
- \* Safe Motherhood
- \* TB

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	50	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	25,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Pregnant women

People Living with HIV / AIDS

## Coverage Areas

Dire Dawa

Hareri Hizb

Oromiya

Sumale (Somali)

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 651.08

**Mechanism:** Development of Model Voluntary Counseling and Testing Services in the Democratic Republic of Ethiopia

**Prime Partner:** Addis Ababa Regional HIV/AIDS Prevention and Control Office

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 10549.08

**Planned Funds:** \$600,000

**Activity System ID:** 16694

**Activity Narrative:** Increasing access to palliative care at Hospitals

In FY08, the Addis Ababa City Government's HIV/AIDS Prevention and Control Office (AAHAPCO) will continue prior years' activity by serving as the prime partner subcontracting to the Organization for Social Services for AIDS (OSSA) to implement and expand HIV/AIDS palliative care programs at hospitals nationwide, in collaboration with US university partners.

OSSA has many years of local experience and linkage mechanisms in providing care and support for PLWH. Nearly all hospitals providing ART have limited capacity, resources, and space to address the full spectrum of comprehensive care services for people living with HIV (PLWH), especially on a long-term basis. OSSA will continue to work with hospitals to fill this gap and alleviate the increase in workload imposed at facilities by providing long-term care and support.

In FY07, OSSA provided palliative care to PLWH and family members referred from hospitals and trained community health workers through 14 service outlets and home-based care programs. In FY08, OSSA will expand its capacity and establish six new service outlets, bringing the total number of such outlets to 20. OSSA will provide family-centered care and support to 27,000 clients through these service outlets and home-based care.

OSSA will continue to support ART provision in hospitals in the following key activity areas:

- 1) Support 70% of ART hospitals by providing adherence counseling, psychological support and education on safe water and basic sanitation, as well as nutrition counseling.
- 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 close collaboration with 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 long-term community care service to OSSA's care and support program and other community-based programs to increase access to counseling on positive living, and other preventive care like safe water usage, hygiene, mosquito nets, nutrition, cotrimoxazole and INH prophylaxis, home based care services.
- 6) Assist HIV-positive clients to disclose test results to sexual partners and family members and encourage HIV testing for couples and families.
- 7) Provide preventive and supportive posttest services for concordant HIV positive 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 PLWH and family members (including orphans) to maintain their living through income generating activities.
- 10) Recruit and train community care providers to provide care and support services at hospitals.
- 11) Work closely with major religious organizations that provide care & support for HIV/AIDS patients and reduce stigma.

All of these activities will contribute to the capacity-building of a crucial indigenous organization, OSSA, to undertake service expansion and increase coverage of palliative care services, thus establishing a firm ground for more sustainable program implementation in the country.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10549

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28324	10549.28324.09	HHS/Centers for Disease Control & Prevention	Addis Ababa Regional HIV/AIDS Prevention and Control Office	11599	651.09	Development of Model Voluntary Counseling and Testing Services in the Democratic Republic of Ethiopia	\$1,036,800
10549	10549.07	HHS/Centers for Disease Control & Prevention	Addis Ababa Regional HIV/AIDS Prevention and Control Office	5526	651.07		\$534,400

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	20	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	24,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	400	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 3790.08

**Mechanism:** N/A

**Prime Partner:** United Nations High  
Commissioner for Refugees

**USG Agency:** Department of State /  
Population, Refugees, and  
Migration

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: Basic Health  
Care and Support

**Budget Code:** HBHC

**Program Area Code:** 06

**Activity ID:** 10572.08

**Planned Funds:** \$107,000

**Activity System ID:** 16689

## **Activity Narrative:** Palliative Care for Refugees

This continuing activity will focus on activities for refugees living in Fugnido camps in Gambella region, Teferiber and Kebribeyah camps in Somali region, and a new camp in Afar region. Services will be provided to all camp residents and residents from surrounding local communities who avail themselves of services in the refugee camps. This proposal was developed in consultation with the Government of Ethiopia (GOE) Agency for Refugee and Returnee Affairs (ARRA).

The entire refugee population is considered inherently at-risk for HIV/AIDS due to their transience, vulnerability to sexual exploitation, and lack of access to information. Implementing programs in these regions requires significant logistical and material inputs due to the tenuous security situation. Intra- and inter-ethnic conflicts frequently erupt in Gambella region, notably with the murder of three ARRA officials in December 2003, just 10 miles outside Gambella town. All trips to Fugnido camp require armed military escort, which adds considerable cost and logistical maneuvering for routine visits. Although the security situation in Kebribeyah is not as bad as in Gambella, this region is historically under-resourced and under threat of violence due to proximity to Somalia and the frequent conflicts between the Ethiopian military and local rebel factions.

Not all people living with HIV/AIDS (PLWH) need ART; however all need basic health care and support. This should include routine monitoring of disease progression and prophylaxis and treatment of opportunistic infections (OI) and complications of immune suppression. In Ethiopian refugee settings, there is no comprehensive palliative-care program addressing 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 PLWH in four refugee camps through capacity building, training of health workers, and providing essential drugs for OI prevention and treatment. Linkages will be made with existing PEPFAR partners working in regional health centers throughout the target areas, including Johns Hopkins University (JHU), University of Washington/I-TECH, and Columbia University.

Working with the refugee communities in Ethiopia is a challenging endeavor. The number of refugees is dependent upon the political situation of the neighboring countries. In 2008, with the inclusion of services in a refugee camp in Afar region, new challenges will occur because the population in that region is traditionally nomadic. Implementing partners will have to be creative in order to get services to this population and will refer patients for services, such as food distribution, in order to provide care and support to those who need it.

The following will be undertaken:

Basic palliative-care packages will be provided to all HIV-positive clients. The kits will include pain medication, vitamins, antiseptics, dressings, gauze, gloves, and soap. The number of kits is difficult to estimate because work with refugee populations in Ethiopia is ever-changing and depends on the political situation in the surrounding countries. However, UNHCR will provide palliative care to 300 people living in the refugee camps. The expansion of counseling and testing activities will increase the number of people known to need care, particularly when it is expanded into sexually transmitted infections (STI) and tuberculosis clinics. In order to adhere to the national guidelines, the existing TB program will be strengthened by technical assistance to health workers. In addition, those who test positive for HIV will be referred to STI, TB, and health facilities to ensure that they are tested and treated.

In 2007, 28 health workers were trained on palliative care, including ART. In 2008, returning health workers will receive refresher training while all new staff will be required to undergo the complete training. UNHCR will also work with university partners in the region to develop and implement trainings for medical staff. The HIV/AIDS Prevention and Control Organization (HAPCO) will train staff on care and support in each camp. An estimated 28 people will be trained. Palliative care is closely coordinated with universal-precaution activities, and post-exposure prophylaxis will be provided to rape victims reporting within 72 hours. In 2007, law enforcement was trained on appropriate responses to rape, and ARRA staff were trained on responding to rape in a clinical setting.

UNHCR will procure a CD4 counter from UNFPA for a reduced price to be used in refugee camps. This will limit the number of visits refugees need to make to the regional hospital—visits that are both time-consuming and costly. Generators will also be procured for health facilities so that CD4 counters can be used in the hospitals. Two medical staff from each of the camps will be trained on the use of the counter by university staff. Clients who test positive for HIV will be monitored but referrals will be made to regional hospitals so that refugees can receive ART. In order to ensure that refugees receive care from these hospitals, transport and funds will be provided so that they can travel to and stay in the region while they are receiving their monthly care. This service will be extended to approximately 80 persons. Referrals will be provided by ARRA.

Home-based care for AIDS patients will be introduced through training and support for care providers from the community. HAPCO will train social workers on home-based care and support. Implementing partners (these differ from camp to camp) will hire one social worker for every 2,500 people in each camp; that person will be trained in provision of home-based care. The cost for this is 350 birr per month per social worker. The social workers, both male and female, will be from the local communities, including host populations, and will speak the same language as the population with which they are working.

Essential OI drugs (not including those required for treatment of TB) such as cotrimoxazole, fluconazole, and acyclovir will be purchased and provided to refugee health centers for treatment of patients. HAPCO will train new staff on care and support and provide refresher training as needed.

Health-center staff will procure and distribute palliative-care packages to all HIV-positive clients. Implementing partners will provide material support to HIV-positive patients and their families that includes: blankets, kitchen sets, clothes, and buckets. New staff involved in the distribution of material support will be trained on delivery and use of the packages.

In 2007, support was provided to groups of people who had come out as HIV-positive. Implementing partners assisted them with education, agricultural assistance, and stigma-breaking. In 2008 we will

**Activity Narrative:** increase support to these groups so that they can expand and provide further support to other people in the community who test positive for the virus through our expanded counseling and testing services. Those who test positive will be referred to and included in these local groups. This activity will be provided to approximately 300 people.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10572

**Related Activity:** 18267, 16686, 16687, 16688, 16690, 18200, 18211

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28209	10572.28209.09	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	11554	3790.09		\$123,050
10572	10572.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	5524	3790.07		\$100,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18267	18267.08	7506	3790.08		United Nations High Commissioner for Refugees	\$85,600
16686	5739.08	7506	3790.08		United Nations High Commissioner for Refugees	\$267,500
16687	10634.08	7506	3790.08		United Nations High Commissioner for Refugees	\$107,000
16688	5786.08	7506	3790.08		United Nations High Commissioner for Refugees	\$160,500
16690	10530.08	7506	3790.08		United Nations High Commissioner for Refugees	\$107,000
18200	18200.08	7506	3790.08		United Nations High Commissioner for Refugees	\$128,400
18211	18211.08	7506	3790.08		United Nations High Commissioner for Refugees	\$85,600

**Emphasis Areas**

Gender

\* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Wraparound Programs (Health-related)

\* TB

**Food Support**

**Public Private Partnership**



## Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	5	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	300	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	50	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Pregnant women

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

## Coverage Areas

Gambela Hizboch

Sumale (Somali)

Afar

**Table 3.3.06: Activities by Funding Mechansim**

**Mechanism ID:** 5522.08

**Prime Partner:** US Peace Corps

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 10582.08

**Activity System ID:** 16683

**Mechanism:** pc

**USG Agency:** Peace Corps

**Program Area:** Palliative Care: Basic Health  
Care and Support

**Program Area Code:** 06

**Planned Funds:** \$800,000

**Activity Narrative:** This is a continuation of the same activity from FY07.

## BACKGROUND

In January 2007, PC/ET started its operations in Ethiopia. Staff have been hired and PC/ET will receive 43 Peace Corps Volunteers (PCV) in October 2007 (33 PEPFAR-funded and ten funded with appropriations). Based on requests from the Government of Ethiopia (GOE) and a subsequent field assessment, PC/ET worked closely with the Ministry of Health (MOH) and the HIV/AIDS Prevention and Control Office (HAPCO) to identify viable sites for PCV in eight zones in Amhara region and nine zones in Oromiya region. A key criterion for site selection was the presence of ongoing PEPFAR activities, so that PCV could assist in program linkages and coordination and ensure programs are reaching those in the community most in need of services. PCV will be working with the zonal and district health offices, local partners, including PEPFAR implementing partners, nongovernmental organizations (NGO), community-based organizations (CBO), and faith-based organizations (FBO) to strengthen the coordination of HIV/AIDS services and to strengthen capacity of communities and organizations to provide prevention, care, and treatment services. By working at two levels, both directly with the community and with local health-coordination bodies, PCV have the opportunity to achieve greater impact.

PCV roles were originally envisioned to focus primarily on treatment-related activities, as reflected in the targets for 2007 and 2008. However, prevention at the community level is a core strength of Peace Corps' contributions to PEPFAR globally. This comparative advantage—coupled with the urgent need for prevention activities to respond to data revealing a concentrated epidemic, and the on-the-ground reality of low coverage of services for high-risk groups—means that PCV will shift the focus of their activities primarily towards meeting prevention needs.

## PCV HOME-BASED CARE OVERVIEW

PCV will be assigned to government health offices, NGO, FBO, or CBO to strengthen the delivery of palliative-care services to people living with HIV/AIDS (PLWH) and their caregivers. PCV will work in collaboration with their counterparts to identify gaps and strengthen services to those chronically ill with HIV/AIDS or other opportunistic infections. This may include training in different components of home-based care (HBC) or palliative-care work to connect families or individuals to services such as food or nutrition supplements, healthcare services, or livelihood activities. PCV will engage in additional wraparound activities in support of this programmatic area, including: promotion of food security and improved nutrition through perm culture (low-energy gardens), OVC services, promotion of positive living and health education, and PMTCT.

## PCV TRAINING

In October 2008, PC/ET will receive 30 more PEPFAR-funded PCV and 15 more PCV funded through appropriations. This will bring the projected total of PEPFAR-funded to 63 and appropriations-funded PCV to 25, for a total of 88 PCV. During their pre-service training, PCV will receive training in basic HIV/AIDS care, with an additional focus on palliative care and community-based/home-based care services. Training will be conducted by the PC/ET training team. Information briefings on current programs working in Amhara and Oromiya regions will be presented, and, where possible, materials for the PCV from existing programs in the region will be shared. PC/ET will collaborate with the PEPFAR USG team to ensure that during their training, PCV receive materials and technical expertise available through the USG PEPFAR team and various PEPFAR partners in prevention.

In addition to technical training and access to existing PEPFAR resources, PCV will receive PEPFAR-funded HIV/AIDS training and have access to PCV Activities Support and Training (VAST) program grants. PC/ET's VAST program is a PEPFAR-funded, small-grants and PCV training program. It supports small-scale, capacity-building projects (including community-focused training) among CBO/FBO, and/or NGO that work with, or provide services to, local communities to fight the HIV/AIDS pandemic. Through the VAST program, PCV will support local projects that address pressing HIV prevention, care, and support needs at the community level.

## PCV ACTIVITIES

Once at their sites, PCV will support home-based care (HBC) activities and will help to coordinate HBC services on several fronts. At the community level, PCV, their counterparts (CP) and local partners will support community-level activities to organize a coordinated approach to HBC services. They will support the capacity of local organizations and communities to provide HBC services, and strengthen the myriad of social care services. They will support leadership development within PLWH associations and prevention services as well as developing linkages to food support and income-generating programs. PCV will work with their CP to build capacity of HBC service providers and beneficiaries by linking organizations and individuals to locally available resources or PEPFAR-funded programs. At the service level, PCV and CP will work with HBC clients and their families to ensure there are linkages to prevention services, drug-adherence programs, OVC services, and access to food support and income-generating activities. PCV will organize community events to help lessen stigma and discrimination towards PLWH and to strengthen the capacity of communities to advocate and adequately respond to PLWH needs. They will also work with local anti-AIDS Clubs, PLWH groups, and Idirs (local community institutions) to reach OVC and their caregivers.

In addition, PCV will work with government organizations, NGO, FBO, or CBO engaged in HBC services and work with PLWH associations. They will encourage local partners and communities to strengthen HBC services in at least two of the five areas: clinical/medical care, psychological care, social care services, spiritual care, and prevention care.

## PCVS AS COORDINATORS

Beyond direct interaction with the community and direct support and implementation of particular prevention programs, PCV will work with district- and zonal-level coordinating bodies in order to support prevention

**Activity Narrative:** programs that address key epidemiological priorities at a higher level. They will assist in bringing different organizations and programs together to discuss linkages, referrals, and common goals in order to strengthen zonal and district efforts as a whole in HBC, and through this approach, help eliminate duplication of efforts or conflicting messages. PCV will advocate for broader adaptation of innovative approaches in their communities, and will provide organizational development, training, and implementation support to community-based organizations and local government to design and implement appropriate programs for HBC and their caregivers. PCV will act as facilitators in coordinating local efforts to work towards common goals and build off one another's efforts.

#### TARGETS

Assuming that 40 PCV and their CP will each train ten individuals in HIV-related palliative care services, this will result in 420 Ethiopians trained. Forty-three PCV will each assist one HIV-related palliative service outlet (i.e., government organization, NGO, or community group) for a total of 42 HBC outlets. Forty-three PCV will link 20 individuals to HIV-related palliative care services, reaching a total of 840 individuals.

This activity contributes to the overall PEPFAR plan to support the GOE's strategy for accelerated access to HIV/AIDS prevention, care, and treatment in Ethiopia. PC/ET's unique talent is reaching people at the grassroots, community level—an area that narrows the gap of people reached and trained in Ethiopia, as few other implementers operate where PCV live and work over a two-year period. Peace Corps has a two-pronged approach to strengthen the linkages of PEPFAR program areas and other programs, including wraparound activities. They are: 1) Where possible, PCV will work in clusters with different skills to work in the same geographic catchment area (i.e., zone) but with different communities and different organizations to take advantage of the PCV presence to promote information-exchange and sharing of best practices. They will assist in creating networks among and between service providers and communities and build local organizational capacity. 2) PCV will work through zonal, district, or town health office HIV/AIDS units to strengthen the overall coordination of HIV/AIDS services and to strengthen the linkages between prevention, care, and treatment services, including wraparound activities.

PCV will work either with government health office HIV/AIDS units or NGO, FBO, or CBO targeting HBC providers or services. PCV will also work with PLWH associations, Idirs, and anti-AIDS clubs engaged in HBC services.

In conclusion, all PCV will be tasked with bringing different programs (Prevention, OVC, HBHC, and Treatment) together to discuss linkages, referrals, and common goals.

#### HQ Technical Area:

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10582

**Related Activity:**

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28059	10582.28059.09	Peace Corps	US Peace Corps	11498	5522.09	pc	\$500,000
10582	10582.07	Peace Corps	US Peace Corps	5522	5522.07	pc	\$925,000

#### Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	42	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	840	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	420	False

## Indirect Targets

## Coverage Areas

Amhara

Oromiya

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 603.08

**Prime Partner:** International Orthodox  
Christian Charities

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 5593.08

**Activity System ID:** 16676

**Mechanism:** \*

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Palliative Care: Basic Health  
Care and Support

**Program Area Code:** 06

**Planned Funds:** \$719,501

**Activity Narrative:** IOCC HIV/AIDS Response Mechanisms Project

The International Orthodox Christian Charities (IOCC) conducts HIV prevention, care, and support activities with the Ethiopian Orthodox Church's Development Inter Church Aid Commission (DICAC). The Ethiopian Orthodox Church (EOC) has approximately 40 million faithful, over 500,000 clergy and a network of 40,000 parishes found throughout Ethiopia. DICAC operates in over 200 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 by or living with HIV/AIDS, promote abstinence and faithfulness, and reduce stigma and discrimination. DICAC uses peer education and interactive communication to reach these goals.

This is a continuing activity implemented by the IOCC with DICAC. IOCC/DICAC implements home-based care (HBC) services in twelve dioceses and its income-generating activities and spiritual counseling support services in 140 districts. In the first half of FY07 alone, IOCC/DICAC provided over 8,400 individuals (53% women) with general HIV-related palliative care.

In FY08, IOCC/DICAC will reach 12,000 PLWH with care and support activities including income-generating activities, HBC and spiritual counseling. IOCC uses volunteers drawn from local Orthodox congregations to conduct home visits to clients who are bedridden or in the end-of-life stages of AIDS. These volunteers conduct several activities at least twice each week, including: counseling both the client and their family; providing basic physical and social care; serving as liaison for clergy to visit the home; referring patients to medical services including ART (or in reverse, accepting ART beneficiaries from the public health system); and leveraging nutritional support from the community including local businesses and hotels. The activities planned at each district will continue in close collaboration with the local district HIV/AIDS Prevention and Control Office (HAPCO) branch and other area stakeholders.

IOCC/DICAC encourages networking among groups to further strengthen the project's impact and sustainability. Gender equality is an important cross-cutting theme of the IOCC/DICAC program. In FY08 the program will increase efforts to ensure increased female participation in youth clubs, advocacy groups, community-based discussion groups, income-generating activities and counseling and training activities. The program will maintain targets of no less than 50% female participation for income-generating activities (IGA), lay counselor, and peer educator staffing. By the same token, steps will be taken to increase male participation in the program at all levels in response to male partner initiatives in collaboration with the EngenderHealth "Men as Partners" activity (ID 12232).

During 2008, IOCC/DICAC will provide HBC services to 3,000 PLWH and an estimated 12,000 family members, reaching a total of 15,000 clients. HBC services will include nursing care; spiritual counseling; referral of household contacts for VCT; screening for active TB and referral to local health facilities for prescription of prophylaxis when appropriate; provision of insecticide-treated mosquito nets; education on safe water and hygiene together with the provision of locally manufactured water treatment supplies; nutrition counseling; adherence counseling; and education and encouragement of PLWH to seek HIV care and treatment at health centers and hospitals.

In FY05, IOCC/DICAC developed a strategy aimed to improve the welfare and economic sustainability of PLWH households with IGA. In FY08, IOCC/DICAC will extend IGA support to an additional 1,500 PLWH and will indirectly support 6,000 family members. During FY08 the program will increase IGA start-up capital from \$90 to \$136 per person to address the increased cost of commodities. IOCC/DICAC will foster linkages so that PLWH enrolled in the program 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/DICAC will also support 5,625 PLWH with spiritual counseling through trained spiritual hope counselors.

The Ethiopian Orthodox Church has taken a strong public stance against stigma and discrimination. This will continue to be a key message in FY08 and will be widely disseminated at public rallies, through the teachings of the church and trained clergy.

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10496**Related Activity:** 16675, 16677**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28078	5593.28078.09	U.S. Agency for International Development	International Orthodox Christian Charities	11503	603.09	FBO-IOCC	\$719,000
10496	5593.07	U.S. Agency for International Development	International Orthodox Christian Charities	5515	603.07	*	\$644,714
5593	5593.06	U.S. Agency for International Development	International Orthodox Christian Charities	3759	603.06	*	\$400,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16675	5592.08	7499	603.08	*	International Orthodox Christian Charities	\$762,000
16677	5591.08	7499	603.08	*	International Orthodox Christian Charities	\$984,240

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	160	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	15,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	160	False

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

## Coverage Areas

Amhara

Binshangul Gumuz

Oromiya

Southern Nations, Nationalities and Peoples

Tigray

Adis Abeba (Addis Ababa)

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 637.08

**Prime Partner:** Catholic Relief Services

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 5734.08

**Activity System ID:** 16662

**Mechanism:** \*

**USG Agency:** U.S. Agency for International Development

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$544,050



**Activity Narrative:** Care and support for PLWHA

This is a continuing activity which began in FY05. The activity is closely linked to the USG food aid program from dollar resources and food commodities provided under Title II of Public Law 480 of the Agriculture Trade Development Act of 1954, as amended (PL 480 Title II).

In FY06 Catholic Relief Services (CRS) combined PL 480 Title II and PEPFAR Ethiopia resources for care and support for PLWH. CRS leveraged 9,442 metric tons (MT) of food, worth \$5,642,590, from Title II resources. CRS used both resources to work with the Organization for Social Services for AIDS (OSSA) and Missionaries of Charity to provide support to approximately 35,000 PLWH in 18 urban communities in Addis Ababa, Afar, Amhara, Dire Dawa, Gambella, Oromia, SNNPR, Somali, and Tigray regions. CRS also used Title II resources to work with Medical Missionaries of Mary (MMM) and OSSA to provide support to 100 PLWH in Dire Dawa and Harari and PEPFAR resources to work with the Ethiopian Catholic Church's Social and Development Coordination Branch Office of Adigrat – Mekelle in Mekelle. This work included both home-based care (HBC) and support, and institutional-based medical care for opportunistic infections and end-of-life care.

The locations of hospices that provide support for HIV-positive 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 HBC was associated with these hospices. Additional HBC programs were present in Addis Ababa and Nazareth.

In FY08, CRS will continue to use its resources to work with the abovementioned partners in collaboration with the Ethiopian Catholic Church's Social and Development Coordination Branch Office (ECC-SDCOA) of Adigrat – Mekelle to address basic care and support needs of 26,000 PLWH and their family members—both in the community and through the hospices and two homes for HIV-positive 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. Many of the hospices are also TB treatment centers, and during FY08, CRS will work to strengthen the counseling and referral of PLWH for TB testing and TB patients for HIV testing as well as the post-test counseling follow-up. This will build on work initiated in FY07

CRS and other PEPFAR Ethiopia implementing partners will provide nutrition support, hygiene education, counseling, psychosocial, spiritual and medical care, and preventive care including cotrimoxazole prophylaxis as needed by PLWH both in their homes and through the hospices. Additional educational and life-skills support will be given to children living with HIV/AIDS. HBC programming partners will undertake stigma-reduction interventions (information, education and communications) within host communities and provide counseling and psychosocial support to asymptomatic and symptomatic PLWH.

During FY06 and 07 CRS has been supporting OSSA and ECC-SDCOA-Mekelle to strengthen their community mobilization; positive living, disclosure and ART adherence counseling; and nutrition, water, sanitation and hygiene and livelihoods support program components. To facilitate this CRS will involve three more partners in programming, Alem Tena Catholic Church, Ethiopian Catholic Church – Social and Development Coordination Office of Harar (ECC-SDCOH) and Progress Integrated Community Development Organization (PICDO). These partners have previously been programming using CRS private funds. Cross-learning opportunities have been developed between these organizations and those working on rural livelihoods, agri-business and nutrition activities.

During FY07, CRS will provide support to OSSA to carry out a strategic planning exercise and develop its skills as learning organization through identification and documentation of best practice between the branch offices. FY08 intervention will build on this process and further strengthen OSSA's capabilities to program strategically.

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 Missionary of Charity shelters for voluntary counseling and testing (VCT) and other diagnostics necessary for the provision of HIV/AIDS care and treatment services. Special emphasis will be given to enabling HIV-positive 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.

CRS continues to work with partners to improve their data quality and reporting systems. The program run by Missionaries of Charity is designed to provide immediate care for the dying and destitute and does not have a confidential, patient-centered, monitoring system. For this reason many of the homes struggle to collect the data required for PEPFAR and it is anticipated that the number of homes receiving PEPFAR in FY08 will therefore decrease.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10484

**Related Activity:** 16663, 17755

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27888	5734.27888.09	U.S. Agency for International Development	Catholic Relief Services	11457	637.09	USAID-CRS	\$599,659
10484	5734.07	U.S. Agency for International Development	Catholic Relief Services	5500	637.07	*	\$489,060
5734	5734.06	U.S. Agency for International Development	Catholic Relief Services	3817	637.06	*	\$585,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17755	17755.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$840,000
16663	5733.08	7494	637.08	*	Catholic Relief Services	\$700,000

## Emphasis Areas

### Gender

- \* Increasing women's access to income and productive resources

### Local Organization Capacity Building

### Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

### Wraparound Programs (Other)

- \* Economic Strengthening
- \* Food Security

## Food Support

Estimated PEPFAR dollars spent on food	\$94,000
Estimation of other dollars leveraged in FY 2008 for food	\$4,000,000

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	17	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	40,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	60	False

## Target Populations

### Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 3785.08

**Prime Partner:** University of California at San Diego

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 5770.08

**Activity System ID:** 16619

**Mechanism:** Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$373,200

**Activity Narrative:** Palliative Care Assistance at Uniformed Service Health Facilities

This is a continuing activity from FY07. In FY07, the University of California, San Diego (UCSD) introduced basic palliative care and preventive care services to 30 more facilities, in addition to the 13 ART facilities it supported in FY06. This included: initial assessment of the palliative care activities at sites; development of training modules in collaboration with I-TECH; training of trainers and providers; and supervision and mentoring of palliative care activities. UCSD also introduced HIV counseling and testing of family members and contacts, and prevention for positives. Relief of pain and discomfort among HIV patients was also addressed through available analgesics, anti-motility, and anti-emetic drugs.

UCSD worked closely with other partners, ensuring the delivery of complementary activities, such as links to services outside the facility and to community resources after discharge (e.g. OVC) through implementation of referral systems, forms, staff support, and review meetings. UCSD also provided job aids and patient education materials related to palliative care and positive living.

UCSD is an active member of the National Palliative Care Task Force, which is working with other stakeholders to facilitate the development of national palliative care guidelines, coordinate palliative care program implementation at the national level, and advocate the integration of palliative care and standardized pain management in the healthcare system with policy makers and health professionals. UCSD, in collaboration with the CDC, has conducted baseline assessments of palliative care service delivery at facility level.

In FY08, UCSD will continue to support palliative care activities via multidisciplinary, family-focused approaches to providing the preventive care package, pain and symptom management, and end-of-life care. In addition, UCSD will initiate palliative care activities at 33 new sites, bringing the total number of sites to 76 uniformed services health facilities providing HIV/AIDS care and treatment. UCSD will focus on provision of the preventive care package to adults, which includes: active tuberculosis (TB) screening; cotrimoxazole prophylaxis; symptom management; micronutrient (multivitamin) and nutrition supplementation and counseling (see below); insecticide-treated mosquito nets (ITN) through links to the Global Fund; condoms; positive living strategies; prevention with positives; active TB screening; case-finding; counseling and testing of family members and contacts, and promoting safe water usage through the provision of safe home water disinfectant vessels at all UCSD-supported hospitals. The preventive care package for children includes: prevention of serious illnesses like *Pneumocystis carinii* pneumonia, TB, and malaria via appropriate prophylaxis and use of ITN; symptom management; prevention and treatment of diarrhea; and nutrition and micronutrient supplements and links to national childhood immunization programs. OVC enrolled in care and treatment will be prioritized for palliative care services and linked to community-based OVC care programs in order to receive a continuum of care.

UCSD support to facilities will be continued or expanded as follows:

- 1) Strengthen the internal and external linkages required at facility level to identify HIV-positive individuals and provide them with access to care. Internal linkages include referrals to the HIV/AIDS/ART clinic from antenatal clinics, TB clinics, under-5 clinics, inpatient wards, out-patient departments, and voluntary counseling and testing. 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 multidisciplinary teams.
- 4) Provide clinical mentoring and supervision to multidisciplinary teams related to the care of PLWH, including those who do not qualify for, or choose not to be on, treatment, in partnership with regional health bureaus 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 to palliative care, to the importance of adherence to both care and treatment for PLWH, and to the palliative care services available at the facility level.
- 7) Improve nutrition assessment at health facilities.
- 8) Promote interventions (pharmacologic and non-pharmacologic) to ease distressing pain or symptoms.
- 9) Continue patient management after hospital discharge if pain or symptoms are chronic.
- 10) Link patients with community resources after discharge.

UCSD will continue its national level support by assisting in the national policy review and participating in the development of national strategies to ensure palliative care is well addressed in the overall HIV/AIDS control program implementation plan. UCSD will mount its commitment, in collaboration with partners, to support the Federal Ministry of Health and the national HIV/AIDS Prevention and Control Office (HAPCO) in their efforts to implement sustainable a national hospice care initiative through:

- 1) Initiating efforts to increase access, coverage, and integration of services to improve quality of life of terminally-ill patients and their families via affordable and culturally appropriate "end-of-life" care or hospice services.
- 2) Initiating mental health and spiritual care services to PLWH at the facilities of the uniformed services and using this as an experience to expand services nationally.
- 3) In collaboration with partners working at the community, coordinate the integration of currently ongoing home based care activities at the community level with newly initiated hospice services at the facility level
- 4) Collaborate with HAPCO and other partners in organizing and sponsoring trainings at the national level for physicians, nurses, and lay people as advocates and trainers of trainees abroad and within the country to facilitate the capacity building efforts.
- 5) Establishing, within the uniformed services, a model center for 'end of life'/hospice care so that it will be a training and center of excellence for duplication nationally.
- 6) Partnering with the Ministry of Health and Education of Ethiopia and the Defense Health Sciences College to introduce elements of palliative care in general, and end-of-life care in particular, into the national curriculums of health professional training institutions of Ethiopia.

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity

Continuing Activity: 10464

Related Activity:

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28217	5770.28217.09	HHS/Centers for Disease Control & Prevention	University of California at San Diego	11555	3785.09	Twining of US-based Universities with Institutions in the Federal Republic of Ethiopia	\$74,261
28216	5770.28216.09	HHS/Centers for Disease Control & Prevention	University of California at San Diego	11555	3785.09	Twining of US-based Universities with Institutions in the Federal Republic of Ethiopia	\$420,811
10464	5770.07	HHS/Centers for Disease Control & Prevention	University of California at San Diego	5481	3785.07		\$311,000
5770	5770.06	HHS/Centers for Disease Control & Prevention	University of California at San Diego	3785	3785.06		\$75,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

\* Malaria (PMI)

\* TB

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	48	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	15,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	150	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

### Other

Pregnant women

People Living with HIV / AIDS

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 3794.08

**Prime Partner:** World Food Program

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Activity ID:** 5774.08

**Activity System ID:** 16681

**Mechanism:** Urban HIV/AIDS Program

**USG Agency:** U.S. Agency for International Development

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Planned Funds:** \$4,000,000

**Activity Narrative:** This is a continuation of a FY06 and FY07 activity that provides nutritional support to food insecure and malnourished PLWH, including HIV-positive mothers and their children in the ongoing “Urban HIV/AIDS” project in the World Food Program’s (WFP) Protracted Relief and Recovery Operation (PRRO) in Ethiopia. Funding has been increased to reach increased numbers of clinically malnourished and food-insecure PLWH and expand the geographical areas in the project. The FY08 funding for the World Food Program Urban HIV/AIDS program totals \$8,600,000 million (\$4,000,000 million for palliative care, \$3.6 million for OVC and \$1 million for PMTCT) which leverages \$7 million in food.

This activity will complement PEPFAR resources with food resources leveraged from WFP multilateral contributions, the USAID Title II Food for Peace Program and bilateral donors. In 2007, these resources include \$US 500,000 from France, 500,000 Euros from Spain, \$US 1,000,000 from Sweden, and \$US 100,000 from Egypt, with additional contributions from other donors to be confirmed.

PEPFAR resources will cover the logistics costs associated with food delivery and distribution of commodities to clinically malnourished PLWH and mothers participating in PMTCT programs and their infants. PEPFAR resources will increase the quality and linkages in the project by supporting an integrated support package designed to improve nutritional status and quality of life of PLWH, PMTCT mothers and their infants through nutritional assessments and counseling, psychosocial support and nutrition education within community and home-based care (HBC) services. The program will also support linkages with health-facility-based pre-ART and ART services, PMTCT services and capacity development of local HIV/AIDS committees and town HIV/AIDS Prevention and Control Offices (HAPCO). This activity is linked to other PEPFAR supported programs including ART, HBC, and income-generating activities (IGA). Nutritional support will also be linked to the new facility-based Food by Prescription (FBP) activity funded by PEPFAR. Malnourished PLWH, including women participating in PMTCT receiving Ready-to-use Therapeutic Food (RUTF), will be linked to longer-term, community-based food and nutrition and livelihood support, provided by WFP, with leveraged resources to support family members who may not qualify for support per PEPFAR guidelines. This will help ensure that severely malnourished PLWH benefit to the maximum from the RUTF provided, supporting patients to recover from acute malnutrition in the short term, while the provision of the WFP food basket ensures longer term nutritional support, and minimizes consumption of RUTF by family members. This provision of nutritional support is complementary with other HIV/AIDS services, contributing to wider goals of increasing access to prevention, care, and treatment services by creating incentives to access services and promoting treatment efficacy.

This project is currently implemented in 14 urban and peri-urban areas, where rates of HIV infection are particularly high and urban poverty is acute. These are located in four regions, Amhara, Oromiya, Tigray, and the Southern Nations, Nationalities and Peoples (SNNP), and two urban administrative areas, Addis Ababa and Dire Dawa. Selection criteria include the HIV prevalence rate, the urban poverty index, numbers of patients accessing ART, and the number of PLWH receiving HBC -based on similar criteria and in collaboration with regional HAPCO, in FY08 WFP will initiate activities in up to 12 additional urban and peri-urban areas, assuming additional donor funding is forthcoming.

The beneficiaries of the project are PLWH, including HIV-positive women and their infants participating in PMTCT programs accessing HIV treatment and care services with clinical signs of severe malnutrition as demonstrated by low Body Mass Index (BMI), and their household members. Beneficiaries are identified through referral links from hospitals and health centers, PLWH associations and nongovernmental organizations (NGO) providing HBC services. Household assessments are conducted to ensure that all beneficiaries are food insecure and require the type of food support provided by WFP. Each site has a coordination committee composed of representatives of the town, HAPCO, health service providers, NGO partners and PLWH associations that is responsible for the selection of beneficiaries. Beneficiaries are monitored through a tracking system that is managed by the participating NGO, government partners, and health service providers. This approach increases the linkages between clinical and community-based care services.

WFP conducts a range of complementary activities that are directly linked to the provision of food support and are funded by PEPFAR contributions. These activities include training for partners, home-based palliative caregivers, and beneficiaries in HIV/AIDS and nutrition concepts and methods to maximize beneficiaries’ abilities to improve their own nutritional status through selection and preparation of appropriate foods. For example, in order to ensure effective consumption of the Corn Soya Blend (CSB), a blended fortified food rich in micronutrients provided by this project, WFP has produced training materials and handbooks in preparation and consumption of CSB that are distributed to beneficiaries.

WFP establishes, strengthens, and provides ongoing support to town-level coordination structures through the provision of information technology (IT) equipment and training in monitoring and evaluation. Nutritional, health, and hygiene counseling are integrated into HBC services supported by the project and PLWH and HIV-positive PMTCT clients are encouraged and supported to access available services available from palliative care providers.

To understand the wider impact of the project, WFP uses PEPFAR resources to conduct results-based management (RBM) monitoring. Quarterly reports on commodity flow and numbers of beneficiaries receiving nutritional support and complementary activities are submitted by partners in each of the implementation areas. Annual RBM surveys are conducted to measure the impact of the project on a range of indicators, including the nutritional and self-reported health status of beneficiaries and drug adherence of patients on ART, and the birth weight of infants born to HIV-positive women accessing PMTCT services and receiving WFP supplementary food. These surveys have shown high rates of ART adherence for beneficiaries, as well as a perception by beneficiaries that their nutritional status has improved. WFP also engages in qualitative forms of monitoring and evaluation, including the identification of best practices in particularly successful towns. These experiences are shared through workshops for all partners.

For pregnant and lactating mothers accessing PMTCT services, nutritional support aims to provide a food supplement to meet additional nutritional requirements during pregnancy and lactation, support and facilitate feeding for infants during this period of higher nutritional risk and infection (age 6-24 months), to support mothers to attend antenatal care (ANC) regularly, utilize PMTCT and follow appropriate breastfeeding guidelines, and to act as a resource transfer to alleviate economic stress and allow beneficiaries to spend more on other essential needs.

**Activity Narrative:**

This activity is directly aligned to support ART services provided by other PEPFAR partners in the implementation areas, integrating nutrition assessments of PLWH into pre-ART and ART services. The activity then provides the additional energy requirements PLWH need to fight opportunistic infections and to tolerate ART. The ration also contributes to ensuring that they receive the Recommended Daily Allowance (RDA) of micronutrients. Standard referral formats are provided to ART service providers and are used to refer malnourished PLWH for nutritional support and the provision of complementary HBC, counseling and training. Nutritional assessments are conducted on a regular basis and linked to a defined graduation strategy.

IGA support for food insecure PLWH is an important priority for the Government and other partners in Ethiopia, supporting long-term sustainability of HIV/AIDS services and the self-reliance of PLWH. Most PLWH have seriously degraded asset bases, as many have lost any savings they had and converted all household assets to cash. Government food security and poverty programs do not operate in high-HIV prevalence urban areas. PLWH require additional support in order to be assisted to return to work or develop sustainable livelihoods through IGA schemes. It is important that physical recovery be linked to economic security. Equally important is promoting productive and positive images of PLWH, which assists in countering stigma and discrimination and helps ensure that PLWH are fully integrated members of their communities. WFP uses contributions from donors and private individuals to strengthen partners' ability to support IGA. The IGA content is agreed after a capacity-building process of training in life skills and business management for implementing partners, PLWH associations, and individuals. The proposed IGA is assessed for economic viability and if approved, seed money in the form of loans is provided.

Graduation from the project is managed by partners based upon access to ART and opportunistic infection treatment, improved health and nutrition status and access to improved livelihoods for PLWH. Women accessing PMTCT are guaranteed to receive nutritional support until their infants reach age two. Assessments are conducted after patients have been receiving ART and nutritional support for six months.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10523

**Related Activity:** 16622, 16636, 16672, 16644,  
17755

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28067	5774.28067.09	U.S. Agency for International Development	World Food Program	11499	3794.09	Urban HIV/AIDS Program	\$853,600
28066	5774.28066.09	U.S. Agency for International Development	World Food Program	11499	3794.09	Urban HIV/AIDS Program	\$5,081,600
10523	5774.07	U.S. Agency for International Development	World Food Program	5520	3794.07		\$1,677,539
5774	5774.06	U.S. Agency for International Development	World Food Program	3794	3794.06		\$350,000



## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17755	17755.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$840,000
16636	10430.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$7,000,000
16622	10426.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$4,300,000
16672	10436.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$8,400,000
16644	10439.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$9,116,200

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources

### Human Capacity Development

- \* Training
- \*\*\* In-Service Training

### Wraparound Programs (Other)

- \* Economic Strengthening
- \* Food Security

## Food Support

Estimated PEPFAR dollars spent on food	\$436,464
Estimation of other dollars leveraged in FY 2008 for food	\$7,000,000

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	100	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	70,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,780	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

People Living with HIV / AIDS

## Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Dire Dawa

Oromiya

Southern Nations, Nationalities and Peoples

Tigray

**Table 3.3.06: Activities by Funding Mechanism**

**Mechanism ID:** 7609.08

**Prime Partner:** Management Sciences for Health

**Funding Source:** GHCS (State)

**Budget Code:** HBHC

**Mechanism:** Care and Support Project

**USG Agency:** U.S. Agency for International Development

**Program Area:** Palliative Care: Basic Health Care and Support

**Program Area Code:** 06

**Activity ID:** 10647.08

**Planned Funds:** \$1,690,411

**Activity System ID:** 16596

## **Activity Narrative:** HIV Care and Support Program

The Care and Support Program (CSP) is a three year effort to focus on HIV/AIDS at health centers and communities in partnership with PEPFAR Ethiopia partners and the Government of Ethiopia (GOE). CSP is PEPFAR's lead health network care and support activity in Ethiopia at the primary healthcare level, including health centers and satellite health posts, and provides coverage nationwide. This program will support the GOE to provide HIV/AIDS prevention, care, and treatment services at health centers and at the community and household levels through provision of technical assistance, training in strengthening of systems and services, and expansion of best practice HIV prevention interventions.

This is a continuing activity from FY05 and FY06 implemented by the Family Health International IMPACT project and launched in FY07 by Management Sciences for Health (MSH) as part of the CSP. The palliative care activity within the CSP is focused on health centers. Hospital-centered delivery of care and support services is near capacity. Johns Hopkins University recently conducted an assessment that indicates that hospital providers on average spend only seven minutes with each ART patient. GOE has accelerated decentralization of care and treatment to health centers. To complement this strategy, PEPFAR Ethiopia will expand the delivery of palliative services throughout the health network. The MSH CSP 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, CSP will link with ART hospitals for referrals and work with clients and their families in the community.

During FY08, this activity will continue to support a massive scale-up of care and support services that began in FY06 following 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 health centers, CSP will provide technical assistance to support asymptomatic and symptomatic care in several areas. CSP will expand the reach of care services on multiple levels through developing and updating semi-annual HIV/AIDS prevention, care, and service plans jointly with district health offices, health center administrators and clinical care teams; and by implementing personalized and family-focused care plans.

The program will strengthen health centers and management systems by improving clinical care services—based on Integrated Management of Adult and Adolescent Illnesses and treating opportunistic infections; 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; working closely with Tulane University and other PEPFAR partners to achieve effective patient tracking and identification, and data measures to ensure that PLWH receiving palliative care services at different levels will be reported only once; and delivering clinic-based elements of the preventive care package including long lasting insecticide-treated nets in malaria endemic areas, cotrimoxazole preventive therapy, prevention for positives, screening for active TB among HIV-positive clients, and nutrition counseling in collaboration with the Global Fund for AIDS, Malaria, and Tuberculosis and World Bank.

CSP will increase the scope of palliative care by educating on safe water and personal hygiene and linking to community-based safe water initiatives and integrating nutrition assessment and monitoring in the health-center-based HIV care settings, and referring severely malnourished PLWH 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).

Laboratory services will be improved, 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. CSP will also implement standardized paper records management including procurement in coordination with the US universities and regional health bureaus (RHB).

Ensuring quality of palliative care services at health center and community levels will be a critical element of the program. The program will build on the catchment area and regional meetings pioneered by Family Health International (FHI), to update the skill and knowledge of managerial and technical staff. 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 World Food Program (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 district 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 (HEW), community health agents, and traditional birth attendants to support and link patients with community-based services. These include the promotion of adherence, referral to reproductive health/family planning 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 ward-level HIV/AIDS desks and health posts to deploy, at a minimum, five volunteer outreach workers supporting HEW in their community outreach activities. The

**Activity Narrative:** outreach workers will collaborate closely with existing community health promotion volunteers and reproductive health agents. In addition, CSP 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, CSP will work closely with PEPFAR Ethiopia university partners and the World Health Organization (WHO) to provide clinical mentoring at health centers.

The greater expansion of ART services through 240 health clinics throughout Ethiopia will allow for greater access to care and services for PLWH, including most-at-risk populations. Program linkages through palliative care and other activities will reach 500 health centers. The program will rely on HEW at health posts to provide information, referrals, and counseling. The community-based HEW are key to identifying, referring, and counseling most-at-risk populations. For example, HEW form the bridge between health facilities and prisons, to assure that counseling and appropriate care are provided to incarcerated populations. HEW and community outreach oriented workers provide out-of-facility counseling and care to discordant couples. As community members, they know, develop relationships with, and can refer street youth and persons who engage in transactional sex. They also are adept at identifying and referring mobile populations – transport workers, traders -- to health facilities and/or support groups. In certain areas and/or during times of drought, HEW work at gathering points such as for internally displaced persons (e.g., food distributions) to provide messages, counseling, and referrals. Expansion of facilities for service provision will allow the activity to reach a greater population and thus provide testing, treatment, care, and prevention messages to the larger population and enable more people to access treatment. All HIV-positive clients on pre-ART and ART service are potential targets of the services.

Local organization capacity will be built through the training of health facility staff and the support of health centers for improvement of health systems, data collection and patient service. There will be close collaboration with HAPCO/MOH, WHO, USG and PEPFAR university partners in standardizing and updating HBHC related training materials and modules.

The implementation of performance-based contracting strategy under CSP, a novel approach in Ethiopia, is believed to strengthen the capacity of partner organizations and, in particular, government stakeholders, including RHB, zonal health departments and district health offices. The managerial capacity of these groups is the key to the success of the program.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10647

**Related Activity:** 17755, 16593, 16598, 16672, 16636, 16644, 16622

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27959	10647.2795 9.09	U.S. Agency for International Development	Management Sciences for Health	11471	7609.09	Care and Support Project	\$596,160
27958	10647.2795 8.09	U.S. Agency for International Development	Management Sciences for Health	11471	7609.09	Care and Support Project	\$3,278,240
10647	10647.07	U.S. Agency for International Development	Management Sciences for Health	5516	3798.07		\$3,306,820

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17755	17755.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$840,000
16593	5791.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$240,000
16598	5749.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$1,534,500
16644	10439.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$9,116,200
16636	10430.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$7,000,000
16622	10426.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$4,300,000
16672	10436.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$8,400,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

\* Task-shifting

\* Retention strategy

Local Organization Capacity Building

Wraparound Programs (Health-related)

\* Child Survival Activities

\* Family Planning

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	393	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	202,401	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	800	False

## Target Populations

### Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

## Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Oromiya

Southern Nations, Nationalities and Peoples

Tigray

HVTB - Palliative Care: TB/HIV

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

**Total Planned Funding for Program Area: \$9,219,681**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

## Program Area Context:

According to the WHO Global TB Control Report issued in 2007, Ethiopia ranked 7th out of the top 22 High TB Burden Countries in terms of total number of TB cases notified in 2005. The estimated incidence of all forms of TB and PTB+ was 341 and 152/100,000, respectively. The case detection rate of PTB+ cases was 33%, less than half of the global target of 70%. DOTS treatment success rate for sputum positive pulmonary TB cases 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. According to the WHO 2007 Global TB Control Report, the national estimate of adult TB cases infected with HIV is 11%. Scientific evidence shows that an HIV positive individual who has latent TB infection has a 5 -10% annual and a 30% life-time risk of developing active TB disease. In FY08, PEPFAR Ethiopia expects about 223,201 persons living with HIV and AIDS (PLWH) to register for care and treatment programs. Of these, based on past partner experience, we assume that about 13%, or 29,489 HIV-positive patients, will be newly diagnosed with active TB disease in Ethiopia and will receive TB treatment in FY08. This number is the PEPFAR Ethiopia target for "number of HIV infected clients attending HIV care/treatment services that are receiving treatment for TB disease." USG will work with TB/HIV implementing partners to assure that they use a standard approach for reporting "new" PLWH receiving TB treatment. Patients who are already on TB treatment at the time of HIV diagnosis will not be counted under this indicator.

The TB/HIV activities will continue to strengthen hospitals, health centers and health posts, the latter two categories being the facilities that deliver most preventive and curative health services throughout Ethiopia. As part of the ART health network, Management Sciences for Health (MSH)/Care and Support Program (CSP) 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. Complicated TB cases and HIV-positive cases with complex clinical conditions requiring specialized diagnostic workup and management will be referred to hospitals. By September 2009, MSH/CSP will support TB/HIV collaborative activities in 500 health centers linked to the 131 ART hospitals. Many of the health centers provided with TB/HIV service support overlap with existing additional counseling and testing (CT) services, preventive care package and ART services.

Hospitals and health centers are major venues for case detection, diagnosis, care and treatment in Ethiopia. Community outreach activities are also believed to play a major role too in the near future with the increasing involvement of health extension workers at health posts level. The TB/HIV activities at site level include 1) screening all HIV-positive persons coming to different clinics (ART, PMTCT, STI, etc.) for active tuberculosis, 2) provision of TB treatment for cases diagnosed with active tuberculosis, 3) Isoniazid (INH) Preventive Therapy (IPT) for HIV-positive clients found to be free from active TB, 4) screening all TB patients at the TB clinic for HIV with provider initiated counseling and testing (PICT), 5) provision of Cotrimoxazole Prophylactic Treatment (CPT) for TB/HIV patients, 6) establishing referral linkages to different service areas, and 7) provision of ART for eligible cases and 8) monitoring and evaluation.

PEPFAR Ethiopia has been involved in the implementation of TB/HIV collaborative activities since the inception of the program in Ethiopia in 2002 and will continue to be a major player in FY08. FY07, several activities were supported by PEPFAR focusing on improvement of TB diagnosis in HIV positive persons and on improving the monitoring and evaluation system. The US universities and FHI have supported the Ministry of Health of Ethiopia to scale up TB/HIV collaborative activities. PIHCT in TB patients has been scaled up to more than 338 health facilities in the country and the percentage of TB patients who received HIV counseling and testing services has increased significantly in most places to as high as 80 percent. The coordination between US Universities, the MSH/CSP, WHO and other major partners like the Global Fund to Fight AIDS, TB and Malaria (GFATM) will be further strengthened in FY08.

WHO Office in Ethiopia was centrally funded by OGAC. In 2007 WHO implemented TB/HIV activities 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-positive TB patients and 3) providing ART for 5,000 eligible HIV-positive TB patients, in collaboration with relevant GOE stakeholders and PEPFAR implementing agencies and partners. With the central PEPFAR funding, WHO is involved in human resource development, surveillance of MDR -TB and infection control.

In Ethiopia has also got approval from GFATM for TB and TB/HIV prevention and control through round 6 grants, worth more than \$40 million for 5 years. Key activities supported by the Global fund include procurement of first-line and limited second line anti-TB drugs, INH for IPT, laboratory reagents and equipment, capacity building including training, expansion of community-based DOTS and expansion of Private Public Mix (PPM)/Directly Observed Therapy, Short course (DOTS). 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.

During FY08, 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 (161) and 500 health centers (update). PIHCT will also 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, CSP, Private Sector Partnership/Abt Associates, and other USG partners. Resources will be leveraged with other initiatives, including the TB/HIV initiative, WHO TB/HIV support provided by PEPFAR. A total of 91,300 registered TB patients will be tested for HIV.

In 2008, all activities initiated in the previous years will be consolidated and expanded. PIHCT will be scaled up and screening for TB in HIV positive persons strengthened. Improving the monitoring and evaluation system, addressing the human resource constraint, surveillance and management of MDR TB, infection control, improving TB diagnosis in HIV positive persons by introducing additional diagnostic methods will be strengthened. Several Public Health Evaluations (PHE) focusing on improving care and treatment services for TB/HIV patients will also be conducted.

At work places, about 60 companies currently provide TB/HIV services, of which 20 are provided with consumables for AFB smear microscopy, anti-TB drugs, TB/HIV formats and registers from MOH through the PEPFAR Ethiopia funded 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 FY08, PSP will provide expand PPM-DOTS to 60 work places, 120 private clinics, and 100 new private health facilities in urban areas to complement CT services.



Several challenges have been encountered in implementing TB/HIV collaborative activities that included, among others, human resource constraints and high turnover, difficulty of diagnosing TB in HIV positive persons and very low utilization of INH, poor monitoring and evaluation system. Encouragingly, the National Technical working group which was organized to function under the TB/HIV advisory Committee is playing a major role in trying to coordinate activities, efforts and resources to overcome the challenges listed above. PEPFAR Ethiopia is an active member of both the Advisory and technical working committee and is playing a key role.

**Program Area Downstream Targets:**

7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	962
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	29489
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	4668
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	106053

**Custom Targets:**

**Table 3.3.07: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 7609.08	<b>Mechanism:</b> Care and Support Project
<b>Prime Partner:</b> Management Sciences for Health	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Area Code:</b> 07
<b>Activity ID:</b> 5749.08	<b>Planned Funds:</b> \$1,534,500
<b>Activity System ID:</b> 16598	

## Activity Narrative: Care and Support Program

The Care and Support Program (CSP) is a three-year effort to focus on HIV/AIDS at health centers and communities in partnership with PEPFAR Ethiopia partners and the Government of Ethiopia (GOE). CSP is PEPFAR's lead health network care-and-support activity at primary healthcare units, health centers, and satellite health stations in Ethiopia and provides coverage nationwide. This project will support the GOE to provide HIV/AIDS prevention, care, and treatment services at health centers and at the community and household levels by providing technical assistance, training in strengthening of systems and services, and expansion of best practice HIV-prevention interventions.

This is a continuing activity from FY05 and FY06; it was previously implemented by Family Health International (FHI) and launched in FY07 by Management Sciences for Health (MSH) as part of the CSP. As of March 2007, FHI established 198 TB/HIV sites in the four major regions. FHI trained 40 health workers in the management of dual TB/HIV infection. A total of 5,266 HIV-positive clients received treatment for active TB in the 196 facilities. This figure is believed to be a gross underestimate as the National TB monitoring and evaluation (M&E) system is currently functioning poorly.

According to the World Health Organization's (WHO) 2007 Global TB Control Report, the national estimate of adult TB cases infected with HIV is 11%. 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, CSP-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 will continue receiving TB referrals from hospitals. Complex TB cases will be referred to hospitals. By September 2009, CSP-TB/HIV will be established in 500 health centers linked to the 131 ART hospitals. Many of these sites overlap with existing additional HIV counseling and testing (HCT) services, including the preventive-care package and ARV.

During FY06 and FY07, much experience was gained from health-center based TB/HIV activities. HCT has been decreasing the HIV burden in tuberculosis patients. Cotrimoxazole preventive therapy (CPT) was provided by FHI and the Global Fund to Fight AIDS, Malaria, and Tuberculosis (Global Fund) for TB patients who are co-infected with HIV, and the patient referral system was improved. Gaps still exist: integration between HCT 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-positive patients, to ensure that services required by individual patients were accessed, recorded, and monitored; and (3) the need to facilitate the referral of patients “up the line” for ARV treatment centers in hospitals—as well as referral of patients for follow-up services at health-center and community levels.

In FY08, CSP-TB/HIV will continue to coordinate with regional health bureaus (RHB) and USG partners (including WHO) to provide regionally distributed trainings on providing TB/HIV services, including: opportunistic infection (OI) counseling; bi-directional referral systems between TB, voluntary counseling and testing (VCT), OI, family planning (FP), and sexually transmitted infections (STI) services through a case manager; data management; and customer service, performance standards, and ethics. These trainings will use using nationally accepted curricula and will be offered 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 Directly Observed Therapy – short course (DOTS) strategy and VCT services.

In FY08, PEPFAR-supported TB clinics will conduct the following: (1) all TB patients will be offered provider-initiated counseling and testing (PICT), using an opt-out strategy; (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 preventive-care services at the health-center and community levels; and (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 isoniazid prophylactic therapy (IPT) at health-center levels needs further consultation. Its feasibility can be assessed in a selected number of health facilities to guide future policy decisions.

In FY08, CSP-TB/HIV will support 500 health centers to diagnose and treat 36,000 TB patients, 94% of whom will receive HIV counseling and testing services. Of the 220,000 HIV-positive clients expected to receive palliative care services at health centers, 100% will receive routine, symptomatic TB screening. Screening is based on sign/symptom review and acid fast bacilli (AFB) smear microscopy for patients with a history of productive cough of more than two weeks. Patients with signs and symptoms suggestive of active TB will undergo proper diagnostic workup. TB patients who test positive for HIV will be immediately linked to pre-ART and ART services, as appropriate.

The results of TB screening among HIV-positive clients receiving palliative care will be recorded in the pre-ART and ART registers at health centers. The results of HIV screening among active TB patients will also be captured in the quarterly TB reports. Program performance will be monitored every quarter, under leadership of the district 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 centers 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 HCT referral, adherence support, and TB/HIV information-education-communication/behavior-change communication (IEC/BCC) messages. CSP-TB/HIV interventions will have outreach workers and HEW who will screen people living with HIV/AIDS (PLWH) for TB based on symptoms and refer suspected cases to health centers for diagnosis. They will also counsel TB/HIV patients to adhere to TB treatments, and confirm that TB/HIV patients receive HCT and CPT.

The CSP-TB/HIV approach conforms to the PEPFAR Ethiopia five-year strategy of building up the public health sector and of promoting a set of internationally accepted TB/HIV interventions in the ART health network.

**Activity Narrative:** The activity is linked to PSP/Abt program, WHO, and US university TB/HIV activities, as well as with other activities within the CSP project to extend service delivery of counseling, testing, diagnosis, and treatments to underserved community members. The activity also links with the Ethiopian Ministry of Health, RHB, and PEPFAR Ethiopia.

The target populations of most-at-risk populations will be reached through expansion of available facilities. In addition, social mobilization activities conducted by the HEW will allow for greater reach within the community.

Local organization capacity will be built through the training of health facility staff and the support of health centers for improvement of health systems, data collection, and patient services.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10400

**Related Activity:** 17755, 16593

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28802	5749.28802.09	U.S. Agency for International Development	Management Sciences for Health	11471	7609.09	Care and Support Project	\$840,000
27960	5749.27960.09	U.S. Agency for International Development	Management Sciences for Health	11471	7609.09	Care and Support Project	\$1,000,000
10400	5749.07	U.S. Agency for International Development	Management Sciences for Health	5516	3798.07		\$1,374,000
5749	5749.06	U.S. Agency for International Development	Management Sciences for Health	3798	3798.06		\$737,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17755	17755.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$840,000
16593	5791.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$240,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

\* Task-shifting

\* Retention strategy

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	500	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	15,180	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	2,500	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	34,000	False

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

**Table 3.3.07: Activities by Funding Mechansim**

**Mechanism ID:** 645.08

**Prime Partner:** Abt Associates

**Mechanism:** Private Sector Program

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Budget Code:** HVTB

**Activity ID:** 5604.08

**Activity System ID:** 16567

**Program Area:** Palliative Care: TB/HIV

**Program Area Code:** 07

**Planned Funds:** \$340,000

**Activity Narrative:** Private Sector Program

Building on FY05-FY07 activities, the Private Sector Program (PSP) led by Abt Associates will continue interventions in large (1000+ employees) and medium-sized companies (500+ employees) in seven regions to improve access to quality tuberculosis (TB) and TB/HIV clinical services for employees, their dependants, and surrounding communities.

PSP will also expand integrated TB/HIV services in 100 additional private health facilities. In FY08, the project will provide continuing supportive supervision for clinical programs in up to 60 workplaces and 120 private clinics. In the same period, the project will begin to work with 100 additional private clinics to introduce quality HIV and TB services, including TB/HIV prevention, TB detection, TB diagnosis, and directly observed, short-course therapy (DOTS).

The process of engaging 100 new private facilities consists of ten key steps. To engage stakeholders in the planning process, PSP will work with the regional health bureaus (RHB) to convene meetings that build consensus and sensitize stakeholders to the regions' needs for the expansion of TB/HIV services to include private-sector clinics.

PSP will assist the regions in developing and applying transparent criteria to select up to 100 additional private facilities to provide TB/HIV services. The project will work with the RHB to conduct a rapid assessment of the private health facilities identified as potential TB/HIV service providers, in order to examine their resources and the needs of the facility.

After identifying the most qualified private facilities, PSP will work with the RHB and the private facilities to establish a Memorandum of Understanding (MOU) between the bureau and the clinics. The MOU establishes a formal relationship and clearly articulates the roles and responsibilities of the RHB, the district health office, and the private health facility.

To maintain quality in implementation, healthcare providers must be appropriately trained to provide the best level of service. PSP will continue to adapt existing training materials for health providers to better fit the needs of private providers. The training will address the integration of counseling and testing (CT), TB, TB/HIV, provider-initiated counseling and testing (PICT). PSP will strengthen the facilities' skills in reporting and recording, internal quality assurance, monitoring and evaluation, and basic finance and management skills to support service delivery and sustainability.

PSP will help to strengthen a referral network between the private and public sector which ensures continuity of care, is able to track patient progress, and gets patients the care that they need. The project will work with the RHB to build a shared understanding of how the referral links between the public and the private sectors should function, to map the geographic links between the facilities, and to build and strengthen the links between facilities.

Community awareness can help reduce the barriers to TB/HIV prevention, diagnosis, and treatment. PSP will encourage the RHB to support community awareness through mass media campaigns, information leaflets, and posters. PSP will also work actively to promote media coverage of TB and HIV services in the private sector.

Supervision ensures national guidelines are implemented for provision of care, laboratory and pharmacy services, and overall facility maintenance, including record-keeping and reporting. PSP will work with the RHB, and potentially with professional associations, to promote an approach to supervision which goes beyond a checklist and involves careful direct observation of infrastructure, data entry in registers, and all other reporting formats, referral tracking, reporting on defaulters, and TB drug supplies, expiry dates, and requisitions for new stocks.

PSP will assist the RHB and district health offices to develop reliable logistics systems to supply anti-TB drugs. Depending on the agreements set out in the MOU, there is the potential to include HIV rapid-test kits, as well. The project will build the capacity of the facility to properly store, manage, and requisition required stocks of TB drugs.

PSP will assist the RHB in establishing a monitoring and evaluation system which ensures appropriate use of resources, assure quality, and generates data for decision-making. Monitoring and evaluation of implementation activities will help to evaluate the outcomes achieved, while measuring both short- and long-term impact.

This activity will increase access to TB and HIV services through private-sector facilities. The activity will add 100 new facilities which can identify and treat TB infections and provide HIV counseling and testing services which are integrated and coordinated. The project will also provide continuing supportive supervision to 60 existing workplace sites and 100 FY07 private-sector clinics which offer TB/HIV services.

PSP-Ethiopia will closely integrate its TB/HIV activities with the other PSP activity for Mobile and Private Sector Counseling and Testing Services (10538). In addition, the project will coordinate with other related projects by sharing its strategies, tools, and 'lessons learned' with the related contracts. It will request the same level of information sharing from the related PEPFAR partner programs. The key programs for information sharing and coordination are the Care and Support Program for TB/HIV, Palliative Care, and Counseling and Testing (10399, 10400, and 10647), and Community-Level Counseling and Testing Service Support (10588).

This initiative focuses on the general population which uses private-sector health facilities for care and treatment. PSP will build the capacity of the RHB and district health offices to integrate the private-sector facilities into delivery of the key TB and HIV public health services. PSP will assist the Ethiopian Ministry of Health with facility selection, logistics, supportive supervision, reporting, and monitoring and evaluation. PSP will build the private-sector facilities' capacity for clinical services, referral, reporting, internal quality assurance, and general management.

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10375

**Related Activity:** 16566, 16593, 16598, 16568,  
16700, 16569

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28319	5604.28319.09	U.S. Agency for International Development	Abt Associates	11586	7612.09	Health Care Financing	\$500,000
10375	5604.07	U.S. Agency for International Development	Abt Associates	5465	645.07	Private Sector Program	\$286,000
5604	5604.06	U.S. Agency for International Development	Abt Associates	3767	645.06	Abt Private Sector Partnership	\$250,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16593	5791.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$240,000
16566	5603.08	7471	645.08	Private Sector Program	Abt Associates	\$180,000
16598	5749.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$1,534,500
16568	6452.08	7471	645.08	Private Sector Program	Abt Associates	\$1,627,031
16569	6637.08	7471	645.08	Private Sector Program	Abt Associates	\$1,200,000

**Emphasis Areas**

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	256	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,170	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	768	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	23,400	False

## Indirect Targets

## Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Oromiya

Southern Nations, Nationalities and Peoples

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism ID:** 3785.08

**Prime Partner:** University of California at San Diego

**Funding Source:** GHCS (State)

**Budget Code:** HVTB

**Activity ID:** 5752.08

**Activity System ID:** 16620

**Mechanism:** Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Palliative Care: TB/HIV

**Program Area Code:** 07

**Planned Funds:** \$120,000



**Activity Narrative:** TB/HIV at the Uniformed-Services Health-Facility Level

The University of California San Diego (UCSD) has been providing tuberculosis (TB)/HIV support to the National Defense Forces of Ethiopia (NDFE), Federal Police of Ethiopia (FPE) and the Federal Prison Administration (FPA) since 2006. In FY07, that activity continued and the number of supported sites was expanded from 13 to 43.

In FY07, working with other US universities, UCSD implemented a package of interventions, including: (1) expansion of provider-initiated HIV counseling and testing for TB patients; (2) referrals of HIV-positive TB patients for HIV-related care, including cotrimoxazole therapy and ART; (3) regular TB screening of HIV patients in care and treatment; (4) isoniazid preventive therapy (IPT) for eligible, HIV-positive patients; (5) improving TB diagnostic services; and (6) strengthening monitoring and evaluation (M&E) of the TB/HIV collaborative activities.

UCSD initiated support to strengthen the TB diagnostic capacity of the uniformed-service laboratories in several ways. The laboratory personnel were given on-site trainings on direct-smear microscopy and on the new smear microscopy guidelines.

Moreover, concentration of sputum smears, which was proved to increase sensitivity of detection of mycobacterium, was also introduced to all 24 sites using the simple, cheap, and less-contaminating step of liquefying and decontaminating with bleach and concentrating through flotation in xylene. This was done through on-site theoretical and practical trainings to the lab personnel and has proved to be effective in increasing the yield of direct microscopy in all the sites.

Safety for laboratory personnel was also given due attention through supply of simple exhaust fans to increase air flow and protect them from fumes. One of the hospitals was also supplied with dead air hoods and a UV light for decontamination to allow for preparation of acid-fast bacilli smears.

A FY06 pilot project, in which fluorescent microscopy was introduced into one of the biggest military hospitals, was scaled up to two more sites in FY07 through the supply of the objective lenses with built-in barrier and excitation filters. These can be added to any microscope and widely available halogen bulbs were used as a light source. This procedure was found to increase the sensitivity of detection of mycobacteria without affecting the specificity.

In FY08, UCSD plans to strengthen activities that have already been initiated and implement the program in 33 more sites, including the 15 regional prisons where the incidence of TB is high. Therefore, a total of 76 uniformed-service sites will have TB/HIV collaborative services in FY08.

With the overall objectives of reducing the burden of TB in people with HIV and reducing HIV among people with TB, UCSD will strengthen and continue activities initiated during FY07. The activities included were:

1) Intensified TB case-finding: This will be done through regular screening of all people with, or at-risk of, HIV for symptoms and signs of TB, referring them for prompt diagnosis and treatment, and doing the same for their household contacts. A simplified standardized checklist will be used to screen patients for TB symptoms and identify the majority of the TB suspects. UCSD will continue to work on improving the TB diagnostic capacity of laboratories and personnel through continuous on-and off-site trainings and regular supportive supervision to give direct, technical, site-level support. The use of fluorescent microscopy to diagnose TB will also be scaled up from three to six sites, as the relatively low cost and ease of use of these microscopes has made fluorescent microscopy feasible. UCSD will also support the Federal Ministry of Health (MOH), the Federal HIV/AIDS Prevention & Control Office (HAPCO), and CDC efforts to improve TB diagnosis by purchasing and installing new chest x-ray machines. In addition, UCSD will support a venture between the Ethiopian Health and Nutrition Research Institute (EHNRI) and CDC to establish culture facilities at regional levels.

2) Treatment of latent TB infection with IPT. Treatment with IPT will be given to both adult and pediatric patients with HIV and TB latent infection, according to the national guideline to prevent progression to active disease.

3) Implementation of facility-level TB infection-control programs. UCSD will help sites establish infection-control strategies based on good work practices and administrative measures, which will include: a written infection-control plan for each facility; technical and financial support for procedures in the plan including quality assurance, staff training, education of patients, and increasing community awareness; and providing supplies required for infection control. UCSD will also work with MOH, CDC and other partners on prevention and management of MDR –TB.

In FY08, UCSD will expand to a total of 76 sites and support activities to reduce the burden of HIV among people with TB. The following activities will be included:

1) HIV testing and counseling: UCSD will be expanding provider-initiated testing and counseling not only to all TB patients, but also to all TB suspects, to increase the yield. This will be done through continuous on-site training, and clinical mentoring, and supportive supervision activities.

2) Implementing HIV preventive methods: UCSD will introduce and implement comprehensive HIV-prevention strategies for patients in TB clinics. This will be done through training and steady supply of materials (e.g., information-education-communication materials, condoms).

3) Providing cotrimoxazole prophylaxis (CPT): CPT will be provided to all TB-HIV co-infected patients. UCSD plans to support the uniformed services through the supply of Dapsone for those patients for whom cotrimoxazole is contraindicated.

4) HIV/AIDS care and treatment, including ART: Ongoing support will be provided to co-infected patients through counseling and other psychosocial support. Special attention will be given to the adherence status of these patients, as they will have a high pill burden, which can greatly compromise adherence.

In addition to the efforts that will be made to lessen the burden of TB on HIV and vice versa, UCSD will be carrying out a number of activities to improve TB/HIV collaborative activities:

**Activity Narrative:** 1) Renovation of clinic physical space: USCD will renovate TB clinics, including waiting areas and laboratory infrastructure, in a way that is consistent with infection-prevention strategies.  
 2) Improvement in medical informatics for health-data management and information systems. This will make it possible to capture data on: the number of TB patients offered counseling and testing for HIV; the number of HIV patients screened for the presence of active TB; the number of TB patients supplied with palliative care packages; and other parameters. UCSD will also support MOH, HAPCO, and CDC efforts to improve the TB/HIV information system by hiring an expert on M&E for TB/HIV who can work closely with CDC and MOH.  
 3) Awareness campaign for TB/HIV using military and police media services  
 4) Collaboration with EHNRI to evaluate the sensitivity of isolates of mycobacterium tuberculosis to antimicrobial agents  
 5) Close collaboration with facility representatives to set up a coordinating body for TB/HIV activities and help sites have joint TB/HIV planning and M&E.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10463

**Related Activity:** 16617, 16619, 16621, 16622

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28218	5752.28218.09	HHS/Centers for Disease Control & Prevention	University of California at San Diego	11555	3785.09	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	\$120,000
10463	5752.07	HHS/Centers for Disease Control & Prevention	University of California at San Diego	5481	3785.07		\$100,000
5752	5752.06	HHS/Centers for Disease Control & Prevention	University of California at San Diego	3785	3785.06		\$50,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16617	5638.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$400,000
16619	5770.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$373,200
16621	5737.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$1,847,259
16622	10426.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$4,300,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

\* Task-shifting

\* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	76	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,126	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	300	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	5,600	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Military Populations

### Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism ID:** 3784.08

**Prime Partner:** Columbia University

**Funding Source:** GHCS (State)

**Budget Code:** HVTB

**Activity ID:** 5750.08

**Activity System ID:** 16670

**Mechanism:** Rapid Expansion of ART for HIV Infected Persons in Selected Countries

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Palliative Care: TB/HIV

**Program Area Code:** 07

**Planned Funds:** \$528,000

## Activity Narrative: TB/HIV Linkage at Hospital Level

The International Center for AIDS Care and Treatment Programs, Columbia University (ICAP-CU) has extensive experience strengthening linkages between tuberculosis (TB) and HIV programs in Ethiopia. In FY08, ICAP-CU will expand its activities at the national, regional, and local levels to improve the vital linkages between these closely related services. These activities will also establish programmatic components that will enhance the diagnosis and management of TB/HIV co-infected patients.

At the national level, ICAP-CU will continue to give technical support to Ethiopia's Federal Ministry of Health (MOH) and coordinate its TB/HIV activities. This will include maintaining ICAP-CU's clinical resources website, and assisting the MOH to update, reprint, and distribute national TB/HIV implementation guidelines, registers, and reporting formats. CU-ICAP will also be involved in the development of guidelines on management of multidrug-resistant TB (MDR-TB), training of physicians on MDR-TB, and the selection of MDR-TB treatment centers. ICAP-CU will also support the design and production of relevant information, education, and communication (IEC) materials.

ICAP-CU is a member of the National TB/HIV Technical Working Group, and in that capacity will continue to support the MOH and Federal HIV/AIDS Prevention and Control Office (HAPCO) in the development and revision of policies related to TB/HIV. ICAP-CU, together with CDC Ethiopia and MOH, will host the 2nd National TB/HIV workshop/conference to update and standardize TB screening practices and Ethiopia's guidelines for the management of latent TB infection (LTBI).

In FY08, ICAP-CU will also second a TB/HIV integration expert on a full-time basis to MOH/HAPCO. This advisor will have access to the expertise of ICAP-Ethiopia's TB/HIV advisors, to ICAP-CU regional technical advisors, and to the extensive resources of the ICAP-CU Clinical Unit in New York. ICAP-CU will also support MOH, HAPCO, and CDC efforts to improve the TB/HIV information system by hiring a TB/HIV monitoring and evaluation expert who can work closely with MOH and CDC.

In addition to providing technical assistance with guidelines, conferences, and training materials, ICAP-CU will provide systems-strengthening and implementation assistance in TB/HIV integration. Activities will include: 1) support to MOH to create and expand integrated TB/HIV programs for adults and children; 2) development of standardized screening tools and diagnostic algorithms; and 3) development of effective referral mechanisms among facilities providing TB and HIV services.

At the regional level (in Operational Zone 3), ICAP-CU will:

- 1) Support regional TB/HIV technical advisors to liaise with regional health bureaus (RHB) in Dire Dawa, Harari, Oromiya, and Somali regions.
- 2) Collaborate with Jimma and Haramaya Universities, and with other partners (e.g., JHPIEGO) on pre-service TB/HIV curricula and in-service training initiatives. This will develop local capacity to train healthcare professionals.
- 3) Assist RHB to establish regional TB/HIV coordinating bodies that will conduct joint supportive supervision with regional TB/HIV focal persons
- 4) Develop tools and checklists to facilitate program management, supervision, and site visits
- 5) Develop regionally-appropriate (IEC materials in local languages
- 6) Support the initiative by MOH, CDC, and the Ethiopian Health and Nutrition Research Institute to establish TB culture facilities at the regional level

At the facility level, ICAP-CU will:

- 1) Directly assist 52 health facilities in four regions (Dire Dawa, Harari, Oromiya, and Somali) to provide integrated TB/HIV services. ICAP-CU initiated support for 42 of these hospitals in FY07 and will expand its hands-on implementation assistance to an additional ten facilities in FY08, enabling them 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-infected patients, with special emphasis in children and pregnant women. The activity will focus on ICAP-CU supported ART sites, but ensure 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-positive 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 to HIV-positive patients in whom active disease has been ruled out
- 6) Provide cotrimoxazole preventive therapy to all TB/HIV co-infected patients
- 7) Design, implement, and evaluate systems for referral of HIV-infected TB patients to HIV care and treatment services
- 8) Provide close clinical monitoring for TB/HIV patients who have started on ART, to identify and manage immune reconstitution reactions
- 9) Support strategies to engage families into care when TB patients are found to be HIV (e.g., home visits to screen for HIV infection and disease in the household)
- 10) Work closely with sites on improving TB/HIV recording and reporting
- 11) Develop and share clinical support tools for TB/HIV management, including TB-symptom screening questionnaires, job aids, posters, and clinical algorithms
- 12) Support TB/HIV refresher trainings and ongoing supportive supervision and clinical mentoring for site staff
- 13) Support radiology services at TB and ART clinics to improve diagnosis and management of TB in HIV-infected patients
- 14) Renovate and refurbish TB and ART clinics as needed to minimize nosocomial transmission of TB
- 15) Introduce infection control and provide supplies required for infection control
- 16) Support transport of specimens to regional labs for TB culture, once capacity is available
- 17) Support MOH, HAPCO and CDC efforts to purchase and install chest x-ray machines to hospitals in ICAP- CU regions
- 18) Support feasibility studies and technical evaluations planned by CDC and other partners

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10456**Related Activity:** 16667, 16669, 16671, 16672**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27901	5750.27901.09	HHS/Centers for Disease Control & Prevention	Columbia University	11460	3784.09	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	\$548,000
10456	5750.07	HHS/Centers for Disease Control & Prevention	Columbia University	5506	3784.07		\$440,000
5750	5750.06	HHS/Centers for Disease Control & Prevention	Columbia University	3784	3784.06		\$250,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16667	5637.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$1,100,000
16669	5772.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$372,000
16671	5722.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$450,000
16672	10436.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$8,400,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&amp;E, HMIS, Survey/Surveillance, Reporting)

**Food Support****Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	52	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,248	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	250	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	16,000	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Pregnant women

People Living with HIV / AIDS

## Coverage Areas

Dire Dawa

Hareri Hizb

Oromiya

Sumale (Somali)

**Table 3.3.07: Activities by Funding Mechansim**

**Mechanism ID:** 3786.08

**Prime Partner:** University of Washington

**Funding Source:** GHCS (State)

**Budget Code:** HVTB

**Activity ID:** 5751.08

**Mechanism:** Rapid expansion of successful and innovative treatment programs

**USG Agency:** HHS/Health Resources Services Administration

**Program Area:** Palliative Care: TB/HIV

**Program Area Code:** 07

**Planned Funds:** \$441,750



**Activity System ID:** 16657

**Activity Narrative:** TB/HIV Support at Hospital Level

In FY07, Washington University/I-TECH has been supporting tuberculosis (TB)/HIV collaborative activities in 35 hospitals in Operational Zone 1 (Afar, Amhara, and Tigray regions). I-TECH has been providing technical assistance to sites through: on-site clinical mentorship for counseling and testing TB patients for HIV; linkage to care and treatment services; routine screening of HIV patients for TB; isoniazid preventive therapy (IPT); cotrimoxazole preventive therapy (CPT); monitoring and evaluation (M&E) of TB/HIV activities; and TB infection control. In addition, during the first quarter of FY07, 30 healthcare providers were trained and certified on TB/HIV collaborative activities.

In FY08, I-TECH will continue to strengthen and expand TB/HIV activities in Operational Zone 1 at a total of 38 sites. I-TECH will support improved access to high-quality HIV counseling and testing services among patients at TB clinics by training both providers and on-site lay counselors, as well as providing support for on-site, rapid HIV testing. In addition, I-TECH will continue to support sites to implement routine, provider-initiated HIV counseling and testing (with an opt-out approach) for all TB patients in I-TECH-supported hospital and health-center settings. I-TECH will also offer prevention counseling, education, and referral to HIV care and treatment services.

I-TECH will introduce intensified, active case-finding for TB in HIV-positive clients by incorporating screening for TB symptoms into post-test counseling in a number of venues: voluntary counseling and testing (VCT) centers, sexually transmitted infections (STI) clinics, and antenatal clinics (ANC). Clients with symptoms will be linked to the newly trained case managers and peer educators to ensure proper TB diagnosis and treatment. Case managers and peer educators will also encourage family members of their HIV-positive clients to be tested for HIV and screened for TB, and will offer home visits to do screenings. In addition, I-TECH will support efforts to improve adherence to TB therapy through case managers and peer educators. 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 multidrug-resistant TB (MDR-TB) treatment and containment.

As part of their routine activities, region-based ART clinical mentoring teams will continue working with sites on appropriate diagnosis and treatment of active TB in HIV-positive persons. I-TECH will also ensure that HIV-positive patients are appropriately provided with isoniazid preventive therapy (IPT), through regular supportive supervisory visits by field-based clinical mentoring teams to all 38 hospital sites. I-TECH will support sites in the provision of cotrimoxazole preventive therapy (CPT) for all TB/HIV co-infected patients.

I-TECH will establish and strengthen the multidisciplinary care teams in each facility, with representation from the TB service to facilitate referral and linkage to care and treatment services. 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. As part of its M&E activities, I-TECH will also offer 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 also support the Federal Ministry of Health (MOH), the HIV/AIDS Prevention and Control Office (HAPCO), and CDC efforts to improve the TB/HIV information system by hiring a TB/HIV M&E expert who can work closely with CDC and MOH.

I-TECH will support laboratory TB diagnosis through regular mentoring visits to TB clinics and labs by laboratory technicians and quality-assurance experts who have experience in TB diagnosis with smear microscopy. These laboratory-mentors will provide on-site troubleshooting and training, as well as a link to the regional referral laboratories. I-TECH will support the initiative by MOH, CDC and EHNRI to establish TB culture facilities at regional levels and facilitate the transport of specimens to regional labs for TB culture once capacity is available.

I-TECH will also work on developing information, education, and communications materials, and/or reprint and distribute existing materials on TB prevention and symptom screening at the hospital level.

In 2007, I-TECH assessed the feasibility of TB/HIV collaboration and the prevalence of HIV in TB patients in pastoralist areas of the country. In FY08, the result of the assessment will be used to improve the implementation of TB/HIV collaboration in those areas.

I-TECH will introduce infection control and provide supplies required for infection control, work closely with regional health bureaus (RHB), MOH, implementing sites, and CDC on prevention and management of MDR-TB, and on improving the recording and reporting of TB/HIV data. I-TECH will support the MOH, HAPCO, and CDC efforts to purchase and install chest x-ray machines for hospitals in ICAP- CU regions.

Finally, I-TECH will support feasibility studies (targeted evaluations) planned by CDC and other partners and will work closely with RHB, hospital ART committees, regional TB/HIV working groups, and MOH in its focus regions to ensure that TB program representatives are included in program-planning activities and policy development that addresses the co-morbidity of HIV/AIDS and TB.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10469

**Related Activity:** 16656, 16642, 16643, 16658,  
16644

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27916	5751.27916.09	HHS/Health Resources Services Administration	University of Washington	11464	3786.09	Rapid expansion of successful and innovative treatment programs	\$560,000
10469	5751.07	HHS/Health Resources Services Administration	University of Washington	5495	3786.07	aa	\$396,000
5751	5751.06	HHS/Health Resources Services Administration	University of Washington	3786	3786.06		\$150,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16656	5639.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$1,100,000
16642	10648.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$420,000
16643	5767.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$550,000
16658	5725.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$561,000
16644	10439.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$9,116,200

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

### Food Support

### Public Private Partnership

## Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	38	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,962	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	150	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	15,420	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Pregnant women

Business Community

People Living with HIV / AIDS

## Coverage Areas

Afar

Amhara

Tigray

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism ID:** 673.08

**Mechanism:** Expansion of HIV/AIDS/STI/TB Surveillance and Laboratory Activities in the FDRE

**Prime Partner:** Ethiopian Health and Nutrition Research Institute

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: TB/HIV

**Budget Code:** HVTB

**Program Area Code:** 07

**Activity ID:** 12314.08

**Planned Funds:** \$1,634,280

**Activity System ID:** 16652

**Activity Narrative:** Tuberculosis (TB) is the most common cause of death among HIV-infected persons, but diagnosis of TB in these persons is difficult. In addition, the global burden of drug-resistant TB in HIV-infected persons is increasing and can only be addressed through accurate diagnosis of drug-resistant TB. Improving the diagnosis of TB in HIV-positive persons was one of Ethiopia's emphasis areas in FY07. Using plus-up funding from 2007, the Ethiopian Health and Nutrition Research Institute (EHNRI) sought to increase TB culture capacity in five regional laboratories through renovations of existing facilities, procurement of appropriate supplies, training of regional staff, and ensuring quality assurance and control. In FY08, EHNRI will build on that work by implementing liquid TB culture, which is the most rapid and sensitive method for TB diagnosis, and drug-susceptibility testing at these five regional laboratories. This will maximize the sensitivity and speed of TB diagnosis and the identification of drug-resistant TB.

EHNRI will work with the Federal Ministry of Health (MOH), regional health bureaus (RHB), and PEPFAR partners to realize these activities. Activities will include:

- 1) Site assessments
- 2) Renovation of existing laboratory facilities for appropriate biosafety precautions
- 3) Procurement of equipment and reagents
- 4) Training of regional staff
- 5) Implementation of liquid-culture diagnosis
- 6) Transport of specimens from health facilities to regional laboratories
- 7) Internal and external quality assurance
- 8) Provision of technical assistance
- 9) Appropriate monitoring and evaluation

In addition, the national reference laboratory needs support for its work with a network of regional laboratories to enhance TB culture-capacity. To do this, an additional three staff members will need to be hired by EHNRI, and their staff should be re-trained in liquid-culture techniques. A study tour that would bring EHNRI staff to a laboratory with such activities is under consideration.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12314

**Related Activity:** 17754

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27971	12314.2797 1.09	HHS/Centers for Disease Control & Prevention	Ethiopian Health and Nutrition Research Institute	11475	673.09	Expansion of HIV/AIDS/STI/TB Surveillance and Laboratory Activities in the FDRE	\$1,000,000
12314	12314.07	HHS/Centers for Disease Control & Prevention	Ethiopian Health and Nutrition Research Institute	5493	673.07		\$1,330,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17754	17754.08	7488	496.08	Improving HIV/AIDS Prevention and Control Activities in the FDRE MOH	Federal Ministry of Health, Ethiopia	\$600,000

## Emphasis Areas

Construction/Renovation

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

\* TB

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Pregnant women

People Living with HIV / AIDS

## Coverage Areas

Amhara

Oromiya

Southern Nations, Nationalities and Peoples

Tigray

**Table 3.3.07: Activities by Funding Mechansim**

**Mechanism ID:** 3787.08

**Prime Partner:** Johns Hopkins University  
Bloomberg School of Public  
Health

**Funding Source:** GHCS (State)

**Budget Code:** HVTB

**Mechanism:** Support for program  
implementation through US-  
based universities in the FDRE

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Palliative Care: TB/HIV

**Program Area Code:** 07

**Activity System ID:** 16634**Activity Narrative:** TB/HIV Linkage Support at Hospital Level

An integrated tuberculosis (TB)/HIV program is an essential component of the comprehensive HIV care preventive package. With this program, Johns Hopkins University–Bloomberg School of Public Health (JHU-BSPH) aims to strengthen the linkages between TB and HIV services in hospitals of operational zone 2 (which encompasses Addis Ababa, Benishangul-Gumuz, Gambella, and Southern Nations, Nationalities, and Peoples Region (SNNPR).

In FY07, JHU-BSPH was funded to support and expand activities to 40 ART sites. To date, in FY07, JHU-supported sites have provided HIV counseling and testing to 1,305 TB patients, treated or screened 393 HIV patients for TB, placed 165 persons on isoniazid preventive therapy (IPT) and trained 34 persons in TB/HIV collaborative activities. Sensitization has been initiated at St. Peter's TB Hospital to serve as a training and demonstration site, and plans are underway to review the TB curriculum, conduct a review of multi-drug-resistant (MDR) TB cases, establish culture activity at St. Peter's laboratory, and implement infection control measures in the inpatient setting. On-site trainings are planned for the second through fourth quarters of FY07.

In FY08, JHU-BSPH will continue with all previous activities, supporting 50 sites in Operational Zone 2 (hospitals and emerging region health centers), and will focus on expanding activities to improve monitoring and evaluation (M&E) and improved use of the current and revised TB/HIV recording system. Widespread on-site training for TB/HIV activities will address the human resource attrition in the field. Improved TB diagnostics (e.g., chest x-ray (CTX), concentrated acid-fast bacilli (AFB) staining methods, fluorescent microscopy, fine-needle aspirations, culture and sensitivity, and—eventually—molecular diagnostics) will improve site-level capacity to diagnose active TB. JHU-BSPH will support the phased implementation of World Health Organization guidelines on smear-negative disease and extra-pulmonary TB, and will assess TB relapse and failure rates as a proxy for resistance (MDR-TB).

JHU will further expand TB/HIV collaborative activities to those private-sector hospitals providing free ART and PPM-directly observed therapy services and also expand IPT and cotrimoxazole preventive therapy (CPT) to co-infected pediatric patients. In FY08, JHU-BSPH will work with Columbia University and the MOH to assess training needs and curricula related to family-focused TB/HIV activities, including provider-initiated counseling and testing (PICT) guidelines for children. With ICAP-Columbia University as the lead TB-implementing partner among university partners, current didactic materials will be modified to reflect current needs. JHU-BSPH will also support the Federal Ministry of Health (MOH), the HIV/AIDS Prevention and Control Office (HAPCO), and CDC's efforts to improve the TB/HIV information system by hiring a TB/HIV M&E expert who can work closely with CDC and MOH.

In FY08, JHU-BSPH will continue to implement previous interventions such as expansion of PICT for TB patients, referral of HIV/TB patients for HIV-related care including CTX and ART, TB screening in HIV care and treatment settings with improved documentation of these activities at the HIV clinic, IPT for HIV-positive patients in whom active disease has been safely ruled out, and support at site level for improved ability to rule out active TB by providing CXR capacity in rural areas and in network/referral hospitals.

These activities, initiated in FY07, will continue to be closely coordinated with the national TB and HIV control programs and regional health bureaus (RHB) in the operational zone covered by JHU-BSPH. JHU-BSPH will continue to work closely with the RHB in strengthening the TB/HIV working groups and review meetings at regional level, along with providing strategies for: joint supportive supervision for TB/HIV activities; M&E of TB/HIV activities; programs to improve prevention, diagnosis, and treatment advocacy for MDR-TB; and human resources training and retention. JHU site-support teams will continue to provide monthly supportive supervision and clinical mentoring in the field of TB/HIV, and teams will work closely with the RHB to solve implementation road blocks.

In FY06 and FY07, JHU-BSPH initiated support to strengthen TB diagnostics among HIV-positive patients through improvement of smear microscopy services, quality assurance of laboratory networks, and support for regional referral. JHU-BSPH laboratory personnel assisted in the review of new smear microscopy guidelines, trained on concentrated AFB methods, and disseminated this information to JHU-supported TB/HIV sites. JHU-BSPH will continue to support improved smear microscopy but will expand this laboratory support to labs providing culture and sensitivity testing at regional and federal levels, in collaboration with the Plus-Up fund activities. The goal will be to increase ease of referral and improve information feedback to patients and efforts to assess the situation of MDR-TB.

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10429**Related Activity:** 16630, 16632, 16633, 16635,  
16636



### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27927	5754.27927.09	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	11465	3787.09	Support for program implementation through US-based universities in the FDRE	\$336,800
10429	5754.07	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	5484	3787.07	FMOH	\$264,000
5754	5754.06	HHS/National Institutes of Health	Johns Hopkins University Bloomberg School of Public Health	3787	3787.06		\$150,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16630	10643.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$360,000
16632	10635.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$550,000
16633	5618.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$469,836
16635	10545.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$496,800
16636	10430.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$7,000,000

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

PHE/Targeted Evaluation

### Food Support

### Public Private Partnership

## Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	40	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	4,803	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	200	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	11,633	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Pregnant women

People Living with HIV / AIDS

## Coverage Areas

Adis Abeba (Addis Ababa)

Binshangul Gumuz

Gambela Hizboch

Southern Nations, Nationalities and Peoples

**Table 3.3.07: Activities by Funding Mechansim**

**Mechanism ID:** 8135.08

**Prime Partner:** Royal Netherlands TB  
Foundation

**Funding Source:** GHCS (State)

**Budget Code:** HVTB

**Activity ID:** 18568.08

**Activity System ID:** 18568

**Mechanism:** TBCAP

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Palliative Care: TB/HIV

**Program Area Code:** 07

**Planned Funds:** \$1,162,500

**Activity Narrative:** Technical Assistance to (TB) TB/HIV Prevention and Control in Ethiopia

Ethiopia ranks as seventh among the 22 highest burden tuberculosis (TB) countries in the world according to the 2007 World Health Organization (WHO) Global TB Report. It is a leading cause of morbidity and mortality, and since the disease strikes people during their economically productive years, it represents an important development challenge. Pulmonary TB (PTB) is the third leading cause of hospital admission and second leading cause of death. The estimated incidence of all forms of TB and smear-positive PTB (PTB+) was 341 and 152 per 100,000 populations, respectively. The case detection rate of PTB+ cases was 33%, less than half the global target of 70%. The burden of HIV/AIDS is also significant. Ethiopia's national adult single-point HIV prevalence for 2007 was estimated at 2.1%, with a 7.7% urban rate and a 0.9% rural rate. Adult (15-49 years) deaths due to AIDS accounts for about a quarter of all young adult deaths in the country.

HIV prevalence studies among a representative group of TB patients have not been carried out. The HIV prevalence among TB patients is considerably higher than in the general population, and varies by area. According to data from hospitals and health facilities implementing TB/HIV collaborative activities, including provider-initiated counselling and testing (PICT) of TB patients, 41-70% of TB patients are HIV-positive in these sites.

The presence of extremely drug-resistant TB (XDR TB) and multidrug-resistant TB (MDR TB) raises the concern of a future drug-resistant TB epidemic with restricted treatment options that will jeopardize the major gains made in TB control and progress on reducing TB death among persons living with HIV/AIDS (PLWH). WHO, in 2007, estimated that 420,000 new MDR TB cases occur each year as a result of underinvestment in basic TB control, mismanagement of anti-TB drugs, transmission of drug-resistant strains, problems in drug supplies, limited laboratory capacity, and the health workforce crisis.

The XDR TB and MDR TB situation in Ethiopia, and the extent to which they are related to HIV, is not well-understood. With an estimated 5,102 MDR cases, Ethiopia ranks 12th in the world in terms of estimated burden of MDR TB. In 2007, WHO estimated that among TB cases, 1.7% are MDR, and among previously treated cases, 8% are MDR. The proportion of XDR is not known. Patients who fail to respond to first-line treatment, or patients who relapse, are put on a re-treatment regimen. Although there is now country-wide notification, there are a large number of patients who fail re-treatment. At St. Peters hospital in Addis Ababa in 2007, of 130 MDR patients who failed re-treatment, 50% are resistant to four drugs and 35% to three. As second-line treatment for these patients is not available in Ethiopia, they are consequently sent home, risking infecting others. Only the few who can afford to buy drugs from abroad can be put on second-line treatment. WHO estimates that Ethiopia will need to treat 343 MDR and 34 XDR TB patients in 2007, and 669 MDR patients and 61 XDR TB patients in 2008.

Ethiopia established a TB/HIV Advisory Committee (THAC) in 2002. THAC is comprised of key stakeholders from the TB and HIV/AIDS programs, major multi- and bilateral donor organizations, research institutions, academic institutions, and professional associations. THAC provides technical and policy guidance to the Federal Ministry of Health (MOH) and other partners, and it established a TB/HIV technical working group in 2007. The group chair alternates on an annual basis between the director of the National TB and Leprosy Control Program (NTLCP) and the director of the HIV/AIDS Prevention and Control Office (HAPCO).

Ethiopia's TB/HIV program has benefited recently from increased resources for TB/HIV collaborative activities, with support from the USG, WHO, German Leprosy and TB Relief Association (GLRA), and Italian Cooperation. In addition, in 2006 Ethiopia was awarded a Global Fund for AIDS, TB and Malaria (Global Fund) Round 6 grant for TB. The TB/HIV collaborative activities have now expanded to almost 300 health facilities in the country, including 98 USG-supported ART hospitals and nearly 200 USG-supported health centers.

In FY07, the USG allocated \$4,650,000 in "plus-up" funding for TB/HIV collaborative activities in Ethiopia, but gaps still remain, especially in the presence of XDR and MDR TB. In July 2007, PEPFAR Ethiopia asked a team from the USG TB Control Assistance Program (TBCAP) to undertake an assessment of Ethiopia's collaborative activities. The review included review of the FY07 plus-up work plan, the Global Fund's Round 6 proposal, and the 2007-2008 XDR and MDR TB Global Response Plan. The assessment led to recommendations for the USG to focus on the following three key program components in FY08:

Component One: Strengthen TB/HIV management and leadership capacity:

- 1) Provide high-level technical and financial support to strengthen the national TB/HIV technical working group, including supporting the finalization of the group's expected outputs, such as policy and guideline development
- 2) Strengthen TB/HIV leadership, through long- and short-term technical assistance (TA), to 2-3 regional health bureaus (RHB) with low rates of TB case-finding and treatment outcome, to improve TB/HIV coordination, collaboration and supervision. The regions with the highest population and greatest need will receive priority: Oromiya, Amhara, Southern Nations, Nationalities and Peoples regions (SNNPR), and Addis Ababa. The four regions hold 85% of Ethiopia's total population.
- 3) Strengthen advocacy and communication on TB/HIV and XDR and MDR TB among policy makers and healthcare management at different levels
- 4) Strengthen analytical and presentation skills among the TB staff for managerial and advocacy purposes
- 5) Increase the capacity of HIV/AIDS staff to undertake TB control at various levels of the health system, at the national level and in 2-3 regions

Component Two: Strengthen XDR and MDR TB management, particularly of TB/HIV co-infected patients, in line with the Global Response Plan 2007-2008. The USG will provide technical and financial support to ensure effective and efficient implementation of the recommendations made by the MDR Task Force established under the FY07 TBCAP work plan to assist Ethiopia in reaching the targets set by the Global Plan to Stop TB, and the Global MDR TB and XDR TB Response Plan 2007-2008. The USG support will build on the results of activities already planned in FY07 and will focus on:

- 1) Strengthening the management of MDR TB by training National TB Program (NTP) staff at national regional levels through study tours, workshops, and conferences

- Activity Narrative:** 2) Assisting the NTP with developing, disseminating, and beginning implementation of the MDR guidelines on scaling up program management on XDR and MDR TB, particularly in co-infected patients. This would include expanding MDR TB treatment sites and helping Ethiopia to obtain “Green Light Committee” approval from the WHO/Geneva/Stop TB Program for approval and renovation of facilities at those sites.
- 3) Developing and beginning implementation of a national infection-control strategy, including training at all levels
- 4) Strengthening the lab referral network between TB/HIV and XDR and MDR TB services

Component Three: Strengthen the monitoring and evaluation (M&E) system of TB/HIV and XDR and MDR TB. The USG will provide technical assistance to strengthen the existing M&E system for TB/HIV and XDR and MDR TB, as follows:

- 1) Provide technical assistance to TB/HIV, XDR and MDR TB M&E systems to strengthen analytical skills in M&E and data collection and use among NTP staff at different levels, and to strengthen presentation skills among the TB staff on data management
- 2) Assist the NTP to monitor the extent and effectiveness of cotrimoxazole preventive therapy in TB/HIV co-infected patients
- 3) Build on the efforts of the Government of Ethiopia and other partners' efforts at the national level. Work with all relevant stakeholders and implementing partners to train regional and district TB/HIV management staff on data management, including analysis and use.
- 4) Where appropriate, procure computers for selected sites to strengthen site-level capacity to analyze and use TB/HIV data.

The end result of this activity will be to decrease the burden of TB among people living with HIV/AIDS (PLWH) and the general population through strengthening the TB/HIV collaborative initiative in Ethiopia. The targeted population is PLWH and persons living with TB/HIV, TB suspects, and patients, the NTP staff and healthcare workers at the lower levels. In addition, the general population will be an indirect beneficiary, because the burden of infectious TB will be reduced.

Activities will be implemented in a collaborative and coordinated manner with other partners working on control of TB and TB/HIV. The activity will leverage a wraparound of an estimated \$500,000 in FY08 non-PEPFAR USG TB funding for TB control and management, and will link closely with work by other PEPFAR partners working on TB/HIV, including the Ethiopian Health and Nutrition Research Institute (ID 11157 and 12314), Abt Associates Private Sector Program (ID 10375), WHO (ID 12316), the four PEPFAR-supported US universities working in HIV/TB (ID 10456, 10429, 10463, 10469), Management Sciences for Health/Care and Support Program (ID 10400), HAPCO (FY07 reprogrammed PEPFAR funds), and other donors, including the Global Fund, GLRA, Italian Cooperation, and the Dutch Government.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Emphasis Areas**

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	200	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

**Table 3.3.07: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3793.08	<b>Mechanism:</b> WHO-CDC
<b>Prime Partner:</b> World Health Organization	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Area Code:</b> 07
<b>Activity ID:</b> 18463.08	<b>Planned Funds:</b> \$1,395,000

**Activity System ID:** 18463

**Activity Narrative:** Strengthening Human Resources, MDR-TB control, and TB Infection Control

**I. Strengthening of Human Resource Capacity:**

The human resource crisis in the health system is one major rate-limiting problem in Ethiopia. TB/HIV collaborative activities have faced high staff turnover, which has affected scale-up of collaborative activities implementation. Plus-up funding from FY07 was used by the World Health Organization (WHO) to provide additional staff at the Federal Ministry of Health (MOH) and the regional health bureaus (RHB).

Activities for FY08 will include:

- 1) Providing training to mid-level staff in MOH to develop their skills, so that they can eventually fill higher-level positions
- 2) Assessment of the impact of additional staff added in FY07
- 3) In underperforming regions, staff may be added according to need at RHB

**II. MDR-TB:**

The TB program in Ethiopia has not yet started managing multi-drug-resistant TB (MDR-TB) cases. However, plus-up funding from FY07 was allocated to support MOH in the initiation of MDR-TB treatment. WHO will continue this support in FY08 by providing ongoing MDR-TB training to additional clinicians in St. Peter's Hospital, the TB specialty hospital in Addis Ababa. This activity will synergize well with support from the Global Fund for AIDS, Malaria, and Tuberculosis, which will support the cost of second-line drugs for MDR-TB treatment. WHO will facilitate these activities by closely working with MOH and the HIV/AIDS Prevention and Control Office (HAPCO).

**III. TB Infection Control:**

The country urgently needs a TB infection-control strategy. Plus-up funding from FY07 was allocated to do a baseline assessment of current infection-control practices, to support the national program in developing national infection-control guidelines, and to implement appropriate infection-control measures in selected hospitals, including St. Peter's. Activities for FY08 will build on these activities by:

- 1) Supporting technical assistance from external consultants to improve infection control practices and to guide implementation
- 2) Procuring necessary supplies for infection control in hospitals.

WHO will take the lead in assisting the MOH in these activities, in collaboration with relevant stakeholders and partners. WHO will also organize a review mission to evaluate the status of implementation of the TB and TB/HIV programs in Ethiopia.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

**Targets**

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	150	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Pregnant women

People Living with HIV / AIDS

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism ID:** 7887.08

**Mechanism:** CDC-Management and Staffing

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

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: TB/HIV

**Budget Code:** HVTB

**Program Area Code:** 07

**Activity ID:** 18726.08

**Planned Funds:** \$181,400

**Activity System ID:** 18726

**Activity Narrative:** This activity represents the direct technical assistance which is provided to partners by CDC staff. The amount represents the salary cost for CDC Ethiopia direct hire technical staff. Detailed narrative of CDC-Ethiopia Management and Staffing is included in Program Area 15 – Management and Staffing HVMS.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**



**Table 3.3.07: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 118.08	<b>Mechanism:</b> USAID M&S
<b>Prime Partner:</b> US Agency for International Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Area Code:</b> 07
<b>Activity ID:</b> 18727.08	<b>Planned Funds:</b> \$300,000
<b>Activity System ID:</b> 18727	
<b>Activity Narrative:</b> Funding for USAID staff in the HVTB program area covers short-term technical assistance for essential program design, monitoring, and other technical oversight.	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	
<b>Related Activity:</b>	

**Table 3.3.07: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 496.08	<b>Mechanism:</b> Improving HIV/AIDS Prevention and Control Activities in the FDRE MOH
<b>Prime Partner:</b> Federal Ministry of Health, Ethiopia	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Palliative Care: TB/HIV
<b>Budget Code:</b> HVTB	<b>Program Area Code:</b> 07
<b>Activity ID:</b> 17754.08	<b>Planned Funds:</b> \$600,000
<b>Activity System ID:</b> 17754	
<b>Activity Narrative:</b> Improving TB diagnosis and TB/HIV Monitoring and Evaluation HIV-positive persons have to be properly screened for tuberculosis (TB) in order to receive directly observed therapy, short course (DOTS) for active TB cases or to receive isoniazid for those free from TB. However, diagnosis of TB in HIV-positive persons remains a challenge in Ethiopia, where both the diseases are prevalent. In FY07, several activities focused on improvement of TB diagnostic facilities at the regional level, including establishment of TB liquid-culture capacity, exploration of the feasibility of different diagnostic methods (e.g., fluorescent microscopy, fine-needle aspiration, Microscopic Observation Drug Susceptibility assay (MODS)), and improvement of chest x-ray services. In particular, the HIV/AIDS Prevention and Control Office (HAPCO) used FY07 plus-up funds to assess the availability and functionality of chest x-ray facilities in PEPFAR- supported hospitals. In addition, HAPCO purchased x-ray machines for those hospitals that did not have them, as well as those who are serving a large number of TB/HIV cases. In FY08, HAPCO will continue with that effort by purchasing x-ray machines for those hospitals with needs identified in the original assessment which could not be assisted in FY07.  The activities will include: purchase and distribution of chest x-ray machines, in-service training of x-ray technicians, and in-service training of physicians on how to read and interpret chest x-rays.  HAPCO will also continue its involvement in improving the TB/HIV data system which was initiated in previous years. In FY07, the TB/HIV monitoring and evaluation system was established, and in FY08 HAPCO will concentrate efforts on supportive supervision and review meetings among hospital sites and national and regional level HAPCO.	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	

**Related Activity:**

**Emphasis Areas**

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

**Targets**

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	150	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

People Living with HIV / AIDS

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism ID:** 8181.08

**Mechanism:** CDC-M&S

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

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GAP

**Program Area:** Palliative Care: TB/HIV

**Budget Code:** HVTB

**Program Area Code:** 07

**Activity ID:** 18738.08

**Planned Funds:** \$265,451

**Activity System ID:** 18738

**Activity Narrative:** This activity represents the direct technical assistance which is provided to partners by CDC staff. The amount represents the salary and benefit costs for CDC Ethiopia local technical staff and benefit cost for direct hire staff. Detailed narrative of CDC-Ethiopia Management and Staffing is included in Program Area 15 – Management and Staffing HVMS.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.07: Activities by Funding Mechanism**

**Mechanism ID:** 673.08

**Mechanism:** Expansion of HIV/AIDS/STI/TB Surveillance and Laboratory Activities in the FDRE

**Prime Partner:** Ethiopian Health and Nutrition Research Institute

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Palliative Care: TB/HIV

**Budget Code:** HVTB

**Program Area Code:** 07

**Activity ID:** 19160.08

**Planned Funds:** \$400,000

**Activity System ID:** 19160

**Activity Narrative:** PARTNER: Ethiopian Health and Nutrition Research Institute

**Project Description:**

Even though there are not yet reports of extensively drug-resistant tuberculosis (XDR TB) in Ethiopia, it has recently emerged as a global public health threat. In South Africa, XDR TB among HIV-infected persons killed 52 of 53 persons diagnosed with the disease, many of whom were on antiretroviral therapy (ART). The World Health Organization (WHO) recommends surveillance for XDR TB among high-risk patients, which would include "retreatment patients," or those previously treated for tuberculosis.

EHNRI proposes to conduct XDR TB surveillance in collaboration with St. Peter's Specialized TB Hospital in Addis Ababa, the largest TB hospital in the country. The hospital sees a large number of TB patients with a previous history of TB treatment, many of whom have drug-resistant TB. All re-treatment patients have their sputum sent to the national reference laboratory for first-line drug susceptibility testing.

**Evaluation Question:**

The evaluation question is whether XDR TB exists among HIV co-infected persons in Ethiopia.

**Programmatic Importance:**

The study is important to establish presence, or lack thereof, of XDR TB in Ethiopia and to develop local capacity at EHNRI to screen for XDR TB.

**Methods:**

USG will support surveillance for second-line TB drug-resistance (and thus XDR TB) by having sputum specimens for all re-treatment cases at St. Peter's for a 3-6 month interval sent to the national reference laboratory as usual for first-line drug-susceptibility testing. All such specimens will be stored in a freezer at EHNRI and then will be shipped in 1-3 batches to either one of the WHO International Union against Tuberculosis and Lung Disease (IUATLD) Supranational Reference Laboratories (SRL) or to CDC-Atlanta for second-line drug-susceptibility testing. To build the capacity of EHNRI, second-line testing will also be done there.

Activities will include, purchase of second line testing reagents, training in second line testing for EHNRI staff, shipment of specimens to supra national lab, supplying second line testing to a destination laboratory (WHO IUATLD SRL). In addition, the EHNRI TB laboratory will be strengthened to be able do XDR TB testing in future.

**Information Dissemination Plan:**

Stakeholders include the HIV-TB Technical Working Group members, selected TB diagnostic centers in Ethiopia, the Federal Ministry of Health (MOH), Addis Ababa Regional Health Bureau, health care providers, PEPFAR and other entities involved in HIV-TB care and support. Results will be disseminated in a review meeting for the region and findings will be shared with PEPFAR partners.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Emphasis Areas

PHE/Targeted Evaluation

## Food Support

## Public Private Partnership

HKID - OVC

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

**Total Planned Funding for Program Area: \$30,632,721**

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$50,000
Estimation of other dollars leveraged in FY 2008 for food	\$1,000,000

### Program Area Context:

The GOE's single-point estimate issued in June 2007 states that in 2008 Ethiopia will have almost 5.5 million orphans—16% or 898,350 of whom will be due to AIDS. This includes 640,802 maternal orphans, 550,300 paternal orphans, and 304,282 dual orphans due to AIDS. As a child's age increases, the likelihood of the child living with both parents decreases. Only 65.2% of 10-14 year-olds, and 52% of children 15-17, live with both parents, according to the 2005 Demographic and Health Survey (EDHS). Lack of parental care and support exposes children to increasing vulnerability, such as food insecurity and chronic malnutrition; lack of protection, shelter, and education; and physical and sexual abuse. These children also face the increased burden of caring for ill parents and of stigma and discrimination. This vulnerability can, in turn, increase children's risk for exposure to HIV. The majority of orphans due to HIV/AIDS are in Amhara, Oromiya, and SNNPR. With over one million PLWH and an average household of five children, millions of children are currently or potentially vulnerable to HIV and AIDS.

The single-point HIV prevalence document also states that among children 0-14 there are currently an estimated 64,800 HIV-positive children in Ethiopia. With a FY08 budget of over \$31,000,000 for OVC activities, PEPFAR Ethiopia will aim to identify and reach all HIV-positive children and their families in Ethiopia. A major strategy for identifying and supporting HIV-positive infants, children and their families will be through case managers, community-based reproductive health agents, Peace Corps volunteers, health extension workers, and traditional birth attendants. These community outreach workers will be essential to linking HIV-mothers and their HIV-exposed children to community support and clinical services. IntraHealth's activities (10615, 10616) and the new Integrated Maternal, Neonatal, and Child Health Program (funded under PMTCT) will train health providers and community outreach workers on pediatric case-finding and referrals for treatment and community care. The USAID child health partner Essential Health Services in Ethiopia will facilitate OVC receiving child health services such as diarrhea control, deworming, and clinical referrals.

PEPFAR OVC partners will also take a much greater focus on linking HBHC, ART, nutrition and malaria activities to OVC programs. PEPFAR/Ethiopia will continue to link with the Title II Food for Peace program and the World Food Program to expand the coverage and depth of food assistance for OVC. CRS and the WFP plan to provide over 49,000 OVC with nutritional assistance in COP08. Other partners such as the Urban Agriculture program will build on FY07 successes in increasing food security and income for over 4,500 HIV-affected households. A new activity in COP08 will address the prevention of food insecurity and malaria in OVC by leveraging President's Malaria Initiative resources. The YMCA, World Learning, and IOCC will further scale-up their activities and services for OVC. Partnerships with private sector companies like Coca-Cola and Fintrac will continue to result in enhanced livelihood options and increased household resources for OVC.

In FY08, USG will support efforts to estimate the number of vulnerable children due to HIV and where they live in order to improve targeting within the OVC program. Mapping data generated in FY07 by multiple sources will be used to increase coordinated care,

especially referrals to HIV services such as counseling and testing, PMTCT, palliative care, and ART, including pediatric care. PEPFAR will disseminate and use the results from CARE's gender-based violence assessment to understand more how violence affects OVC in Ethiopia. Also in FY07, FHI and UNICEF plan to conduct an assessment of institutional care in Ethiopia to learn more about the orphanage system and adoptions. USAID will conduct mid-term and final evaluations of the PC3 project in October 2007 and October 2009 respectively. A new PHE by World Learning will provide more inform about HIV-positive children.

The recently drafted Standards of Services for OVC in Ethiopia will provide the foundation for organizing efforts across implementing partners and helping them to achieve shared outcomes in child wellbeing. The drafting of standards was informed by the National Plan of Action and the PEPFAR OVC Guidance. The PC3 Program will pilot test the application of the standards, develop additional tools (checklists and guidelines) and refine the standards with input from the regional OVC Task Forces, the community, and vulnerable children receiving services. Using the Child Status Index in combination with service standard application will put PEPFAR/Ethiopia on track to convey the measurable difference being made in the lives of OVC served. Peace Corps/Ethiopia will train the arriving volunteers on how to apply the OVC service standards and relatedness to community data collection to track improvements in care.

PEPFAR/Ethiopia will continue to support a seconded-position to the National OVC Task Force to strengthen donor coordination and the national response to OVC. Support will also be provided for an OVC position at the Federal HAPCO to increase the national capacity for reporting on OVC numbers and services provided. PEPFAR partners will also provide technical assistance to the Regional HAPCO offices and the regional OVC Task Forces to progress government and civil society partnerships to provide multi-sector services to OVC. Leadership at the national level for OVC has experienced a decline with various ministries continuing to vie for the leadership role and donor coordination has not advanced as needed. Drafting the Standards of Services for OVC has provided a positive stimulus for increasing OVC stakeholder communication, including with GOE. Obstacles experienced in FY07 primarily relate to lack of human resources and national government leadership. After a long vacancy, USAID/Ethiopia will have a fulltime OVC Specialist experienced in implementing OVC programs in Ethiopia and anticipates hiring additional USG staff in 2008. There will be a Psychosocial Support Advisor and a Family/Community Services Advisor that will enable increased linkages between community and clinical care.

Coordination within PEPFAR/Ethiopia includes bi-monthly partners' meetings and weekly USG PEPFAR Care Technical Working Group. These forums provide opportunities to exchange on best practices, discuss latest technical developments, and plot joint planning in a geographic or technical area. With increased USG coordination concerning OVC due to multiple causes being sought by the US Congress, an OVC advisory group is being considered to increase engagement of other agencies, sectors, and initiatives within USG.

FY07 target achievements are on track for the OVC program with over 500 community partnerships (e.g. CBO, FBO, PTA, Community Core Committees, Girls' Advisory Committees, and local government administrations) providing support to 264,193 OVC as of March 2007. Successful approaches to working with local structures such as Idirs, schools, and community groups will be expanded in FY08 to more fully encompass community coordinated care for households affected by HIV. The number of OVC served greatly increased by 90,858 since the beginning of FY07. PEPFAR partners trained over 25,700 OVC caretakers between October-March 2007.

Under COP08, PEPFAR Ethiopia anticipates surpassing its target of 500,000 OVC reached by September 2009 by over 300,000. This will be accomplished in large part through the PC3 project and new activities under the FY07-08 OVC APS; the Grants, Solicitation, and Management mechanism; and a new RFA with FY08 funding. To assure quality, the APS will address alignment of indicators across OVC partners and harmonizing data collection and reporting to support the larger GOE effort to monitor services to OVC.

At this time, USG Ethiopia is unable to estimate the number of children who will receive one or two services versus three or more services. After the FY07 Annual PEPFAR Report is submitted, the program will be able to report on the current number of OVC receiving primary and supplemental direct services. Based on this report, the program will be able to make an informed estimation for COP08.

#### Program Area Downstream Targets:

8.1 Number of OVC served by OVC programs	836698
*** 8.1.A Primary Direct	
*** 8.1.B Supplemental Direct	
8.2 Number of providers/caregivers trained in caring for OVC	41441

#### Custom Targets:

**Table 3.3.08: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 8276.08	<b>Mechanism:</b> Our Father's Kitchen
<b>Prime Partner:</b> Hiwot HIV/AIDS Prevention Care and Support Organization, Ethiopia	<b>USG Agency:</b> Department of State / African Affairs

**Funding Source:** GHCS (State)

**Program Area:** Orphans and Vulnerable Children

**Budget Code:** HKID

**Program Area Code:** 08

**Activity ID:** 18844.08

**Planned Funds:** \$0

**Activity System ID:** 18844

**Activity Narrative:** Our Father's Kitchen

Under the umbrella of HAPCSO, a local nongovernmental organization (NGO), Our Father's Kitchen is a local, private, charity initiative to feed orphans and vulnerable children in Addis Ababa on a daily basis. This will include children suffering from HIV/AIDS and those who are orphaned and/or disabled. Serenade Venture, a private business, is collaborating with, HAPCSO, and Beza Le Wegen (another NGO) to support this activity. The program currently feeds 100 children, and this number is expected to increase to over 1,000 children.

Partner will apply through APS for other agency funding, as does not qualify for a small grant.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

#### Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Health-related)

\* Child Survival Activities

#### Food Support

#### Public Private Partnership

#### Target Populations

##### Other

Orphans and vulnerable children

#### Coverage Areas

Adis Abeba (Addis Ababa)

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 118.08

**Mechanism:** USAID M&S

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Orphans and Vulnerable Children

**Budget Code:** HKID

**Program Area Code:** 08

**Activity ID:** 18729.08

**Planned Funds:** \$434,717

**Activity System ID:** 18729

**Activity Narrative:** This funding will be used to partially or fully support four positions at USAID to manage OVC activities and provide technical leadership in this program area. The HIV/AIDS Orphans and Vulnerable Children (OVC) Advisor serves as a resource person and is responsible for providing technical expertise to activities related to the care and support of orphans and vulnerable children, with special emphasis on community mobilization. This position will be responsible for coordinating OVC policy issues with the Government of Ethiopia (GOE), other donors, and nongovernmental organizations (NGO) working in the areas of HIV/AIDS and OVC. The Psychosocial Support Advisor will provide technical leadership in counseling and psychosocial support on the HIV/AIDS team. This Advisor will work to ensure that case management services are in place at health centers and at community level. The position will work closely with members of the prevention team in the area of PMTCT and members of the care team in the area of OVC to support programs addressing the psychosocial needs of OVC. The Advisor will also advise the HIV/AIDS Team on policy and strategic development, program and project planning, implementation, and evaluation of the Agency's psychosocial support program activities.

The OVC and Education Advisor will support the OVC Specialist in managing OVC activities that are linked with the education sector. The Family/Community Service Advisor will provide technical, operational and management support to the USAID HIV/AIDS Team. S/he will perform a full-range of consultative, advisory, program planning, financial management, reporting, and monitoring and evaluation functions. The Advisor will be responsible for providing direction and oversight to community services, health networks and the integration of OVC, PMTCT, Pediatrics and community-focused VCT services within the HIV/AIDS prevention activities. These last two positions are partially funded by PEPFAR OVC resources. This funding will also support short-term technical assistance.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.08: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 10465.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Salesian Mission	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Orphans and Vulnerable Children
<b>Budget Code:</b> HKID	<b>Program Area Code:</b> 08
<b>Activity ID:</b> 24468.08	<b>Planned Funds:</b> \$2,165,599
<b>Activity System ID:</b> 24468	



**Activity Narrative:** Summary:

Salesian Missions, in partnership with Project Concern International, proposes to implement the CARING FOR OUR YOUTH (CARING) Project in Ethiopia to mitigate the impact of HIV/AIDS in Ethiopia by increasing access to youth orphaned or made vulnerable by HIV/AIDS, and providing holistic care, community reintegration, and support for 60,000 orphans, street youth and children who have been made vulnerable due to HIV/AIDS.

The goal of the CARING Project is to mitigate the impact of HIV/AIDS in Ethiopia, and its purpose is to help HIV/AIDS-affected children and adolescents grow and develop into healthy, stable and productive members of society. To that end, SDBE and PCI, along with their implementing partners will work towards the Strategic Objective (SO) of improved quality of life for children and youth made vulnerable by HIV/AIDS and their families in Addis Ababa, Makele, Adigrat, Zway, and Debre Zeit, Ethiopia.

To achieve this SO, the CARING Project will

- 1) increase the number of OVC with their essential needs for shelter and care met by reintegrating OVC with extended or foster families or their home communities, and by building the capacity of the SDBE residential rehabilitation program for street children and youth;
- 2) increase the number of OVC receiving formal and non-formal educational and development opportunities by expanding SDBE capacity to provide opportunities for formal and supplementary education, life skills workshops, and recreational and sports activities, and by providing assistance with school fees, uniforms, and supplies to effectively reduce barriers to attending school;
- 3) improve the economic status among households caring for OVC by providing older OVC with opportunities for vocational/technical training, and by empowering OVC caretakers, especially women through a savings-based economic self-help group approach;
- 4) increase access to critical, community-based OVC support services, specifically health/medical care, nutritional support, legal support, and psychosocial support through the CARING Small Grants Program for local CBOs and FBOs providing crucial community-based OVC support services; and
- 5) increase the practice of abstinence and faithfulness behaviors among targeted youth by training youth animators and facilitating youth HIV prevention outreach events and workshops based on the successful SM Life Choices methodology.

Target 1st year:  
20,000 OVC

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.08: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 9463.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> Organization of Social Services for AIDS, Ethiopia	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Orphans and Vulnerable Children
<b>Budget Code:</b> HKID	<b>Program Area Code:</b> 08
<b>Activity ID:</b> 21857.08	<b>Planned Funds:</b> \$1,696,165
<b>Activity System ID:</b> 21857	

**Activity Narrative:** Summary:

The project, which is entitled care services for HIV/AIDS infected and affected children, will be implemented in five regions and two City Administrations of Ethiopia - namely, Oromiya, Amhara, Tigray, SNNPR, Harari, Dire Dawa and Addis Ababa. The direct beneficiaries of the project are 55,000 OVC and their families/guardians as well as 5500 community volunteer services providers. The community members of the 32-woredas/ sub cities/towns from where these OVCs will be selected will also benefit from the various services of this project

To ensure the effective implementation of this project, OSSA will make use of its existing partnership and networks with Community-Based Organizations (CBOs), Faith-Based organizations (FBOs), kebeles, schools, health facilities, social courts, police offices, women associations, and government line departments. Moreover, it will establish and strengthen steering committees, task forces, and PTAs at each of the project sites.

To enlarge the community's role in supporting OVCs, OSSA will involve local community members and structures. Where feasible, the Project has planned to make use of such projects as WFP Urban HIV/AIDS projects, government's productive safety net programme and micro finance institutions to improve the nutritional, psychosocial, income, education, health needs of OVC.

Target 1st year:

18,334 OVC  
1,834 Community volunteer Service providers

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.08: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3794.08	<b>Mechanism:</b> Urban HIV/AIDS Program
<b>Prime Partner:</b> World Food Program	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Orphans and Vulnerable Children
<b>Budget Code:</b> HKID	<b>Program Area Code:</b> 08
<b>Activity ID:</b> 18702.08	<b>Planned Funds:</b> \$3,600,000
<b>Activity System ID:</b> 18702	

## Activity Narrative: Urban HIV/AIDS Nutrition Program

This request is for the orphans and vulnerable children (OVC) component of the ongoing World Food Program (WFP) project titled "Supporting Households, Women and children infected and affected by HIV/AIDS", also referred to as "Urban HIV/AIDS". The activity is part of WFP's Protracted Relief and Recovery Operation (PRRO), is a continuation of activities supported by COP 06 and 07 and is linked to USAID Title II contributions for nutritional support of OVC. Increased funding is requested in 2008 in order to reach larger numbers of food insecure OVC and to expand the geographical areas covered by the project. The FY08 funding for the World Food Program Urban HIV/AIDS program totals \$8,600,000 million (\$4,000,000 million for palliative care, \$3.6 million for OVC and \$1 million for PMTCT) which leverages \$7 million in food. This activity will complement PEPFAR resources with food resources leveraged from WFP multilateral contributions, Title II USAID Food for Peace and bilateral donors, including in 2007, 500,000 USD from France, 500,000 Euros from Spain, 1million USD from Sweden and 100,000 USD from Egypt, with additional contributions from other donors to be confirmed. PEPFAR resources will be used to purchase food commodities for orphans and vulnerable and to cover the associated logistics costs. Approximately one third of the proposed budget will be used for food commodities. PEPFAR resources will support improved nutritional status and quality of life for OVC through nutrition assessments and counseling, psychosocial support, nutrition education, and household access to economic strengthening opportunities. The provision of food and nutritional support through WFP and partners is programmed to be complementary with other services for OVC. WFP also ensures complementarity with other United Nations (UN) system partners' activities under HIV/AIDS, where OVC programming is done in collaboration with the United Nations Children's Fund (UNICEF) and the United Nations Educational, Scientific and Cultural Organization (UNESCO).

This project is currently implemented in 14 of the most populous urban areas in Ethiopia, in four large regions, Amhara, Oromiya, Tigray and the Southern Nations, Nationalities and Peoples Region (SNNPR), and two urban administrative areas, Addis Ababa and Dire Dawa, where numbers of orphans are high and poverty is acute. The selection of existing and potential additional areas for the implementation of this project is done by assessing the level of need in urban areas, examining the HIV prevalence rate, urban poverty index and numbers of OVC enrolled in educational and other support programs. Up to 12 additional urban areas will be selected for the project after assessments conducted by regional HIV/AIDS Prevention and Control Offices (HAPCO) with participation and support from WFP, and based upon an increased level of contributions from donors. Regions where the project is implemented have been consistently asserting the necessity for extending this project to additional urban areas.

The beneficiaries of the project are OVC accessing complementary forms of support funded through PEPFAR and Global Fund-sponsored activities, including the Save the Children USA implemented Positive Change: Children, Communities and Care (PC3) project. In particular, OVC identified for food support are receiving complementary educational support from UNICEF and other partners and are regularly attending school as a result. Beneficiaries of the project will be linked through referral systems to health sector partners supporting pediatric care and child survival programs including immunizations. This will be achieved by linking the nutritional support program through regular referrals to hospitals and health centers in urban areas participating in the WFP Urban HIV/AIDS activity. Referrals will be followed up by home-based care (HBC) providers who care for and mentor OVC. When necessary HBC providers will accompany OVC during visits to hospitals and health centers, particularly in the case of HIV-positive OVC accessing treatment for HIV/AIDS and related opportunistic infections. OVC beneficiaries are identified through referral links from nongovernmental organizations (NGO), community-based organizations (CBO) and ward HIV/AIDS committees. Household assessments are conducted to ensure that all beneficiaries are food insecure and require the type of food support provided by WFP. The activity is implemented by town HAPCO and NGO partners. Each town has a coordination committee composed of representatives of the town, HAPCO, health service providers, NGO partners and people living with HIV/AIDS (PLWH) associations that is responsible for the selection of beneficiaries.

In order to ensure quality services, WFP will apply newly developed Standards of Services for OVC in Ethiopia. WFP conducts a range of complementary activities that are directly linked to the provision of food support and are funded by PEPFAR contributions. These activities include training for partners and home-based-palliative care providers and beneficiaries in HIV/AIDS and nutrition, aimed at maximizing beneficiaries' abilities to improve their own nutritional status through selection and preparation of different types of food. In order to ensure the effective consumption of the Corn Soya Blend (CSB), a blended fortified food rich in micronutrients provided by this project, WFP has produced training materials and handbooks in preparation and consumption of CSB that are distributed to all beneficiaries. WFP also strengthens and provides ongoing support to town-level coordination structures through the provision of information technology (IT) equipment and training in monitoring and evaluation. Nutritional, health and hygiene counseling are integrated into the counseling and HBC services supported by the project and OVC and their caregivers are encouraged and supported to access other forms of support. The structures of coordination and communication established through the WFP-supported project have had an overall positive impact on the provision of integrated services in the urban areas where the project is implemented, beyond the provision of nutritional support.

In order to track the wider impact of the project, WFP uses PEPFAR resources to conduct Results Based Management (RBM) Monitoring. Quarterly reports on commodity flow and numbers of beneficiaries receiving food and nutritional support, as well as complementary activities, are submitted by partners in each of the implementation areas. Annual RBM surveys are conducted by WFP and partners to measure the impact of the project on a range of indicators including OVC school attendance and drop out rates. WFP also engages in qualitative forms of monitoring and evaluation, including the identification of best practices in particularly successful towns. It also sponsors experience sharing workshops for all partners.

WFP will collaborate with OVC programs to pursue and implement sustainable food security options while simultaneously providing food inputs. These sustainable options will focus on increasing household assets through market-driven economic strengthening activities such as small business development, savings and loan schemes, and micro-credit. Partnerships with economic growth programs will be established or expanded to provide needed technical expertise and linkage to viable market options. WFP uses public and private contributions to strengthen partners' ability to implement economic strengthening options. WFP experience in the area of income generation for beneficiaries includes provision of small loans that have

**Activity Narrative:** resulted increased household assets through small business development.

A strategy to stabilize the food security status of OVC households and transition them from food aid is under development for implementation in FY08. This strategy is being planned with Government of Ethiopia and other OVC stakeholders. Graduation from food aid will be managed by partners at the town level and is supported by economic strengthening opportunities.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	37,000	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	1,780	False

**Table 3.3.08: Activities by Funding Mechansim**

**Mechanism ID:** 649.08

**Mechanism:** N/A

**Prime Partner:** International Rescue Committee

**USG Agency:** Department of State / Population, Refugees, and Migration

**Funding Source:** GHCS (State)

**Program Area:** Orphans and Vulnerable Children

**Budget Code:** HKID

**Program Area Code:** 08

**Activity ID:** 18177.08

**Planned Funds:** \$93,311

**Activity System ID:** 18177

**Activity Narrative:** Orphans and Vulnerable Children support for Sudanese and Eritrean Refugees

This new activity works into the International Rescue Committee's (IRC) current PEPFAR-funded project, which provides prevention and counseling and testing (CT) services to refugees living in Sherkole and Shimelba Refugee camps and the surrounding host communities.

IRC's HIV prevention and CT project was initiated in October 2004 in Sherkole Camp (in the Benishangul-Gumuz region) and in 2007 in Shimelba Camp (in the Tigray region). For FY08, IRC is proposing to continue its current activities with a strategic plan to expand its efforts to include activities for Orphans and Vulnerable Children (OVC) in both camps and host communities.

IRC coordinates its activities closely with United Nations High Commission for Refugees (UNHCR), the Government of Ethiopia's (GOE) Agency for Returnee and Refugee Affairs (ARRA), and the Ethiopian HIV/AIDS Prevention and Control Office (HAPCO). IRC has also established relationships with Johns Hopkins University (JHU) and the University of Washington/I-TECH for technical support and training.

Since FY05, IRC has provided HIV prevention, scaling up over time to include CT services and referrals for assessment and wraparound care to local regional hospitals. While this programmatic aspect has been successful and well-received by the communities, IRC has recognized a need for a more comprehensive HIV program. Support to OVC is one notable gap in the Sherkole and Shimelba refugee sites, with no single program addressing the particular needs of these children. IRC will collaborate with ARRA and UNHCR child-protection officers to strengthen activities supporting OVC, with emphasis placed on improving access to protection and social services, such as education and health.

In FY08, IRC will introduce the Community Conversations model developed by the United Nations Development Program (UNDP) in Shimelba Camp. The Community Conversations strategy will work with community groups to identify and explore their beliefs and perceptions of OVC in the camp and how to work together as a community to support these children and protect them from HIV.

IRC intends to improve the overall protection and support of OVC through increased access to services. Safe spaces will be established for OVC in the camps. These safe spaces will be staffed with refugee social workers trained in best practices for child care and psychosocial counseling. They will provide psychosocial support and informal education to children, which will include life skills, basic personal care, and HIV information, including preventive measures such as AB. As a result of the poor nutritional status of most OVC in the camps, the child-friendly spaces will provide a nutritional snack to children accessing the centers.

Counselors will monitor the children who access the child-friendly space and provide regular status updates to the IRC child-protection officers. The social workers will also be trained to provide support and counseling to the caregivers and foster families with whom the children live to improve their ability to care for these children. Condoms will be provided to 'at risk' youth, as will information about CT services.

IRC child-protection managers will be hired to support and strengthen programs, monitor the well-being of children, address the needs of OVC and their families (caregivers or foster families).

IRC child protection staff will ensure that all staff working with OVC, including IRC health, gender-based violence, child-protection, and youth staff, ARRA health staff, UNHCR staff, receive on-going in-service trainings in child protection and OVC support. IRC will also identify and train volunteers as OVC service providers.

In the camp, monthly coordination meetings will be held between the IRC child-protection officers, ARRA staff and UNHCR to review cases for follow up and intervention. IRC will continue to strengthen referral links established between the ARRA health centers, UNHCR protection officers, the regional hospitals, and the regional HAPCO offices.

In the first year, it is expected that 200 OVC will receive primary, direct benefits from this program and an additional 100 children will receive supplemental support through the IRC program.

The program as outlined is based on the current situation, demographics, and population in the refugee camps, but it is likely that the situation will change in one year as the mobility, influx of new refugees, and voluntary repatriation of current refugees cannot be predetermined.

In the host communities, IRC will mirror the activities implemented in the camp. IRC will provide support for OVC to ensure that they have access to services and provide training to foster families and care-givers. The child-protection officers will work to build capacity and strengthen coordination between UNHCR, ARRA, and IRC in the camps, and between IRC and district health bureau and HAPCO officials in the host community, to support a long-term program that provides care and support of these children.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16707, 16708, 16709

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16707	10600.08	7516	649.08		International Rescue Committee	\$92,460
16708	10646.08	7516	649.08		International Rescue Committee	\$43,545
16709	5606.08	7516	649.08		International Rescue Committee	\$130,635

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs

### Human Capacity Development

- \* Training
- \*\*\* In-Service Training

### Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	300	False
8.1.A Primary Direct	200	False
8.1.B Supplemental Direct	100	False
8.2 Number of providers/caregivers trained in caring for OVC	70	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

#### Other

Pregnant women

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

## Coverage Areas

Binshangul Gumuz

Tigray

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7592.08

Mechanism: New Partner Initiative

**Prime Partner:** Nazarene Compassionate Ministries

**Funding Source:** Central GHCS (State)

**Budget Code:** HKID

**Activity ID:** 18239.08

**Activity System ID:** 18239

**USG Agency:** U.S. Agency for International Development

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Planned Funds:** \$0



**Activity Narrative:** Through the New Partners Initiative, NCMI and Fayyaa Integrated Development Association (FIDA) will strengthen care and support for orphans and vulnerable children through community mobilization and by strengthening a referral network with other service providers. NCMI's OVC care model features a comprehensive approach to supporting orphans and vulnerable children and their caregivers through a range of support services, including education, vocational training, economic strengthening, legal protection, shelter, nutrition, and psychosocial support and referral linkages. NCMI and FIDA are committed to coordinated care for OVC based on working with community committees and other service providers to assess and prioritize the needs of each beneficiary. At least 1,340 OVC will be served throughout the Somali (Jijiga and Kebribaya), South Nation and Nationalities Peoples (SNPP) (Chuko, Wondo Genet, Hager Selam and Daye), and Oromiya regions (Jimma zone at Gomma and Sokoru, Illubabor zone at Metu and Bedele). NCMI and its lead partner, FIDA, will work through existing structures of the community, government, faith and community based organizations to enable comprehensive service provision to OVC and their families.

Each activity will be planned to meet age, developmental, and gender considerations of OVC. For example, mobilizing communities, construction of new houses and maintenance of the existing ones will be one of the services to improve the living condition of OVC and their caregivers with emphasis on prioritizing child headed and female headed households. The local government will provide land and the community will contribute in labor and local building materials. School-aged OVC will get educational support (stationery, uniform, and tutorial class) and older OVC will get vocational and skill training based on their individualized need and also supported with the appropriate working tools and materials. Community committees will be trained on child rights and how to advocate for the legal protection of OVC and take action on implementing existing child policies. The committees, volunteer home based OVC visitors and OVC field workers will be trained on the social and emotional needs of OVC and they will provide psychosocial support to OVC and caregivers. Referral linkages with other service providers will be strengthened to achieve coordination of care. The technical and managerial capacity of the indigenous community organizations and community committees will be strengthened or expanded to mobilize local community resources at each project site.

NCMI and FIDA have data from previous year of experience that show how their approach or model improves the living conditions of OVC and their family on a sustainable basis. For example, past experience with this approach resulted in 1,218 OVC accessing education and all being able to stay in school.

Ongoing monitoring and supervision will be conducted to track improvements in child status and capacity of communities and families to care for OVC. The monitoring data will be used to make program refinements that lead to reinforcing local communities managing on their own.

The PEPFAR OVC Guidance and the Standards of Services for OVC in Ethiopia will be used to inform planning, implementation, and monitoring of the program. NCMI and FIDA will participate in the monthly meetings of the Ethiopia OVC partners' group and will network with other PEPFAR partners to increase harmonization and maximize use of resources. This includes exchanges on successful practices in applying service standards to reach more children and achieve shared outcomes agreed upon by all OVC partners.

NCMI will integrate its PEPFAR activities to provide a continuum of support to OVC and their families. NCMI and FIDA will use and augment mapping data on child and family related services from Save the Children (PC3) and other sources to facilitate referrals and coordination of care. Services or resources relating to the range of HIV/AIDS and child social service needs will be covered. Special emphasis will be placed on increasing coordination with households receiving palliative care and expanding linkages with clinical services. NCMI will organize meetings and form partnerships with other service providers at the local level and from multiple sectors to share planning opportunities, increase coordination and avoid duplications. NCMI will provide a list of OVC beneficiaries to other service providers and use a referral form. At the end of each month NCMI will obtain formal reporting from each of the referral partners to check whether the referred OVC received the required service or not. NCMI and its local partners will also undertake day-to-day monitoring of the referral process. NCMI will coordinate with WFP for food and nutrition service to OVC, as well as with schools for education of OVC. Through organizing small-scale IGA activities 178 OVC will be provided food and nutritional support. In the Oromiya region, NCMI will seek to coordinate with the PMI to secure services to OVC and their families.

The OVC project is implemented in Oromiya, SNPP, and Somali regions. NCMI will implement the project in six project sites. One thousand three hundred and forty needy OVC and 670 caregivers will receive support through this OVC project. Once the targeted population is identified through community committees, various identified needs will be addressed through direct service provision and the leveraging of other resources. Services will be provided based on a number of factors, including severity and priority needs, interest in receiving support, gender, and age and development of the beneficiaries. Religious leaders, teachers, and local business-people such as local traders and hotel owners and will be involved as part of the community mobilization effort and to strengthen community resources.

Gender equity will be addressed by reaching boys and girls through different interventions and giving special emphasis to the conditions or contexts that increase the vulnerability of girls. For example, sensitivity training on gender-based violence. Local organization capacity building will be emphasized to sustain the OVC program in the community by providing various technical and managerial capacity building trainings for these organizations and local committees. The goal is for communities to be in a better position to manage and sustain their efforts by mobilizing local resources and reducing the need for external assistance over time. Involving these local organizations from the inception of the project and during project implementation, monitoring and evaluation will help them to maintain coordinated care for OVC and their families.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16555, 17834, 16681

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16555	5595.08	7464	608.08	Track 1	Food for the Hungry	\$529,000
17834	17834.08	7592	7592.08	New Partner Initiative	Nazarene Compassionate Ministries	\$0
16681	5774.08	7503	3794.08	Urban HIV/AIDS Program	World Food Program	\$4,000,000

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs

### Human Capacity Development

- \* Training

- \*\*\* In-Service Training

### Local Organization Capacity Building

### New Partner Initiative (NPI)

### Wraparound Programs (Health-related)

- \* Child Survival Activities

- \* Malaria (PMI)

### Wraparound Programs (Other)

- \* Economic Strengthening

- \* Education

- \* Food Security

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	1,340	False
8.1.A Primary Direct	1,040	False
8.1.B Supplemental Direct	300	False
8.2 Number of providers/caregivers trained in caring for OVC	360	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Street youth

### Other

Orphans and vulnerable children

Business Community

People Living with HIV / AIDS

Religious Leaders

Teachers

## Coverage Areas

Oromiya

Southern Nations, Nationalities and Peoples

Sumale (Somali)

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7605.08

Mechanism: N/A

**Prime Partner:** Young Mens Christian Association

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Orphans and Vulnerable Children

**Budget Code:** HKID

**Program Area Code:** 08

**Activity ID:** 18251.08

**Planned Funds:** \$0

**Activity System ID:** 18251

**Activity Narrative:** YMCA AIDS Volunteerism and Community Engagement

This is a continuing activity from FY07, related to YMCA activities in HVOP and HVAB.

The YMCA's AIDS Volunteerism and Community Engagement (ADVANCE) Program began in late FY2007 with Plus-Up funding. ADVANCE is a three year Global Development Alliance (GDA) program that aims to improve the HIV-prevention knowledge and practices of youth and young adults. YMCA will leverage matching resources at a ratio of two to one. USAID provided \$500,000 in funding in FY07 with YMCA matching it with \$1,000,000. The YMCA of the USA will provide technical assistance and support to both the YMCA and YWCA of Ethiopia to ensure long term sustainability of the program and activities.

The 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 target communities, and 2) Strengthen youth, young adult and community support for orphans and vulnerable children through volunteer service projects. 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 psychosocial support. The vulnerable children will include street children in Addis Ababa and Adama. In COP08, YMCA and YWCA of Ethiopia will provide support to over 4,000 OVC in Addis Ababa and Oromiya, at least 50% of whom are young, vulnerable girls.

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. OVC will also participant in the HIV-prevention education activities. Some of the peer educators will be OVC. The YMCA and YWCA will also work with other community-based organizations including schools, hospitals and clinics, faith-based organizations, NGO and local businesses to mobilize financial and material support for the educational, medical and psychosocial 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 community level 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 psychosocial 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 of Ethiopia will also 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. When possible, other local partners receiving PEPFAR funding will encouraged to participate in community mobilization efforts. The YMCA's approach to health and HIV 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.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 17830, 17871

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17830	17830.08	7605	7605.08		Young Mens Christian Association	\$0
17871	17871.08	7605	7605.08		Young Mens Christian Association	\$0

## Emphasis Areas

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	4,000	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

## Target Populations

### Special populations

Most at risk populations

Street youth

### Other

Orphans and vulnerable children

## Coverage Areas

Adis Abeba (Addis Ababa)

Oromiya

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 3789.08

**Prime Partner:** Population Council

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 18258.08

**Activity System ID:** 18258

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Planned Funds:** \$400,000

**Activity Narrative: Adolescent Girls, Early Marriage and Migration**

Amhara Region has the lowest age at marriage in the country, with 46% of girls marrying by 15 years. Most of these vulnerable girls have not had sex before marriage and, in this population, the earlier a girl marries, the earlier she has sex. Orphan girls are more likely to experience early marriage than non-orphans. In addition, Amhara region has one of the highest rates of divorce in the world, with early marriage being a predictor of divorce (Tilson and Larsen, 2000). A study by Population Council (PC) in low income areas of Addis Ababa found that 45% of adolescent girls had migrated from rural areas; among the most common reasons given for migration were education, work, and to escape early marriage (Erulkar et. al. 2006). Though migrants hope for a better future in urban centers, many end up highly vulnerable, often in lowly paid and exploitive domestic work or in sex work. Being economically vulnerable and socially isolated, such girls and young women are highly vulnerable to forced or coerced sex, transactional sex for daily or periodic support, and negative reproductive health outcomes, including HIV infection. Evidence suggests that girls who marry early have increased risk of HIV infection, even compared to their unmarried sexually active peers. A study in Kenya and Zambia revealed that married adolescent girls have 50% higher HIV rates compared with unmarried sexually active girls. Married girls' high infection rates are related to more frequent intercourse, almost no condom use, and husbands who are significantly older, more experienced, and more likely to be HIV-positive compared with boyfriends of unmarried girls.

Few programs, especially OVC programs, have addressed the specific needs of married adolescent girls, including the risk of migration, either escaping marriage or following divorce. Due to social and cultural definitions of childhood, once a girl is married she is no longer considered a child regardless of her age or stage of development. OVC programs working with communities to identify OVC need to take this issue into consideration. This activity will assist OVC programs with meeting the specific needs of adolescent girls who have migrated without adult supervision to urban centers most often to escape early marriage.

This activity will complement the continuing Population Council AB activity and will be undertaken in urban and peri-urban areas of Bahir Dar, Gondar, Debre Markos, Dessie, and Addis Ababa with the latter three being new sites during the current year. All districts are contiguous with the urban centers and along truck routes, where many girls migrate. The objectives of this activity are 1) developing tools and training for OVC programs on meeting the needs of adolescent girls experiencing or escaping from early marriage 2) providing services and referrals to female OVC who have migrated to low income urban centers. Services to be provided include emotional and social support from adult female mentors, non-formal education, HIV-prevention information, livelihoods training including financial literacy and entrepreneurship, and referrals to post-rape counseling, health services, VCT, PMTCT, and ART. Population Council will partner with economic growth programs specializing in livelihoods for vulnerable populations to provide guidance on entrepreneurship training and employment strategies and resources. Linkages with programs addressing exploitive child labor will be made to leverage experience and capacity.

In four urban areas of Amhara Region (Bahir Dar, Gondar, Debre Markos and Dessie) and Addis Ababa, the activity will establish girls' groups for the most vulnerable, out-of-school, migrant girls, including domestic workers. The groups, led by adult female mentors, will provide a safe space for girls to discuss their problems, obtain peer support, and engage with supportive adults. Providing non-formal education to girls in these groups will allow them to catch up with their interrupted or missed education. Different types of livelihood skills training will be given to enable them to work and support themselves and therefore prevent engaging in risky behavior for sustaining themselves.

Over 7500 of the most vulnerable migrant girls will be reached in COP08 through 100 trained female mentors. Groups will be managed by the local ward administrations as well as local NGOs, to be identified. Site selection will be done in collaboration with OVC programs to ensure maximum use of resources and avoid duplication. Female mentors will serve a pivotal role in identifying needs, providing support, and making and following up on referrals. The activity will build on lessons learned from the pilot project "Biruh Tesfa" (Amharic for 'Bright Future') program for vulnerable adolescent girls in the Mercato, area of Addis Ababa. Through this pilot project, the most vulnerable urban girls are recruited house to house by female mentors, who negotiate directly for the girls' participation with gatekeepers, including employers of domestic workers.

Assistance to OVC programs will include provision of technical input on how to improve reach and depth of services to adolescent girls who have migrated to urban and peri-urban areas. South-to-south exchanges will be facilitated between OVC program and activities in Kenya that are addressing the impacts of early marriage and migration of girls.

The activity will focus on vulnerable adolescent girls and therefore increase gender equity in HIV/AIDS programs. The Population Council, through lessons learned from this program, will continue to lead PEPFAR partners in enhancing programming directed to address the needs of vulnerable girls and young women. The program will also include capacity building to partnering ward administration offices and local NGOs to help them recognize the impacts of girls experiencing early marriage and how to address their needs.

The activity will apply the recently drafted Standards of Services for OVC in Ethiopia and conform to the PEPFAR Ethiopia Prevention Strategy of targeting high risk groups. Faith and community structures will be engaged in identifying and providing support to adolescent girls their prospective husbands, their families and communities that support early marriage. The program will link closely with Population Council's Safer Marriage activity in the Amhara Region since that activity will focus on prevention of early marriage and prevention of marital transmission of HIV through messages for the community, use of faith based structures at the community level and promoting faithfulness in marriage.

**HQ Technical Area:****New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:** 16679, 16680, 16696, 16675, 16589

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16675	5592.08	7499	603.08	*	International Orthodox Christian Charities	\$762,000
16679	5594.08	7501	604.08		Pact, Inc.	\$500,000
16680	5726.08	7502	3789.08		Population Council	\$900,000
16589	5578.08	7477	298.08	*Positive Change: Communities and Care (PC3)	Save the Children US	\$4,500,000

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources
- \* Reducing violence and coercion

### Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	7,500	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	100	False
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

## Target Populations

### General population

Ages 10-14

Girls

Ages 15-24

Women

### Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Orphans and vulnerable children

## Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 7615.08

**Prime Partner:** World Learning

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 18263.08

**Activity System ID:** 18263

**Mechanism:** Grant Solicitation and Management

**USG Agency:** U.S. Agency for International Development

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Planned Funds:** \$720,000



**Activity Narrative:** The Grants, Solicitation, and Management (GSM) project run by World Learning (WL), will assist PEPFAR Ethiopia in the solicitation, review, award, management and close-out of grants to local Ethiopian partners. The GSM recipients will conduct a wide range of technical and administrative tasks to support the involvement of local nongovernmental organization (NGO) in HIV/AIDS prevention and care activities. The program began in August 2007 with a total FY06 and FY07 funding level of \$2,100,000 (\$600,000 for OVC, \$200,000 for AB, and \$1,300,000 in Other Prevention). Applicants were required to meet a 15% cost-share, either in monetary contributions or through services, volunteers, property, equipment and supplies. With FY08 funding, GSM will maintain support to partners selected in 2007 and add new partners with a total budget of \$2,060,000 in funding (\$720,000 for OVC, \$240,000 in AB Prevention, \$900,000 in Other Prevention, and \$200,000 for HBHC).

In August 2007, World Learning released a solicitation for concept papers to support HIV prevention and care activities in urban areas of Amhara, Oromiya and SNNPR. The solicitation emphasized supporting vulnerable, adolescent girls with alternative livelihoods, health services, and educational support. GSM received over 50 concept papers of which six to eight will be funded in 2007. There are a number of different types of activities that will be supported under the GSM mechanism and most projects will include both prevention and care activities for a more integrated family-centered approach. In terms of OVC activities, GSM will look to fund activities that address coercive sex, violence, rape, transactional and cross generational sex. Programs that specifically target vulnerable girls will be prioritized. Activities should provide or link OVC to a wide range of comprehensive services, including access to education, life skills, nutrition, psychosocial support, economic strengthening, shelter, legal/protection, and referral to health services (e.g., integrated management of child illness (IMCI) services, malaria treatment, immunization, HIV counseling and testing, ART). Where possible, new programs funded under GSM will be linked to existing Mothers Support Groups to ensure that vulnerable, HIV-affected children and families are receiving community care.

New partners selected under the GSM program will receive technical assistance from World Learning to ensure quality program design, implementation and monitoring. Recipients will have access to the existing tools and forms developed under the PC3 Program as well as PEPFAR-funded HIV-prevention curricula for youth to ensure age-appropriate messaging. New partners will use the Quality Assessment tool - Standards of Services for OVC in Ethiopia and OGAC's OVC Programming Guidance, July 2006. New partners will also have access to technical assistance through EngenderHealth to incorporate gender issues into OVC programming. PEPFAR-supported programs should address how gender-based violence (GBV), sexual abuse, cross generational sex, and rape impact HIV and OVC programming and recommend strategies to address GBV. Communities caring for OVC will be encouraged to prevent and report cases of child abuse, rape, and sexual assault to ensure that young victims receive protection and support. GSM recipients will partner with PEPFAR-supported clinical partners to ensure linkages to health services, especially for HIV-exposed or infected children and their families.

GSM will continue to support the activities funded in 2007 and will release a new solicitation with FY08 funding to select additional local partners. The FY08 funding includes palliative care funds in order to better respond to the needs of families affected by HIV/AIDS. Activities under the GSM program will reach an estimated 1,500 OVC. An estimated 300 caregivers and volunteers will be trained to provide OVC quality services. New partners will be required to develop sustainable community-based programs with exit strategies in place. Recipients will also be monitored to ensure that OVC and their families are actively engaged in the programs.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16726, 18711, 16589, 16599

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16726	12232.08	7526	6125.08	ACQUIRE	Engender Health	\$280,000
16589	5578.08	7477	298.08	*Positive Change: Communities and Care (PC3)	Save the Children US	\$4,500,000

**Emphasis Areas**

Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources
- \* Reducing violence and coercion

Local Organization Capacity Building

Wraparound Programs (Other)

- \* Economic Strengthening

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	1,500	False
8.1.A Primary Direct	1,040	False
8.1.B Supplemental Direct	450	False
8.2 Number of providers/caregivers trained in caring for OVC	300	False

**Target Populations**

**Other**

Orphans and vulnerable children

People Living with HIV / AIDS

**Coverage Areas**

Amhara

Oromiya

Southern Nations, Nationalities and Peoples

**Table 3.3.08: Activities by Funding Mechansim**

**Mechanism ID:** 7590.08

**Mechanism:** Presidential Malaria Initiative Wraparound

**Prime Partner:** Academy for Educational Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Orphans and Vulnerable Children

**Budget Code:** HKID

**Program Area Code:** 08

**Activity ID:** 18284.08

**Planned Funds:** \$500,000

**Activity System ID:** 18284

## **Activity Narrative:** Food and Nets for OVC

This is a new activity in COP08. The activity will pilot the leveraging of resources from PEPFAR, the Presidential Malaria Initiative (PMI), education sector (Basic Education Services at USAID), and World Food Program (WFP) to improve food security, malaria prevention and detection, and the health status of students and their families.

The activity will be focused in urban and per-urban areas of the Oromiya region where, according to the 2005-2006 Ethiopia Demographic and Health Survey (EDHS), the HIV prevalence rate is 1.4%. The activity is piloted in the Oromiya region because this region is the focus region of the new PMI activity.

According to the PMI Malaria Operational Plan, malaria is considered to be the most important communicable disease in Oromiya. Three quarters of the region, 242 of 261 districts and 3932 of 6107 wards are considered malarious, accounting for over 17 million persons at risk of infection. There are 1.5 to 2 million clinical cases per year, with malaria 20-35% of outpatient consultations, and 16.2% of hospital admissions. Malaria is also the leading cause of hospital deaths accounting for 18-30% of all hospital deaths.

Families affected by HIV/AIDS are more vulnerable to the consequences of malaria and persons with malaria are more susceptible to contracting HIV. Coordination of care will maximize resources and reach of PEPFAR and PMI.

Malaria is ranked as the leading communicable disease in Ethiopia. About 75% of the country is malarious with about 68% (50 million) of the total population of 73 million living in areas at risk of malaria (MOH, 2006). About 9.5 million cases of malaria were reported annually between 2001-2005, with an annual average of 487,984 confirmed cases. In Ethiopia, malaria is the cause of about 70,000 deaths each year. The 2005-2006 EDHS showed that only about 6% of the 15,000 households surveyed owned at least one mosquito net whether treated or untreated.

Food insecurity further exacerbates the affects of HIV and malaria. Ethiopia has one of the highest rates of malnutrition in Africa—47% of children-under-five are stunted and 24% are severely stunted, according to the EDHS. Oromiya represents a region in Ethiopia where there is convergence of high rates of HIV prevalence, malaria, and food insecurity in urban and peri-urban sites.

Schools offer a primary entry point for service provision in communities. Several OVC programs and WFP work closely with schools. The USG PMI program encourages increasing malaria prevention and detection services through schools. This pilot activity will aim to demonstrate the delivery of coordinated care to OVC and their families through school-based coordination of care.

PEPFAR funds will be used to support a health counselor (or nurse if possible) at the schools and partially support community health fairs twice per year in collaboration with UNICEF and PMI. The health counselor will be trained in nutritional assessments and education, basic child health, special needs of children affected by HIV/AIDS, and malaria education. The health counselors would be responsible for nutritional education and counseling and providing psychosocial support to OVC. In addition, these counselors (possibly nurses) will strengthen the diagnostic capacity for malaria case detection, prevention and treatment. Outreach to students' families will be a critical responsibility of the health counselor who will work collaboratively with community health workers, school PTA, teachers and providers of OVC and palliative care services.

Local education and health and school officials will be asked to make their facilities available for broader community outreach in exchange for having a health counselor provided.

PMI resources will be leveraged through case detection services and the provision of insecticide-treated bednets (ITN) and anti-malarial prophylaxis. PMI will also contribute to the community health fairs.

To address food insecurity, this pilot activity aims to coordinate with WFP to provide a school feeding program. Food insecurity is a large problem in many parts of Ethiopia and affects many schools. Lack of food prevents many children from attending or staying in school, especially OVC. Student concentration and productivity are impeded by hunger.

WFP has applied for a McGovern-Dole grant where one component is the support of school feeding programs in selected schools in Ethiopia. The long-term objective of the Food For Education (FFE) program is to enable households in food insecure areas to invest in the education of children, especially girls. If WFP is successful in receiving this grant, USG would exert a strong effort to ensure that this activity is linked to WFP food support.

For this activity the OVC partner will work collaboratively with PMI and WFP partners to:

- 1) Identify schools in urban and peri-urban areas in Oromiya region hardest hit by HIV/AIDS and malaria in consultation with regional and local education and health offices. The partner will identify primary schools in communities most affected by HIV/AIDS, are in a malarial region and have a need for food and nutritional support in consultation with regional and local education and health offices.
- 2) Identify and train health counselors and/or nurses. The partner will hire a nurse/counselor/community worker for a cluster of 2-3 of the identified schools. These individuals will be responsible for the provision of coordinated care with assistance from school staff and local health institution to include: nutritional assessment, education and counseling; malaria case detection and treatment; and service referrals for OVC. The nurse will be responsible for growth monitoring and for collecting and reporting results and maintaining student records. The nurse will also provide counseling and referrals to OVC.
- 3) Provide ITN to the children and malaria education. The partner will provide PMI nets to students and their families during health fairs or during other events. The provision of ITN will be accompanied on malaria education and proper usage of the nets.

**Activity Narrative:** 4) Integrate malaria and HIV/AIDS education into school activities. The partner will integrate education on malaria and HIV/AIDS into school teaching learning activities such as organizing anti-malaria clubs, development of IEC materials and others as required. The partner will also integrate nutrition into school activities.

5) Logistics. The partner will link with WFP to assure that the food security needs are met through a school feeding program and will ensure that nurses have appropriate and adequate training and information-education-communications materials. The partner will also ensure that school has the necessary stock of antimalarial drugs in collaboration with local health institution.

6) Develop the capacity of local education and health including PTA, teachers and school OVC committees. The partner will build the capacity of the PTAs to support the nurse/counselor at the schools and provide additional support such as assist with community health fairs to be held at the schools. Members of the PTA will be encouraged to support OVC mentoring and tutoring services for especially vulnerable children.

This PEPFAR activity is a wraparound with the PMI program and leverages resources from WFP. The activity is targeted to OVC who are affected or infected by HIV/AIDS and living in Oromiya region. The activity will also be linked to the USG basic education program.

Children and families affected by HIV/AIDS living in Oromiya region will be the focus for this pilot program. The project will be based in primary schools in areas most affected by HIV/AIDS and malaria. Target population will be reached through school and local education and health and community leaders. Children and families affected by HIV/AIDS and malaria will be involved in decision-making processes.

#### HQ Technical Area:

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

#### Emphasis Areas

Wraparound Programs (Health-related)

- \* Child Survival Activities
- \* Malaria (PMI)

Wraparound Programs (Other)

- \* Education
- \* Food Security

#### Food Support

#### Public Private Partnership

#### Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	12,500	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	500	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

### Other

Orphans and vulnerable children

Teachers

## Coverage Areas

Oromiya

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 7610.08

**Prime Partner:** Fintrac Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 18286.08

**Activity System ID:** 18286

**Mechanism:** Agribusiness and Trade Expansion

**USG Agency:** U.S. Agency for International Development

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Planned Funds:** \$350,000

**Activity Narrative:** ATEP: Employment Opportunities for HIV-affected Households

This is a new wrap-around COP08 activity with an existing USAID-funded economic strengthening program that has HIV prevention activities under HVAB and HVOP.

The Agribusiness and Trade Expansion Program (ATEP) is a USAID-funded initiative to improve the productivity and sales of thousands of farmers, processors and traders in Ethiopia. The project focuses on four agricultural sectors: oilseeds/pulses, horticulture/floriculture, leather/leather products, and coffee. The primary objective is to increase exports in these sectors by \$450 million in three years. ATEP is increasing production and exports in the above sectors, resulting in increased economic activity and employment in concentrated urban and rural areas, in Oromiya, SNNPR, Amhara and Tigray. ATEP is a \$10,500,000 project over three years with a possible two year cost extension.

PEPFAR Ethiopia proposes to contribute \$350,000 in OVC funding (in addition to \$250,000 in HVAB and \$250,000 in HVOP) to this program in order to increase employment opportunities for older orphans and their guardians, including PLWA. The prime partner Fintrac, Inc. works with coffee cooperatives, large commercial farms, other produce groups, exporters, and trade associations. This project is well placed to leverage resources and assistance from the private sector to support PLWA association members and their children. Fintrac, Inc. will conduct an assessment of employment opportunities with their existing clients for PLWA and older OVC affected by HIV/AIDS. Providing job opportunities for HIV-affected households will increase the family's income, nutrition, and ability to maintain adherence to ART. Fintrac will increase the awareness of AIDS-affected orphans and PLWA about employment opportunities and educate them in basic employment skills. Educators will coordinate to the maximum extent possible with local public health workers and will maximize use of pre-existing educational materials. The activity will apply the recently drafted Standards of Services for OVC in Ethiopia and work with PC3 Program to ensure that beneficiaries are receiving any needed services in addition to economic strengthening.

The activity will directly benefit 1,500 HIV/AIDS affected individuals and their families. An estimated one-third will be older OVC and the rest will be caregivers who are supporting HIV-affected OVC. With PEPFAR funding, the ATEP Program will provide HIV/AIDS prevention education and awareness raising activities for employees and leverage employer contributions for these efforts. Fintrac will hire an HIV/AIDS Prevention Specialist and trainers to conduct rapid assessments of the HIV knowledge, behavior, and services at different workplace sites. Based on the assessment, the project will conduct an orientation session with senior management to reach agreement on a memorandum of understanding regarding activities and the contributions to be made by Fintrac and the participating companies.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16589

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16589	5578.08	7477	298.08	*Positive Change: Communities and Care (PC3)	Save the Children US	\$4,500,000

**Emphasis Areas**

Wraparound Programs (Other)

\* Economic Strengthening

**Food Support****Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	500	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	1,000	False

## Target Populations

### Other

Orphans and vulnerable children

Business Community

## Coverage Areas

Amhara

Oromiya

Southern Nations, Nationalities and Peoples

Tigray

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 4059.08

**Prime Partner:** World Learning

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 18257.08

**Activity System ID:** 18257

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Planned Funds:** \$4,200,000



**Activity Narrative:** During COP08, World Learning (WL) will support 6,000 children from HIV/AIDS affected communities or households to continue their education in 100 schools through a combination of project and community support. Selected schools serving OVC will continue to be strengthened through needs-based financial and material support. Parent Teacher Associations (PTA), teachers, community members, local government administration and district, zone and regional education bureaus will collaborate to ensure that quality OVC education is provided. In COP08 program interventions will address needs of vulnerable children including psychosocial counseling, prevention of stigma and discrimination, and referral to health services, provision or abolition of school uniforms, school supplies, and waiver of school fees as provided by local PTA to create a supportive learning environment. Results from these interventions in 2006 to present include 23,038 OVC staying in school; 800 getting a health service due to referrals, and general feedback that students are experiencing less stigma.

The PTA will assist OVC to receive remedial study support after school and during summer tutorial programs and will collaborate in organizing psychosocial support. Success stories from engagement of the PTA include mobilization of the community, FBO and CBO and in collaboration with communities have started diversified IGA activities to generate resource for sustainable support of OVC. Through counseling and guidance with emphasis on HIV/AIDS-affected children, school-based Girls Advisory Committees (GAC) will assist and advocate within the school and broader community on the value of education for girls and in improvement in the condition of girls, orphaned or vulnerable due to HIV/AIDS. They will also assist AIDS-affected and orphaned girls to attend school regularly, and receive sufficient study and tutorial time after class resulting from gender specific labor at home. Results from the GAC component include, facilitated trainings to communities on harmful traditional practices that affect girls' education and expose to HIV infection, conducted home visits to OVC girls, and organized rooms in schools to serve as center for girls' counseling in HIV and RH. Strong ties with the community via the PTA enable monitoring OVC receiving core services such as shelter, healthcare, protection, food, and emotional and social from within the community or their households. PTA income generation activities and school gardening have proven sustainable and will continue. Wraparound with food supplementation agencies such as World Food Program offer short-term relief while longer-term solutions are being established. World Learning will coordinate with other PEPFAR Ethiopia OVC partners to use OVC resources in high prevalence areas. This includes harmonization of indicators, reporting, and care standards in line with GOE national guidelines, Standards of Services for OVC in Ethiopia and PEPFAR OVC program guidelines.

WL's exit and sustainability strategy will focus on building the capacities of PTA, GAC, school community and local education offices, and educating the public in methods to support OVC in their communities and schools effectively. Indications of increased capacity to date include psychosocial services provided to OVC by teachers, initiation of IGA by PTA, GAC organized remedial sessions for girls. New activities will be provided in COP08 based on input received from students, teachers, and caregivers on ways to strengthen program implementation. These activities include: psychosocial strengthening through establishing school based counseling centers for use by trained teacher counselors, increased technical support for income generation activities (IGA), strengthening information, education, communications (IEC) and advocacy activities, and increasing OVC support through local paraprofessional assistance in school and community settings. These interventions will incorporate lessons learned from application in other areas.

The project directly addresses the strategy and vision of a "wraparound" priority activity under the Emergency plan, "basic education is one of the most effective means of HIV prevention." Active engagement of community members and teachers facilitates monitoring of child and family health and increases networking with other services. School officials and teachers will be trained on identifying and referring students who are frequently absent or sick to ensure children suffering from malaria, diarrhea, and other illnesses receive medical care. Gender issues will continue to be addressed through increasing girls' access to services and teacher training on gender norms.

This activity links to the school support component of the PEPFAR PC3 project, for which World Learning is a sub-recipient. Similarly, this on-going activity is closely linked to the newly USAID-funded Basic Education Program, Community-School Partnership Program and the Kokeb/Model Ward Initiative designed to link health and education activities at the community level. CASCAID will work collaboratively with PC3 and JHU/HCP to share experience and lessons learned, as well as use of materials developed for quality OVC services. This program builds on FY07 successes involving Parent-Teacher Associations, Girls Advisory Committees, community elders and Ward administration to minimize stigma and discrimination, promote educational access and equity, provide linkages between education and health, and sensitize communities to accept HIV affected orphaned and vulnerable children.

All targeted OVC are registered students in the 100 participating CASCAID schools. Project personnel work directly with each school administration, PTA and community based CBO to provide training and support to retain and sustain OVC in school, provide home and community support and enhance the likelihood that they will successfully complete primary education. Caregivers are directly trained and home care outreach for HIV/AIDS affected families is provided through School Service Coordinators and PTA. Teachers are reached through direct training of personnel.

Community Mobilization/Participation is addressed through training and support of Parent Teacher Associations, community mobilization and information meetings, and follow-up with home based caregivers. Gender issues including male norms, gender equity, women's access to income, and increasing women's legal rights are directly addressed through training of local HAPCO, BOLSA, Woman's Affairs, Regional and District Health Bureaus and Offices, Police and Judiciary officials and the establishment of a Health Referral System linking each school with nearby health facilities. School based service mapping is part of the linkage system. Linkages with other sectors occur through training, capacity building and information sharing. Local organization capacity development and sensitization occurs through direct training and support of Parent Teacher Associations and Girls Advisory Committees, and outreach to CBO including local faith-based associations, religious leaders and other community groups. Reduction of violence and coercion occur through a coalescence of the training and outreach activities.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

### Target Populations

#### General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

#### Other

Orphans and vulnerable children

Teachers

### Coverage Areas

Amhara

Oromiya

Southern Nations, Nationalities and Peoples

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 7614.08

**Prime Partner:** CARE International

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 18183.08

**Activity System ID:** 18183

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Planned Funds:** \$0

## **Activity Narrative:** Reducing Gender Based Violence

The 2005 EDHS indicated that violence against girls and women in Ethiopia is a common phenomenon and tolerated in both urban and rural families. A sizeable majority (81%) of women believe that a husband is justified in beating his wife for one of the following situations: if she argues with him; if she goes out without telling him; if she neglects the children; if she burns the food; and if she refuses to have sexual relations with him. Whereas only 51.5% of men agreed with one of these reasons, indicating that interventions must be directed at both women and men to change acceptance of gender-based violence (GBV). In 2007, CARE conducted a situation analysis to better understand the gender-based violence, especially impacts on OVC, in target intervention sites of Addis Ababa, Oromiya, and Amhara regions. Information was gathered on attitudes, prevalence of GBV, and efforts to combat it. Findings indicate the need for increasing community awareness on the causes of GBV and ways to reduce its occurrence.

Men, women, girls and boys will be targeted to raise awareness and mobilize preventative and responsive actions to address GBV. Men and boys in particular will be addressed with assistance from the Male Norms Initiative. Community leaders, religious leaders, teachers, health professionals and other stakeholders will also be engaged as major players in the community in the fight against gender-based violence. The direct beneficiaries of the project will be vulnerable girls, adolescents and young women with a special focus on children affected by HIV/AIDS and persons living with HIV who have been exposed to physical, sexual or psychological violence. An estimated 20,000 OVC will be served in COP08 with protection services to prevent GBV and provide support to victims. The main objective of the program is to reduce the incidents of GBV against orphans and vulnerable children by raising the communities' awareness of the issue and changing the attitudes and behaviors of targeted communities.

The results of CARE's GBV situational assessment will be used to tailor interventions to educate and protect OVC and their families from GBV. This program will adapt existing GBV materials into a trainer's manual for application by local Ethiopian and international partners working in the areas of gender, OVC and HIV prevention. The project focuses on community sensitization, capacity building of stakeholders against GBV, strengthening appropriate health service delivery for victims of violence, facilitating linkages and referrals for counselling and legal aid for survivors, conducting life skills training, and promoting educational and economic opportunities for OVC. All the stakeholders (e.g. law-enforcement entities, legal organizations, community organizations, elders, etc.) will work collaboratively together to enforce and implement the existing government policies and laws pertaining to GBV.

The project implementation is in partnership with two local nongovernmental organizations (NGO), Amhara Women's Association in Amhara Regional State and Hundee in Addis Ababa City Administration and Oromiya Regional State. With the idea of scaling up and the application of innovative activities gleaned from the first year, there are a number of new activities planned for 2008. CARE will work to strengthen the collaborative efforts between civil society organizations and government bodies to play pro-active roles in the formulation and implementation of anti-GBV policies and practices in the three target communities. Technical assistance will be provided to the two local NGO to develop community-based support mechanisms, networks and advocacy alliances to increase the reporting of abuses, support for the victims, legal prosecution for the perpetrators and prevention efforts to raise awareness of GBV laws and OVC's rights.

The Reducing GBV Among OVC project will aim to establish systems, referral mechanisms and services for confidential reporting and handling of victims of gender-based violence including linkages to appropriate services offered by other PEPFAR funded projects. CARE will use materials developed in other African countries to adapt GBV Guidelines for use by communities, law enforcement agencies, and other PEPFAR-funded programs. The project will establish model gender-based violence protection units at district and ward levels and monitor the support being provided. It is important to establish centers at the local level where the survivors of GBV can receive supportive services. Currently there is only one safe haven for women in Addis Ababa and the demand for services far outstrips the shelter's capacity. The new protection units will be run by the local NGO partners – Hundee and Amhara Women's Association with support from local government offices, community members, and CARE International. These stakeholders will be responsible to look for sustainable ways of running the centers.

CARE will work with the surrounding health facilities and PEPFAR clinical partners in the three target areas to raise awareness of GBV and how they can identify and assist victims, especially adolescent girls. CARE will take lessons learned from the Rwanda study done by the IntraHealth Twubakane Project which looked at the feasibility of screening for GBV as part of PMTCT services. The GBV program will pilot post-exposure prophylaxis (PEP) at three health facilities in urban settings for cases at risk of HIV infection. Health providers trained in maternal and child health will be trained on how to counsel young girls and women and will ensure their access to counselling and testing (CT), PEP, sexually transmitted infections (STI), antenatal care, PMTCT, and ART services as needed. Health providers will also be given information about where to refer the patients for further assistance from the community and PEPFAR-funded programs. These pilot programs will be in the same areas as PC3 and other PEPFAR partners to ensure a linkage to OVC and PLWH care services.

Another important component of the GBV program will be to work with men and boys to actively engage them in activities that address the attitudes and behaviors that perpetuate gender-based violence. CARE will work with EngenderHealth to provide a tailored Men as Partners training for young boys and men in the three communities to create role-models and advocates on the issue. CARE will prioritize community leaders, male caregivers/volunteers, and older OVC boys participating in the PC3 project to receive this training. In the process of changing attitudes, the training will build on positive male norms while challenging practices such as female genital cutting, abduction and early marriage, wife beating, child abuse, rape, and sexual harassment. By working with men and boys the project will strive to have responsible community members who can positively influence their society. CARE will work with community members to establish a system for tracking changes in the incidence of early marriage, abuse, rape, and sexual harassment.

The emphasis area of this project is on gender – reducing violence, increasing gender equity in HIV services, addressing male norms and increasing OVC's access to legal protection and income. A key element of this will be working with men and boys to create a commitment of their responsibility for the well-being of their wives, children, mothers and sisters. Under this project, OVC and their guardians, especially

**Activity Narrative:** female headed households, will receive small business training and livelihoods support to address their economic needs. While the overall effort of the project is to reduce GBV, project beneficiaries will receive multiple services following an individual needs assessment. CARE will work closely with PC3 activities in the same areas in order to provide comprehensive care to OVC. As CARE is a partner in the PC3 program, the organization is well-placed to use the existing PC3 M&E tools to report who is receiving what type of services and to avoid double-counting. Through the local partners, this activity plans to train a total of 240 caregivers and volunteers and reach 20,000 OVC.

Following nine months of implementation, CARE will conduct an evaluation of the interventions – including the protection units, the BCC activities, and the clinic-based services to compare data from the situational analysis to see how the program influenced the knowledge, behavior and incidence of GBV in the three target areas. The results of this evaluation will be shared with PEPFAR OVC partners to help improve protection services for OVC.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16726, 16680, 16727

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16726	12232.08	7526	6125.08	ACQUIRE	Engender Health	\$280,000
16680	5726.08	7502	3789.08		Population Council	\$900,000
16727	12235.08	7526	6125.08	ACQUIRE	Engender Health	\$350,000

**Emphasis Areas**

Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources
- \* Increasing women's legal rights
- \* Reducing violence and coercion

Human Capacity Development

- \* Training
- \*\*\* Pre-Service Training
- \*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

- \* Economic Strengthening

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	20,000	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	240	False

## Target Populations

### General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

## Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Oromiya

Table 3.3.08: Activities by Funding Mechanism

**Prime Partner:** Geneva Global

**USG Agency:** U.S. Agency for International Development

**Funding Source:** Central GHCS (State)

**Program Area:** Orphans and Vulnerable Children

**Budget Code:** HKID

**Program Area Code:** 08

**Activity ID:** 18192.08

**Planned Funds:** \$0

**Activity System ID:** 18192

**Activity Narrative:** This is a continuing centrally-funded activity that is linked to other Geneva Global (GG) activities under HVAB, HVOP, HBHC, and HVCT.

Geneva Global will support 22 local partners through small grants to strengthen their capacity in providing coordinated care to 1500 OVC in both urban and rural areas of Addis Ababa, Amhara, and Oromiya Regional States of Ethiopia. The program builds on the past experiences of local partners through the scale up of their current prevention and care services and seeks innovative approaches to respond to the HIV/AIDS epidemic in Ethiopia. For example, using mapping data from Save the Children and other sources to improve linkages among OVC, child health, TB, PMTCT, pediatric AIDS, and palliative care.

Child-headed and women-headed households with OVC will be prioritized to participate in economic strengthening activities, such as small business loans. Gender equity will be maintained with 50% or more of the OVC beneficiaries being female. The program will work with communities to train 300 caregivers in COP08 and assess OVC priority needs. Resulting service provision will follow the Standards of Services for OVC in Ethiopia and the PEPFAR's OVC Programming Guidance, July 2006. The GG partners will be responsive to age and developmental needs of OVC. Caregiver training and community sensitivity activities will cover issues such as emotional and social support needed by children of different ages and circumstances. HIV prevention and life skills education will be integrated into programs to ensure beneficiaries receive age-appropriate information. These local partners will be able to provide HIV-affected families a comprehensive package of prevention and care services to ensure coordinated care.

These 22 partners selected by GG will provide OVC services as part of a larger HIV/AIDS care and support program. Most of the 22 partners will also be serving PLWH and all will be conducting HIV-prevention education programs. In this way, these partners can ensure that HIV-affected families and communities receive comprehensive prevention and care services. As an example of one of the planned projects for 2008, the Integrated Service for AIDS Prevention and Support Organization (ISAPSO) will support 800 OVC in three wards in Addis Ababa and ten wards in Amhara Region. These beneficiaries will each be assessed to determine their needs and provided with education, access to healthcare, and livelihoods opportunities as needed. To mobilize the communities and set up local core committees responsible for the programs, ISAPSO will conduct rapid appraisals, stakeholders meetings and leadership trainings. Simultaneously, it will establish local linkages with health facilities offering CT and HIV services, as well as schools and government units.

GG will work with government and other civil society partners, especially PEPFAR funded, to complement efforts, maximize resources, and provide comprehensive services to OVC and their families. This includes participation in the bi-monthly PEPFAR OVC Partners meetings and exchanges on best practices and programming tools.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Emphasis Areas**

Gender

\* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

**Food Support**

**Public Private Partnership**

## Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Oromiya

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 637.08

**Prime Partner:** Catholic Relief Services

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 5733.08

**Activity System ID:** 16663

**Mechanism:** \*

**USG Agency:** U.S. Agency for International Development

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Planned Funds:** \$700,000

**Activity Narrative:** This is a continuing activity from FY07. The activity is closely linked to the USG food aid program from dollar resources and food commodities provided under Title II of Public Law 480 of the Agriculture Trade Development Act of 1954, as amended (PL 480 Title II).

Catholic Relief Services (CRS) combines PL 480 Title II and Emergency Plan resources to support OVC. In FY07, CRS used these resources to work with Medical Missionaries of Mary, Organization for Social Services for AIDS (OSSA) and the Missionaries of Charity (MOC) 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 used Title II resources to work with the OSSA to provide support to 200 OVC in Dire Dawa and Harari and Emergency Plan resources to work with the Ethiopian Catholic Church Social and Development Co-ordination Branch Office of Adigrate in the Tigray region. In COP08, CRS will continue to use both resource categories to work with these partners to provide PL 480 Title II to an estimated 12,100 OVC and supplement this with PEPFAR financial support for living costs, shelter, school fees and supplies, and medical care as needed. Local partners will undertake community mobilization and stigma reduction interventions within host communities and provide counseling and psychosocial support to OVC.

In COP08, 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 Counseling and Testing (CT) centers, OVC counselors and Catholic Church pastoral leaders to respond to the diverse needs of OVC. Over the last two years, CRS has supported OSSA and ECC-SDCOA-Mekelle to strengthen their community mobilization, counseling, nutrition, water, sanitation and hygiene and livelihoods support program components. Under COP08, CRS will involve three more partners in their OVC programming, Alem Tena Catholic Church, Ethiopian Catholic Church – Social and Development Coordination Office of Harar (ECC-SDCOH) and Progress Integrated Community Development Organization (PICDO). These partners have previously received CRS private funds. CRS will develop cross-learning opportunities between these organizations and those working on rural livelihoods, agri-business and nutrition activities. Wrap around funds for the business and livelihoods strengthening will be requested from USAID's Assets and Livelihoods Transition (ALT) program.

CRS will provide support to 12,100 children, providing them with care based on individual needs. The majority of these children will receive supplementary food and/or medical support through MOC's program for the dying and destitute or psychosocial and/or educational support where other direct support is not required. The remaining children will be supported with a holistic package of services such as shelter and care, protection, healthcare, psychosocial support and education. The program will leverage CRS private funds and USAID Assets and Livelihoods Transition (ALT) program food and livelihoods support for OVC.

In partnership with other PEPFAR Ethiopia OVC partners, CRS will work with the new PEPFAR APS recipients to coordinate activities to achieve the 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, policies, OGAC OVC Program Guidance, as well as achieving quality assurance in OVC programming as described in the draft Standards of Service for Quality OVC Programs in Ethiopia. Data from the EDHS 2005 and the results of USG Ethiopia mapping will be used to identify geographic priority areas to increase services in areas of highest prevalence to OVC. CRS will link MOC with the PC3 OVC Food Support activity (103967) and the FANTA technical expertise (10571) to facilitate their access and use of Ready to Use Foods (RUTF). CRS will also liaise with the DAI Urban Agriculture Program for HIV/AIDS affected Women and Children (10486), supporting partners to access resources where feasible and/or sharing technical expertise and learning.

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.

CRS continues to work with partners to improve their strategic planning, data quality and reporting systems. During FY08, CRS will build on the current strategic planning exercise with OSSA to further strengthen OSSA's capabilities to program strategically. The program run by MOC is targeted at the provision of immediate care for the dying and destitute and does not differentiate children orphaned or made vulnerable due to HIV/AIDS and those from other causes. For this reason many of the homes struggle to collect the data required for PEPFAR and it is anticipated that the number of homes receiving PEPFAR funding during FY08 will therefore decrease.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10483

**Related Activity:** 16553, 16665, 16589



## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27890	5733.27890.09	U.S. Agency for International Development	Catholic Relief Services	11457	637.09	USAID-CRS	\$700,000
10483	5733.07	U.S. Agency for International Development	Catholic Relief Services	5500	637.07	*	\$585,000
5733	5733.06	U.S. Agency for International Development	Catholic Relief Services	3817	637.06	*	\$363,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16553	5596.08	7462	609.08	Track 1	Catholic Relief Services	\$715,000
16665	5736.08	7496	3795.08	Development Alternatives Inc.	Development Associates Inc.	\$2,285,536
16589	5578.08	7477	298.08	*Positive Change: Communities and Care (PC3)	Save the Children US	\$4,500,000

## Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

\* Economic Strengthening

\* Food Security

## Food Support

Estimated PEPFAR dollars spent on food \$50,000

Estimation of other dollars leveraged in FY 2008 for food \$1,000,000

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	12,100	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	50	False

## Indirect Targets

## Target Populations

### Other

Orphans and vulnerable children

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 3795.08

**Prime Partner:** Development Associates Inc.

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 5736.08

**Activity System ID:** 16665

**Mechanism:** Development Alternatives Inc.

**USG Agency:** U.S. Agency for International Development

**Program Area:** Orphans and Vulnerable Children

**Program Area Code:** 08

**Planned Funds:** \$2,285,536

**Activity Narrative:** Urban Agriculture Program for HIV/AIDS affected Women and Children

The Urban Nutrition Program for HIV-Affected Children and Women is an urban gardening program in high HIV/AIDS prevalence areas supporting low-income women and children. This activity teaches simple micro-irrigation and gardening techniques at household level that reduce land, labor and water needs to increase food production for poor household in selected urban areas of Addis Ababa, Bahir Dar, Gondar, Dessie, Adama and Awassa. The project aims to improve the food security status of households affected by or living with HIV/AIDS. As a result of training, beneficiaries have acquired skills enabling them to increase production, family income through sales of surplus, and alternative livelihoods.

The drip irrigation systems use 50% less water and labor than normal gardens, allowing the sick and elderly to participate. Beneficiaries receive drip irrigation kits, training in gardening, how to use/maintain the kits and are eventually linked to markets for sale of surplus produce. Beneficiaries, especially OVC and their guardians living with HIV/AIDS, have conveyed an improved sense of self-reliance and connectedness with the community as a result of urban gardening. The activity helps minimize stigma and discrimination and leads to social acceptance of the children and the female household heads. The provision of alternative income is particularly attractive to women engaging in transactional sex to survive as well as former commercial sex workers. Both represent a significant segment of program participants. The program envisions expanding in needy communities throughout Ethiopia to address HIV prevention and care, especially in terms of nutrition and income security. The possible obstacle for expansion of the program could be availability of land and water as these are always scarce resources. Average household income generated by urban gardening is sufficient to cover monthly housing rent.

This activity had reached 10,482 of the targeted 11,000 beneficiaries as of June 2007 and is on track to achieve the target by the end of September 2007. Household garden activities have provided not only food but also income for urban gardeners. Approximately 60% of produce is consumed and the remainder is sold, providing 60 Birr (about \$7) per month on average to participating households. DAI coordinates the Urban Nutrition Gardening Program with a network of NGO operating in the same target areas with the same populations to achieve comprehensive services. Partnerships are established with 22 sub-grantees in all program areas with successful HIV/AIDS care networks, and/or successful urban agricultural and market development activities in the target communities. The program has a respected presence in high HIV prevalence areas and serves as a referral entry point within the PEPFAR network of HIV/AIDS prevention, care, and treatment.

In COP08, the activity will increase outreach to households with HIV/AIDS-affected orphans and vulnerable children, particularly female and orphan-headed households and those who engage in transactional sex. Expanded partnerships with other PEPFAR and non-USG programs will help improve outreach to OVC. COP08 activities will include the identification of new OVC households through linkages with existing PEPFAR OVC programs and health facilities. DAI will continue to extend technical assistance, training, and capacity building to community partners in drip irrigation and farming. DAI will help local NGO partners to deliver training to target households and communities (areas of training and technical support to cover site selection, installation, use and maintenance of drip irrigation systems, and gardening skills). DAI will continue to advocate and coordinate with the government at national, regional and local levels as well as private landlords concerning access and use of urban land for long-term sustainability. The program will also identify and develop markets to support income-generation so beneficiaries are able to sell their produce.

This activity will continue to collaborate with other PEPFAR Ethiopia partners working in OVC care and support, ART and PMTCT to expand referrals. ANC 6th report, Ethiopian Demographic and Health Survey (EDHS) 2005 and USG Ethiopia mapping data will be used to direct OVC services in areas of highest prevalence. Sub-grants in the gardening program are for one year. The local NGO will continue to provide technical support to households after the DAI direct support ends. Beneficiaries are trained to be self-supporting after twelve months. They will produce vegetables by themselves with ongoing technical support from the GOE Agriculture Department and local NGO extension staff.

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10486**Related Activity:** 16699, 16589**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27967	5736.27967.09	U.S. Agency for International Development	Development Associates Inc.	11473	3795.09	Development Alternatives Inc.	\$2,245,536
10486	5736.07	U.S. Agency for International Development	Development Associates Inc.	5502	3795.07		\$700,000
5736	5736.06	U.S. Agency for International Development	Development Associates Inc.	3795	3795.06		\$376,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16589	5578.08	7477	298.08	*Positive Change: Communities and Care (PC3)	Save the Children US	\$4,500,000

## Emphasis Areas

Gender

- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources

Human Capacity Development

- \* Training
- \*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	4,518	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	450	False

## Target Populations

### Special populations

Most at risk populations

    Persons in Prostitution

Most at risk populations

    Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

## Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Southern Nations, Nationalities and Peoples

Oromiya

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 310.08

**Mechanism:** N/A

**Prime Partner:** Relief Society of Tigray,  
Ethiopia

**USG Agency:** U.S. Agency for International  
Development

**Funding Source:** GHCS (State)

**Program Area:** Orphans and Vulnerable  
Children

**Budget Code:** HKID

**Program Area Code:** 08

**Activity ID:** 5579.08

**Planned Funds:** \$100,000

**Activity System ID:** 16666

**Activity Narrative:** This is a continuing activity from FY07.

In FY07, this partner 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 FY06 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 COP08 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 District (District) Sectors: Three days of training will be organized for District sector representatives: District councils, women’s affairs offices, District 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 Districts. 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. 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.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10488

**Related Activity:**

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28193	5579.28193.09	U.S. Agency for International Development	Relief Society of Tigray, Ethiopia	11548	310.09	REST	\$100,000
10488	5579.07	U.S. Agency for International Development	Relief Society of Tigray, Ethiopia	5504	310.07		\$100,000
5579	5579.06	U.S. Agency for International Development	Relief Society of Tigray, Ethiopia	3751	310.06		\$75,000

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	500	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	250	False

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Street youth

### Other

Orphans and vulnerable children

## Coverage Areas

Tigray

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 603.08

**Prime Partner:** International Orthodox  
Christian Charities

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 5591.08

**Activity System ID:** 16677

**Mechanism:** \*

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Orphans and Vulnerable  
Children

**Program Area Code:** 08

**Planned Funds:** \$984,240

**Activity Narrative:** The International Orthodox Christian Charities (IOCC) conducts HIV prevention, care, and support activities with the Ethiopian Orthodox Church's Development Inter Church Aid Commission (DICAC).

The Ethiopian Orthodox Church (EOC) has approximately 40 million faithful, over 500,000 clergy and a network of 40,000 parishes found throughout Ethiopia. DICAC operates in over 200 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 uses peer education and interactive communication to reach these goals.

This is a continuing activity implemented by the IOCC with EOC/DICAC that provides a package of services to address the needs of orphans and vulnerable children. The package of services includes counseling by trained lay counselors, training of guardians and provision of small grants for the start up of income generating activities (IGA) to provide economic support.

In FY07, 2,000 new OVC and their households were enrolled in the IGA program that is expected to indirectly 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. All OVC beneficiaries attended school, a policy of the program that is reinforced through follow-up by lay counselors with guardians.

To increase program effectiveness and sustainability, IOCC increased networking and partnerships with organizations such as the national, regional and local HIV/AIDS Prevention and Control Offices (HAPCO), Red Cross, regional administration offices, Dawn of Hope and the Organization for Social Services for AIDS (OSSA). In FY08, IOCC anticipates supporting 28 diocese equaling about 140 districts in the regions of Addis Ababa, Amhara, Benishangul Gumuz, Oromiya, SNNP, and Tigray.

Additional resources in COP08 will be used to:

(1) Increase start-up capital from \$90 to \$136 provided to 3,000 additional OVC for income generating activities. This is important in view of significant inflation in Ethiopia which was not anticipated in the last budget. IOCC/DICAC will continue foster linkages so that OVC enrolled in the program continue to receive regular follow-up guidance and technical advice from their local HAPCO and agricultural office regarding selection and management of their IGA.

(2) Provide training to 360 new lay counselors. Lay counselors are required to follow-up and provide guidance to the planned total of 6,500 OVC and their household members. The program currently has 240 lay counselors, a ratio of 23 OVC to one counselor. In FY08, this ratio will be reduced to 11 to 1 to enable more frequent and better quality follow-up sessions; necessitating recruitment of an additional 360 lay counselors.

(3) Provide funds to enable 75 OVC over 15 years of age to attend vocational training schools to receive training that will better secure their future and make them productive and employable citizens. The program will therefore provide funds to send three OVC from each of the 25 branch areas to vocational training schools. This will include training in tailoring, metal work, woodworking and hairdressing. In addition, IOCC will 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 Annual Program Statement recipient to coordinate activities to achieve the 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 Ethiopia Demographic and Health Survey (EDHS) 2005 and the results of USG Ethiopia mapping will be 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.

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, income generating activities and counseling and training activities will continue. By the same token, steps will be taken to increase male participation in the program at all levels in collaboration with Engender Health (ID 12235). In FY06, explicit female participation targets were raised to 50% for lay counselor and peer educator staffing, with satisfactory results. IOCC will maintain these targets in FY08.

In addition to the explicit multi-year planned transfer of responsibility from IOCC to the Ethiopian Orthodox Church/DICAC, IOCC and DICAC will collaborate with the National Partnership Forum and the Interfaith Forum for Development Dialogue and Action both to assure sustainability of this program as well as to reinforce Ethiopia's faith-based organization response to the HIV/AIDS epidemic.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10511

**Related Activity:** 16675, 16676



## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28079	5591.28079.09	U.S. Agency for International Development	International Orthodox Christian Charities	11503	603.09	FBO-IOCC	\$1,500,000
10511	5591.07	U.S. Agency for International Development	International Orthodox Christian Charities	5515	603.07	*	\$820,200
5591	5591.06	U.S. Agency for International Development	International Orthodox Christian Charities	3759	603.06	*	\$573,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16675	5592.08	7499	603.08	*	International Orthodox Christian Charities	\$762,000
16676	5593.08	7499	603.08	*	International Orthodox Christian Charities	\$719,501

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's access to income and productive resources

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	8,000	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	3,000	False

## Indirect Targets

## Target Populations

### Other

Orphans and vulnerable children

Religious Leaders

Teachers

## Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Binshangul Gumuz

Oromiya

Southern Nations, Nationalities and Peoples

Tigray

**Table 3.3.08: Activities by Funding Mechansim**

**Mechanism ID:** 5522.08

**Prime Partner:** US Peace Corps

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 10533.08

**Activity System ID:** 16684

**Mechanism:** pc

**USG Agency:** Peace Corps

**Program Area:** Orphans and Vulnerable  
Children

**Program Area Code:** 08

**Planned Funds:** \$800,000

**Activity Narrative:** This is a continuation of activities from FY07.

## BACKGROUND

In January 2007, PC/ET started its operations in Ethiopia. Staff have been hired and PC/ET will receive 40 Peace Corps volunteers (PCV—30 PEPFAR-funded volunteers and ten volunteers funded through appropriations) in October 2007. Based on Government of Ethiopia (GOE) requests and a subsequent field assessment, PC/ET worked closely with the Ministry of Health (MOH) and the HIV/AIDS Prevention and Control Office (HAPCO) to identify viable sites for PCV in eight zones in Amhara region and nine zones in Oromiya region. A key criterion for site selection was the presence of ongoing PEPFAR activities so that PCV could assist in program linkages and coordination, and assure programs are reaching those in the community most in need of services. PCV will work with the zonal and district health offices, local partners, including PEPFAR implementing partners, nongovernmental organizations (NGO), community-based organizations (CBO), and faith-based organizations (FBO) to strengthen coordination of HIV/AIDS services and to strengthen capacity of communities and organizations to provide prevention, care, and treatment services. By working at two levels, both directly with the community and with local health-coordination bodies, PCV have the opportunity to achieve greater impact.

PCV roles were originally envisioned to focus primarily on treatment-related activities, as reflected in the targets for 2007 and 2008. However, prevention at the community level is a core strength of Peace Corps' contributions to PEPFAR globally. This comparative advantage—coupled with the urgent need for prevention activities to respond to data revealing a concentrated epidemic, and the on-the-ground reality of low coverage of services for high-risk groups—means that PCV will shift the focus of their activities primarily towards meeting prevention needs.

There are more than five million orphans in Ethiopia—nearly one million of whom are believed to have been orphaned by AIDS.. The Amhara and Oromiya regions have the highest number of orphans in the country between the ages of 0-17. The need to support and care for OVC is great in several areas in the two regions.

## PCV ORPHAN AND VULNERABLE CHILDREN OVERVIEW

PCV will facilitate linking services to OVC between the ages of 0-17 and strengthening community institutions to provide adequate care and support of OVC. PCV and their counterparts will train local partners in developing an appropriate response to the needs of OVC in communities. Based on the PEPFAR indicators and the PEPFAR Ethiopia draft standards-of-services for OVC, PCV will assist communities to address OVC needs in one or more of the following areas of support: food/nutrition, shelter/care, protection, healthcare, psychosocial services, education and vocational training, and economic strengthening. PCV will also work with local HIV coordinating bodies to assist in prioritizing and linking prevention, care, and treatment efforts to further expand services to OVC and their families.

## PCV TRAINING

In October 2008, PC/ET will receive 30 more PEPFAR-funded PCV and 15 more more PVC funded through appropriations. This will bring the total of PEPFAR-funded PCV to 60 and 25 appropriations-funded PCV, for a total of 85 PCV. PC/ET pre-service training includes basic HIV/AIDS training with additional focus on the needs of OVC and the PEPFAR standard-of-services will be a core component. Sessions on the status of OVC in Ethiopia will be conducted to prepare the PCV to assist local communities in developing appropriate, sustainable activities that adequately fulfill the needs of OVC. Training will be conducted by the PC/ET training team. Information briefings on current programs working in Amhara and Oromiya regions will be presented, and, where possible, materials for the PCV from existing programs in the region will be shared. PC/ET will collaborate with the PEPFAR USG team to ensure that during their training, PCV receive materials and technical expertise available through the USG PEPFAR team and various PEPFAR partners in prevention.

In addition to technical training and access to existing PEPFAR resources, PCV will receive PEPFAR-funded HIV/AIDS training and have access to PCV Activities Support and Training (VAST) program grants. PC/ET's VAST program is a PEPFAR-funded, small-grants and PCV training program. It supports small-scale, capacity-building projects (including community-focused training) among CBO/FBO, and/or NGO that work with, or provide services to, local communities to fight the HIV/AIDS pandemic. Through the VAST program, PCV will support local projects that address pressing HIV prevention, care, and support needs at the community level.

## PCV ACTIVITIES

Once at their sites, PCV will support OVC activities through coordination of OVC services on several fronts. At the community level, PCV and local counterparts (CP) and/or local partners will support community-level advocacy activities to address OVC needs and support the capacity of OVC and the caregivers' access to life and livelihood skills. PCV will work with their CP to build the capacity of caregivers to adequately care for OVC through strengthening the linkages with schools, healthcare providers, and other local support institutions. They will also engage community leaders and community members in discussions about developing a broad strategic-services plan for OVC and their families. At the caregiver level, PCV and CP will work with caregivers and OVC to develop appropriate income-generation activities and sustainable food-security activities. They will also help OVC access education services. PCV will assist in organizing community events to help lessen the stigma and discrimination toward OVC and to strengthen the capacity of communities to advocate and respond adequately to OVC needs. PCV will work with local anti-AIDS clubs, groups for people living with HIV/AIDS (PLWH), and Idirs to reach OVC and their caregivers.

PCV will work with government organizations, NGO, FBO or CBO engaged in work targeting OVC and their caregivers. They will encourage local partners and communities to develop services in at least two of the seven areas: food/nutrition, shelter/care, protection, healthcare, psychosocial; education and vocational training; and economic strengthening.

## PCV AS LOCAL COORDINATORS

**Activity Narrative:**

Beyond direct interaction with the community and direct support and implementation of particular prevention programs, PCV will work with district- and zonal-level coordinating bodies to support prevention programming that addresses key epidemiologic priorities at a higher level. Bringing different programs together to discuss linkages, referrals, and common goals will strengthen zonal and district efforts as a whole in the OVC program, and will help eliminate duplication of efforts or conflicting messages, which are confusing to beneficiaries. PCV will assist in advocating for broader adaptation of innovative approaches in their communities, and can provide organizational development, training, and implementation support to CBO and local government departments to design and implement appropriate programs for OVC and their caregivers. PCV will be a key force in coordinating local efforts to work towards common goals, support delivery of one or more of the OVC services, and build off one another's efforts.

**TARGETS**

PC/ET assumes that 42 PCV and their CP will reach 20 OVC for a total 840 OVC served. The same 42 PCV will each train ten individuals in OVC care services (e.g., psychosocial support, education, food security, income generation), training a total of 420 individuals.

This activity contributes to overall PEPFAR efforts to support the GOE strategy for accelerated access to HIV/AIDS prevention, care, and treatment services.

PC/ET is unique in its ability to reach people at the grassroots, community level—an area that narrows the gap of people reached and trained in Ethiopia, as few other implementers operate where PCV live and work over a two-year period. Peace Corps has a two-pronged approach to strengthen the linkages of PEPFAR program areas and other programs, including wraparound activities. They are: 1) Where possible, PCV will work in clusters with different skills to work in the same geographic catchment area (i.e., zone) but with different communities and different organizations to take advantage of the PCV presence to promote information-exchange and sharing of best practices. They will assist in creating networks among and between service providers and communities and build local organizational capacity. 2) PCV will work through zonal, district, or town health office HIV/AIDS units to strengthen the overall coordination of HIV/AIDS services and to strengthen the linkages between prevention, care, and treatment services, including wraparound activities.

In conclusion, all PCV will be tasked with bringing different programs (Prevention, OVC, HBHC, and Treatment) together to discuss linkages, referrals, and common goals.

PCV will work either with government health office HIV/AIDS units or NGO, FBO, or CBO engaged in OVC services. PCV will also work with PLWH associations, Idirs, and anti-AIDS clubs engaged in OVC services. Adults and high-risk populations, including high-risk youth, are the key target populations for PCV prevention efforts.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10533

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28061	10533.2806 1.09	Peace Corps	US Peace Corps	11498	5522.09	pc	\$500,000
10533	10533.07	Peace Corps	US Peace Corps	5522	5522.07	pc	\$925,000

**Targets**

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	840	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	420	False

## Target Populations

### General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

## Coverage Areas

Amhara

Oromiya

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 3790.08

**Prime Partner:** United Nations High  
Commissioner for Refugees

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 10530.08

**Activity System ID:** 16690

**Mechanism:** N/A

**USG Agency:** Department of State /  
Population, Refugees, and  
Migration

**Program Area:** Orphans and Vulnerable  
Children

**Program Area Code:** 08

**Planned Funds:** \$107,000

**Activity Narrative:** Assistance to Orphans and Vulnerable Children

This continuing intervention will provide OVC care and support in and around Fugnido, Kebribeyah, Teferiber, and Afar refugee camps. Both Afar and Teferiber are new camps and activities were not implemented there in FY07. Orphaned and vulnerable children can suffer social, emotional, and economic consequences. Their problems are not well-addressed, especially in refugee settings. FY07 marked the first time that the United Nations High Commissioner for Refugees (UNHCR) and implementing partners began to offer programs for OVC in Ethiopian refugee settings. Using the results from the pilot project, Sudanese, Somali, and Eritrean OVC living in both the camp and host populations will be supported by strengthening family and community capacity, providing skills training to older children, and support for younger children.

This program was developed with the Government of Ethiopia's Agency for Refugee and Returnee Affairs (ARRA). All activities are coordinated closely with ARRA, which is responsible for basic health care in the camps, as well as all other implementing partners. UNHCR collaborates with the local HIV/AIDS Prevention and Control Offices (HAPCO) and coordinates with other PEPFAR partners to train ARRA health staff and staff from other implementing partners (IP).

Implementing programs in these regions will require significant logistical and material inputs due to the tenuous security situation; intra- and inter-ethnic conflicts frequently erupt in Gambella region, most notably with the murder of three ARRA officials in December 2003, just ten miles outside Gambella town. All trips to Fugnido camp require armed military escort, which adds considerable costs and logistical maneuvering for routine visits. Although the security situation in Kebribeyah and Teferiber is not as bad as Gambella, this region is historically under-resourced and lies in an area under threat of violence due to its proximity to Somalia and the frequent conflicts between Ethiopian military and local rebel factions. The population in Afar region is traditionally nomadic; as a result, implementing programs within that community will be particularly challenging.

The following will be undertaken:

Using best practices and lessons learned from a pilot project implemented in two refugee camps in 2007, IP will identify OVC using PEPFAR-established criteria and the program developed in 2007 by the International Rescue Committee. Children determined to be eligible will be enrolled in activities, and will be linked to existing services within the refugee camps. Camps will need to conduct an initial assessment (which will be completed by a consultant) in order to determine eligibility in such a way that does not label OVC as such to the community. OVC who are HIV-positive will be followed closely to ensure that they are receiving adequate and appropriate medical support. All OVC will be linked to medical services to ensure that they are receiving the help they require. In addition, children will be referred to psychosocial staff on a case-by-case basis.

In 2007, peer educators were trained by the Academy for Education Development (AED) in each refugee camp as an AB activity. Training for new peer educators will be expanded in the new camps for 2008. Refresher trainings will be provided for peer educators who were trained in 2007. IP will use a percentage of OVC as peer educators to provide support for identified OVC and link OVC to youth activities, such as interactive theater and Sports for Life, that are provided in the camps. Additional support will be provided to OVC using the social workers hired by our IP. One supervising social worker will be hired for each camp to ensure that the needs of the OVC are being met. Camp social workers will refer OVC to services provided in the camps, including healthcare, schools, food-distribution sites, and counseling.

As part of a comprehensive approach to HIV and AIDS interventions, parents who test positive for HIV at counseling and testing sites will be assessed to determine whether children in the household meet the requirements for consideration as OVC. The same will hold true for youth who test positive at the counseling and testing facilities. If so, they will receive services provided for OVC. Education materials such as stationery, books, and school uniforms will be provided to all OVC enrolled by UNHCR and its IP. UNHCR's IP will also provide life and vocational skills training for older children in their care. Social workers trained by UNHCR's IP will train OVC caregivers on the care of children with HIV. This training will include information on nutrition, basic hygiene, and healthcare.

Small scale agricultural and gardening programs will be implemented within households of OVC. Implementing partners who work on community-service projects will initiate these activities with identified households. Additional vegetables grown can be sold as part of an income-generating project. OVC will also be provided with kitchen sets to open tea houses within the camps as part of an income-generating project. Materials will be provided so that they can renovate structures and create the tea houses.

In order to coordinate the activities for OVC which include AB, Other Prevention (OP), and voluntary counseling and testing (VCT), a coordinator will be hired for each camp to assess and ensure coordination and linkages across the service delivery areas.

Through these activities, the project aims to reduce the suffering and improve the lives of 600 OVC. UNHCR, following OVC guidance from the Office of the Global AIDS Coordinator, will develop pertinent program indicators, and distinguish between direct primary and indirect supplemental services in semi-annual and annual reports, indicating how they address gender equity in their programs. 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.

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10530**Related Activity:** 16686, 16687, 16688, 16689

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28211	10530.2821 1.09	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	11554	3790.09		\$160,500
10530	10530.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	5524	3790.07		\$100,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16686	5739.08	7506	3790.08		United Nations High Commissioner for Refugees	\$267,500
16687	10634.08	7506	3790.08		United Nations High Commissioner for Refugees	\$107,000
16688	5786.08	7506	3790.08		United Nations High Commissioner for Refugees	\$160,500
16689	10572.08	7506	3790.08		United Nations High Commissioner for Refugees	\$107,000

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Wraparound Programs (Other)

\* Education

\* Food Security

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	600	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

## Indirect Targets

## Target Populations

### Special populations

Most at risk populations

Street youth

### Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

## Coverage Areas

Gambela Hizboch

Sumale (Somali)

Afar

**Table 3.3.08: Activities by Funding Mechanism**

**Mechanism ID:** 298.08

**Prime Partner:** Save the Children US

**Funding Source:** GHCS (State)

**Budget Code:** HKID

**Activity ID:** 5578.08

**Activity System ID:** 16589

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

**USG Agency:** U.S. Agency for International  
Development

**Program Area:** Orphans and Vulnerable  
Children

**Program Area Code:** 08

**Planned Funds:** \$4,500,000



**Activity Narrative:** The Positive Change: Children, Communities, and Care (PC3) Project is a five-year community based capacity development program launched in September 2004 to address the needs of Orphans and Other Vulnerable Children (OVC) through an intensive partnership among international and local NGOs and CBO. As of June 2007, PC3 was currently supporting 298,979 OVC in partnership with over 500 local community organizations. PC3 plans to reach a total of 448,979 OVC by the end of FY08 and provide care and support to additional OVC with COP08 funding to reach the goal of 500,000 OVC receiving support by the end of the program in September 2009.

The primary target population for this program is OVC ages 0-17 years who are affected or infected by HIV/AIDS. The PC3 program works with families and communities to provide age-appropriate services in the following areas: education and life skills, access to healthcare, psychosocial support (PSS), economic opportunities, protection and legal services, and food/nutrition. Over the life of PC3 project 19,818 volunteers and caregivers in assessing the needs of children and providing them with a comprehensive set of services. During FY07, 3,112 caregivers and volunteers were trained. PC3 will aim to train an additional 5,000 community members under COP08 support. The PC3 program strengthens the capacity of families, communities and volunteers to provide care and support for community identified OVC and leverage local resources to meet those needs. Results to date include increased capacity among caregivers to better understand both the social and developmental needs of OVC and the affect of trauma on their wellbeing.

COP08 activities under PC3 will include continuing support to the OVC already being served while adding 100,000 newly identified OVC. Save the Children and their partner organizations CARE, Family Health International, World Vision and World Learning will work with 36 local NGOs and over 500 community organizations in seven regions including Addis Ababa, Amhara, Oromiya, SNNPRG, Afar, Dire Dawa and Benishangul Gumuz. PC3 prime partners will continue to train and mentor these local partners to build their institutional and technical capacity to implement OVC programs.

PC3, other PEPFAR OVC partners, and the GOE contributed to the development of a draft Standards of Service for Quality OVC Programs in Ethiopia which defines each of the above services/activities and their desired outcomes. PC3 will rollout the final version of this document to all of its local partners to improve the communities' understanding of how to provide quality, appropriate support for children in need.

The PC3 program will actively work with parent-teachers associations (PTA) to ensure school enrollment, retention and good performance of participating OVC. Small grants will be provided to PTAs for IGA activities to enable them to respond to the needs of OVC in a more sustainable manner. OVC will also receive educational materials including stationeries, uniforms and textbooks as needed. PC3 partners under the leadership of WL will continue to advocate for exemption of school related expenses (registration fees, routine financial contributions) and uniforms for OVC. Through the technical leadership from WL, the PC3 program will also continue providing other services in the area of psychosocial, life skills, health and nutrition, livelihood and protection needs to OVC within school settings through trained teachers and volunteers. The PC3 program will also continue its support and expand life skills and community based early childhood development (ECD) activities. Using HIV-prevention curricula developed by JHU/HCP, PC3 provides individual and peer-group trainings on communication skills, self-awareness, decision-making, reproductive health issues, and HIV/STI prevention.

The PC3 program works with both private and public health facilities to ensure OVC have access to preventive, curative and promotive health services. PC3 recently completed a community service mapping exercise in priority urban areas affected by HIV/AIDS in order to improve referral linkages for child services. The results of this mapping will be used to inform health facilities and community partners about existing services. Through such networking and partnership, PC3 can facilitate increased linkages between community and facility-based activities to improve referrals and access to HIV/AIDS services for OVC and their families.

The PC3 model uses community core groups in each target ward to identify and coordinate the OVC care and support activities in collaboration with their respective sub-granting local NGOs. Under COP08, PC3 will aim to improve the referral systems in their communities in order to take a more family-centered approach for families directly affected by HIV/AIDS. More focus will be given to providing community-based services for children affected by and living with HIV and identified at the health center level. To improve targeting and reach of PEPFAR, in COP08, PC3 will expand coordination with households receiving palliative care so that OVC in these households receive comprehensive care. Save the Children is a prime partner under the new MSH Care and Support Contract which will allow the organization more resources to strengthen the referral networks and linkages to the PC3 services.

The referral networks will also be used to provide community-based targeted food and nutritional support for needy OVC in COP08. PC3 will strengthen the community-based management of acute severe malnutrition in partnership with the World Food Programme (WFP), MOH, Clinton Foundation, FANTA, and IntraHealth. Urban agricultural activities will also be implemented in collaboration with DAI and other partners in selected program sites in Addis Ababa, Nazareth, Awassa, Bahir Dar and Dire Dawa to ensure continued availability of nutritious food at OVC HH level in a more sustainable manner. Furthermore, productive safety net program (PSNP) wraparound intervention will continue until June 2008 in selected World Vision, CARE and SC/US target areas.

Under COP08, PC3 will apply lessons learned in community mobilization, nutrition and health, livelihood strengthening and PSS services to improve and expand support to OVC. PC3 successes in improving social and emotional wellbeing of OVC have been achieved through counseling, play and art therapy, home visits, school-based interventions, and succession planning to support OVC and their caregivers.

The PC3 program will continue supporting and coaching older OVC and their families to enable them access to marketable skills training, apprenticeship schemes and other income generating activities. PC3 uses the Community Savings Self-Help Groups (CSSG) model along with Saving and Credit Cooperatives to mitigate the economic shocks on a household affected by HIV/AIDS. On average, increased household asset base among participants is ranges from 150 to 2,100 birr per month which is sufficient to cover various needs from food to basic healthcare for OVC. The PC3 program will continue its partnership with Coca Cola during COP08 to reach more OVC and their families through this successful livelihood initiative in Addis Ababa. Similar relationships will be initiated with other private companies to encourage other large

**Activity Narrative:** businesses to expand their support to OVC through scholarships, internships, and other projects.

Community level awareness creation of OVC rights, networking and partnership with law enforcing mechanisms will be intensified during COP08 to ensure the rights of OVC and their caregivers. As of June 2007, 1,784 new OVC benefited from legal support. In addition, many PC3 partners conducted workshops, trainings and sensitization meetings on child rights for Tier III partners, police, attorneys, judges, Ward committees, child support units, school clubs and other CBO. Following the trainings, PC3 noted a significant increase in the number of reported cases of sexual and physical abuse to police and Community Core Groups in the communities. The PC3 program will continue to advocate for the property and legal rights of OVC, especially young girls who are vulnerable to rape, sexual abuse, assault, exploitation, and HIV. PC3 will partner with the Male Norms Initiative to provide more resources and tools to communities to engage men and boys in protecting the orphans in their communities. PC3 will continue supporting and collaborating with the national and regional level government structures responsible for OVC. PC3 will maintain support for an individual seconded to the Ministry of Gender and Women's Affairs to ensure ongoing National OVC Task Force collaboration and advocacy for OVC issues.

In FY07, PC3 produced a new Monitoring and Information System (MIS) to facilitate the rapid collection, management and reporting of data at the community and partner levels. PC3 updated their M&E systems and tools to reflect the OGAC OVC Guidance and new indicators. The new reporting formats, training tools and database will ensure better quality programming, monitoring and reporting in FY08. PC3 will provide continuous coaching and supportive supervision to partners to improve the quality of care and services to OVC.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10396

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10396	5578.07	U.S. Agency for International Development	Save the Children US	5473	298.07	*Positive Change: Communities and Care (PC3)	\$3,630,000
5578	5578.06	U.S. Agency for International Development	Save the Children US	3750	298.06	*Positive Change: Communities and Care (PC3)	\$5,523,000

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing women's access to income and productive resources
- \* Increasing women's legal rights

### Human Capacity Development

- \* Training
- \*\*\* In-Service Training

### Local Organization Capacity Building

### Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

### Wraparound Programs (Other)

- \* Economic Strengthening
- \* Education
- \* Food Security

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	500,000	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	5,000	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Street youth

### Other

Orphans and vulnerable children

## Coverage Areas

Adis Abeba (Addis Ababa)

Afar

Amhara

Binshangul Gumuz

Dire Dawa

Oromiya

Southern Nations, Nationalities and Peoples

**Prime Partner:** Project Concern International

**USG Agency:** U.S. Agency for International  
Development

**Funding Source:** Central GHCS (State)

**Program Area:** Orphans and Vulnerable  
Children

**Budget Code:** HKID

**Program Area Code:** 08

**Activity ID:** 5580.08

**Planned Funds:** \$726,000

**Activity System ID:** 16558

**Activity Narrative:** BELONG

This is a continuing Track 1 activity that will link to Peace Corps activities in Oromiya and Amhara as appropriate and possible.

The Better Education and Life Opportunities for Vulnerable Children through Networking and Organizational Growth (BELONG) project relates to activities under Orphan and Vulnerable Program Area and is being implemented with 12 implementing partners with PCI serving as the prime agency. The program focuses on selected areas of Addis Ababa, Afar, Amhara, Oromiya, SNNRP and Tigray regions. PCI was providing primary direct support services to 2,672 OVC and 111 with supplemental direct support for a total of 2,783 OVC reached as of March 31, 2007.

The BELONG Project is designed to increase the number of OVC in Ethiopia accessing quality services through sustainable, community-based programs that effectively reduce their vulnerability. In COP08, PCI plans to reach 10,500 OVC and train 3,721 caregivers. PCI and its partners work to not only expand coverage but also in providing critical support services for vulnerable children and their families. PCI and its local partners focus on providing comprehensive, integrated OVC services that include healthcare, psychosocial and life skills support, education assistance including tutorial support to children with poor academic performance and vocational training for older OVC, nutritional food security, child rights protection and legal support by promoting succession planning, and HIV/AIDS prevention activities. Such services are provided to the OVC through regular home visits as well as community based channels by trained volunteer caregivers on one-to-one and group approaches.

PCI and its partners organize and engage caretakers and guardians in savings led self-help groups, internal lending, and income generation activities to strengthen their economic capacity to take good care for themselves and the children under them. This economic empowerment component of the BELONG project aims to strengthen the capacity of more than 5,000 caretakers, particularly poor women and older OVC to support themselves, their children and siblings through economic empowerment initiatives. This model involves bringing targeted women and older OVC together into savings-led, peer-lending groups, where numeric and basic business skills are strengthened through tailor made trainings as the foundation of successful lending and small business development to strengthen the economic capacity of vulnerable households in targeted areas.

The second core activity of the BELONG project is improving access to and quality of education for OVC through the school platform. PCI decided to support the Child In Local Development (CHILD) methodology the World Food Program is implementing together with the Ministry of Education for this purpose. Thus the BELONG project has targeted 200 CHILD schools in Amhara, Oromiya and Tigray to improve access and quality of education for OVC using the CHILD community development framework for engaging the community in a needs-based, local planning process and local level resources mobilization efforts. Through this methodology, members of Parent-Teachers Associations (PTA), community leaders, religious leaders, representatives of the local administration and school administrations come together to assess their problems related with the well-being of their children, after which they develop community action plans. Such community plans largely get implemented by mobilizing local resources and PCI's support is used to fill financial gaps not exceeding 35% of resources needed to realize such action plans by each partner school. Activities included in such community action plans are maintenance of classrooms, purchase of additional desks and text books, training of PTA members, establishment or strengthening of Anti-AIDS and Girls clubs, promoting of school gardens and income generation activities like silk worm rearing, bee-keeping, poultry and dairy farms from which children learn by doing as part of their lessons while WFP addresses the immediate nutritional needs of the children in these CHILD schools. Healthcare and water problems are also discussed and addressed through this process. As such CHILD schools are transforming into "centers for local development" through this framework.

The third main activity of the project focuses on building the technical and organizational capacity of partner NGO and community-based organizations (CBO) to help them provide quality OVC services through innovative and replicable strategies that others could learn from. This activity also aims at bolstering community capacity and leadership in mobilizing local resources, developing appropriate community action planning and implementation. It is facilitated by a capacity building taskforce involving participatory processes of assessing the existing capacities of partner organizations, identifying priority gaps and builds their capacities. To realize this objective, PCI brings its partner organizations together on a monthly basis to discuss on different OVC related thematic areas, to share experiences and lessons from each other and improve their service delivery capacity and quality of services. Conducting cross visits and sharing of promising practices are part of this main activity. PCI provides customized trainings of trainers to relevant staff of partner NGO and CBO and, through close monitoring and follow up, ensures that such trainings are cascaded and benefited targeted groups. In addition, the project coordinates closely with all other OVC program implementing and coordinating agencies to maximize impact and minimize duplication. This activity is also complemented by another activity that promotes peer-to-peer learning and regular networking among partner NGO and CBO. This involves identification of core competencies of few of the partners in OVC programming and assisting them to mentor the rest of the partners, so that the latter could adopt promising practices of mentor organizations to improve the quality of their OVC support programs.

The BELONG project gives emphasis not only on addressing immediate critical needs of OVC and their guardians, but more importantly to eventually become self-reliant and dignified citizens rather than relying on external support. The BELONG project is consistent with the GOE's strategy for expanding care and support for orphans and vulnerable children affected by HIV as outlined in the Road Map.

PCI and its partners are cognizant of the importance of integration of activities with other PEPFAR and non-PEPFAR funded activities and leveraging complementary services of other actors in the operation areas ensuring the delivery provision of comprehensive services. In this regard, PCI has been able to integrate the BELONG project activities with its other project entitled "Give a Goat Project" that targets older OVC and very poor caretakers by providing them with goats or sheep for rearing and income generation. Again, the integration of the women economic empowerment activity of the BELONG project with the urban gardening project of DAI in two project sites is helping beneficiaries to save from their the urban gardening proceeds and start internal lending quickly to be able to establish different income generation activities. Since this kind of leveraging complementary services and integration of activities are critical for sustainability and to bring lasting change in the lives of target groups, PCI and its partners will continue ensuring greater

**Activity Narrative:** integration of project activities with PEPFAR and non-PEPFAR interventions in 2008.

Sub partners:

Christian Relief and Development Association (CRDA)  
 Alem Children Support Organization (ACSO)  
 Addis Development Vision (ADV)  
 Action for Self-Reliance (AFSR)  
 Ethiopian Muslims Relief and Development Association (EMRDA)  
 Developing Family Together (DFT)  
 HIV/AIDS Prevention, care, and Support Organization (HAPCSO)  
 Hope for Rural Children Organization (HORCO)  
 Integrated Services for AIDS Prevention and Support Organization (ISAPSO)  
 Love for Children Organization (LCO)  
 Nutrition Plus Holistic Home Care (NPHHC)  
 Social Welfare Development Association (SWDA)

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 8096

**Related Activity:** 16681, 16665

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28188	5580.28188.09	U.S. Agency for International Development	Project Concern International	11546	314.09	Track 1	\$345,485
8096	5580.07	U.S. Agency for International Development	Project Concern International	4702	314.07	Track 1	\$663,810
5580	5580.06	U.S. Agency for International Development	Project Concern International	3752	314.06		\$512,731

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16681	5774.08	7503	3794.08	Urban HIV/AIDS Program	World Food Program	\$4,000,000
16665	5736.08	7496	3795.08	Development Alternatives Inc.	Development Associates Inc.	\$2,285,536

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	10,500	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	3,721	False

## Target Populations

### Other

Orphans and vulnerable children

## Coverage Areas

Adis Abeba (Addis Ababa)

Afar

Amhara

Oromiya

Southern Nations, Nationalities and Peoples

Tigray

### HVCT - Counseling and Testing

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

**Total Planned Funding for Program Area: \$15,809,166**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

### Program Area Context:

In FY08, PEPFAR Ethiopia, along with other PEPFAR focus countries, will mark the end of the first phase of the Emergency Plan with major achievements in curbing the tide of the HIV epidemic. PEPFAR Ethiopia's five-year strategic plan called for the HIV counseling and testing (HCT) program to reach approximately 50% of Ethiopians over 15 years of age through clinical and community-based HCT services. The 2005 Ethiopian Demographic and Health Survey (EDHS) indicated that, among the adult population aged 15-49, only 4% (urban-16.6%, rural-1%) of women and only 6% (urban-17.4%, rural 2.6%) of men have ever been tested for HIV.

But in December 2006, the Government of Ethiopia launched the Millennium AIDS Campaign (MAC) to increase uptake of HCT in



the country, with the ambitious goal of putting 100,000 eligible clients on ART by the end of 2006. We provided more than 600,000 individuals with HCT services in two months (Dec 2006 –Jan 2007) during Phase I of the MAC.

The HIV/AIDS Prevention and Control Office (HAPCO) planned to provide HCT services to 1.8 million people under the second phase of MAC (February –August 2007). Reports from HAPCO indicate that 504,564 people were tested from Feb – June 2007 (i.e., approximately 100,000 people/month).

PEPFAR Ethiopia has supported the strengthening of HCT efforts by:

1. Supporting the provision of HCT services at hospitals, health centers, model centers, stand-alone centers, and through outreach programs, such as mobile services to the public and uniformed personnel
2. Initiating and expanding innovative approaches to scale up HCT services (e.g., mobile, home-based voluntary counseling and testing (VCT), weekend outreach services, and campaigns)
3. Introducing a strategic mix of different HCT approaches in diverse settings, such as provider-initiated counseling and testing (PICT), VCT, couples' counseling, and child- and youth-focused CT
4. Providing technical and financial support to develop CT training materials, including VCT, PICT, training curricula, and training packages for lay counselors
5. Supporting the Ethiopian Ministry of Health (MOH) in updating the existing national HCT guidelines and policies—key documents for the smooth implementation of the program
6. Providing training for healthcare providers, community counselors, and supervisors at national and regional levels
7. Assessing new sites and providing technical and material support to initiate services
8. Developing a quality-assurance system at the facility level
9. Strengthening the linkage between HCT, care, and treatment services
10. Getting involved in promoting VCT services and playing a lead role in initiating the national HIV Testing Day campaign
11. Working with other relevant stakeholders and partners to support the MAC. It is worth noting that the second Accelerated Access to HIV/AIDS Prevention, Care Treatment, Road Map 2007 – 2010 plans to provide CT to more than 25 million individuals and couples.

PEPFAR Ethiopia has been the lead partner in establishing and expanding HCT services in the country and has assisted the Federal MOH/HAPCO and Regional Health Bureaus RHB since 2001. We will continue to offer support to strengthen and improve coordination of HCT programs and services, in line with the national plan, Accelerated Access to HIV/AIDS Prevention, Care and Treatment in Ethiopia, Road Map 2007 -2010.

We face major challenges in implementing the HCT program, including: an inconsistent supply of test kits; attrition of trained counselors from facilities; limited space for expansion of VCT services within existing facilities; failure of the campaign to target PICT and most-at-risk populations (MARPs); low rate of couples' HIV testing; inadequate child CT and disclosure of results; weak linkage to care and treatment services; a weak data-management system and insufficient use of data for improvement at site- and higher levels; partner disclosure and referral among PLWH is low; and HCT services are more concentrated in urban areas.

During FY06, PEPFAR Ethiopia-supported 625 sites that counseled and tested more than 600,000 individuals and couples and gave them their test results. Given the fact that the 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 services in the public health system. The main challenge during FY06/FY07 was the inconsistent supply of test kits, which led to service interruption and low uptake in a number of facilities.

During FY08, PEPFAR Ethiopia will give due emphasis to consolidating existing services, further expanding to meet demand, and promoting a strategic mix of clinical and community-based CT approaches. All PEPFAR Ethiopia-supported sites will continue to provide PICT and VCT services. In FY08, PEPFAR will support diverse HCT models, such as fixed sites, mobile sites, home-based VCT, and youth-friendly service, as well as offering HCT in workplaces, schools, prisons, information centers, health-integrated models (Public or Private), etc.

Taking into account the current HIV prevalence rate, the HCT service will be more focused on MARPs and mobile HCT services will be expanded. And in FY08, family-centered HIV testing will provide more attention for the need to increase the testing of children.

PEPFAR will support efforts to ensure that there are adequate quality-assurance systems for testing services. This includes proficiency testing and regular onsite monitoring by the Regional and National Reference Laboratories.

PEPFAR will also support the provision of high-quality counseling services in public, private, and nongovernmental organization sites. We will institute peer-support systems and case conferences at the site- or wide-area levels, and we will also conduct continuing education for counselors and supervisors to maintain quality.

PEPFAR Ethiopia will continue to use funds to provide technical assistance, refurbish counseling rooms, and procure commodities to help reach the targets. PEPFAR Ethiopia will work with The Global Fund to Fight AIDS, Tuberculosis and Malaria

to purchase test kits and other lab supplies. Ethiopia will also be introducing a new finger-prick, rapid-test algorithm that is not cold-chain dependent.

We have learned that focusing on the benefits and importance of testing, and on promoting different media, is an effective way to create demand for VCT and decrease stigma around HIV testing. PEPFAR supports HAPCO's endeavor to strengthen social-mobilization initiatives that focus on MARPs. On September 10, 2007, Ethiopia observed the third annual National Annual HIV Counseling and Testing Day. In FY08, PEPFAR Ethiopia will support the country in expanding the geographic coverage of all mechanisms of HCT promotion to create demand.

**Program Area Downstream Targets:**

9.1 Number of service outlets providing counseling and testing according to national and international standards	1090
9.3 Number of individuals trained in counseling and testing according to national and international standards	7073
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	1386500

**Custom Targets:**

**Table 3.3.09: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 655.08	<b>Mechanism:</b> Expansion of the Wegen National AIDS Talkline and MARCH Model Activities
<b>Prime Partner:</b> Johns Hopkins University Center for Communication Programs	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Counseling and Testing
<b>Budget Code:</b> HVCT	<b>Program Area Code:</b> 09
<b>Activity ID:</b> 10585.08	<b>Planned Funds:</b> \$160,000
<b>Activity System ID:</b> 16583	

**Activity Narrative:** Creating Demand for Counseling and Testing through Promotional Activities

In view of expanding HIV counseling and testing (HCT) service availability, it is important that public demand and utilization continue to increase. Since its inception, the Johns Hopkins University/Center for Communication Programs AIDS Resource Center (CCP/ARC) has not only empowered people to access voluntary counseling and testing (VCT), but also targeted service providers to provide quality VCT services. For example, CCP/ARC produced print and multimedia materials encouraging use of VCT and distributed VCT communication materials to service providers. CCP/ARC also conducted two national VCT Day promotion campaigns in collaboration with partners. CCP/ARC played a major role in establishing the annual National HCT Day on the eve of the Ethiopian New Year. As more people and organizations observe HCT Day, use of services and efforts to improve quality will increase.

In FY08, CCP/ARC plans to continue promotion via two approaches:

- 1) Implementation of HCT Day 2008 with local and international partners, in both Addis Ababa and in all of the regions.
- 2) Development of a long term HIV counseling and testing BCC campaign aimed at increasing quality and uptake of services.
- 3) Creation of synergy between its HCT promotion activities and those of the Millennium AIDS Campaign through shared messaging, images, sponsorship, or events
- 4) Closely work with HAPCO to harmonize with the Ethiopian government's HIV/AIDS social mobilization strategy

CCP/ARC will continue support to HAPCO and partners for HCT Day 2008 by producing campaign materials (posters, flyers, radio/TV spots, and newspaper ads), creating web pages, organizing and coordinating media coverage, and facilitating and providing information through its Wegen Talkline and Warmline for service providers. CCP/ARC will support HCT Day activities at both the national and regional levels.

CCP/ARC will support HAPCO in the development of VCT promotion strategy.

In addition to these HCT Day activities, CCP/ARC will also continue its ongoing HCT promotion campaign, with a particular focus on three pilot regions, in which CCP/ARC is also launching expanding outreach activities through its regional satellites. This longer-term campaign, which will likely target different audiences than HCT Day activities (including youth and residents in rural areas) will serve as an important entry point in HIV prevention and early access to treatment, care and support. CCP/ARC will promote both VCT and provider-initiated counseling and testing to create demand and reduce stigma against people living with HIV/AIDS. The campaign will use traditional and modern channels to develop region-specific promotion messages, support annual HIV-testing campaigns, lead development of an HCT communications strategy; and support development of national HIV counseling and testing themes and logos. This campaign will complement other CCP/ARC activities, including the Betengna Radio Diaries program and other prevention activities carried out through CCP/ARC's website, as well as materials distribution and outreach at the regional ARCs. These new mass media and community mobilization activities will be complemented by training for journalists and other partners in HCT reporting and communication. This expanded HCT campaign will be supported through the addition of key staff.

The increase budget in FY08 by 100% from the level of FY07 is justified, in that the initial budget (FY07) was low, to increase the coverage all forms of HCT promotion to all regions.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10585

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27941	10585.2794 1.09	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	11466	655.09	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	\$160,000
10585	10585.07	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	5469	655.07	jhu-ccp	\$132,000

## Emphasis Areas

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Pregnant women

Discordant Couples

Teachers

Table 3.3.09: Activities by Funding Mechanism

**Mechanism ID:** 7609.08

**Prime Partner:** Management Sciences for Health

**Funding Source:** GHCS (State)

**Mechanism:** Care and Support Project

**USG Agency:** U.S. Agency for International Development

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Activity ID:** 5654.08

**Activity System ID:** 16602

**Program Area Code:** 09

**Planned Funds:** \$2,340,000

**Activity Narrative:** The Care and Support Program (CSP) is a three-year effort to focus on HIV/AIDS at health centers and communities, in partnership with PEPFAR Ethiopia partners and the Government of Ethiopia (GOE). CSP is PEPFAR's lead health-network care-and-support activity in Ethiopia and provides coverage nationwide. This program will support the GOE to provide HIV/AIDS prevention, care, and treatment services at health centers and at the community and household levels through provision of technical assistance, training in strengthening of systems and services, and expansion of best practice HIV prevention interventions. The program is implemented by Management Sciences for Health (MSH) and several partners.

PEPFAR Ethiopia supports the scaling up of counseling and testing (CT) services to enable Ethiopia to reach its targets for prevention, care, and treatment. PEPFAR Ethiopia currently assists voluntary counseling and testing (VCT) centers based in hospitals, health centers, workplaces, and stand-alone sites. The CSP provides rapid expansion of health services among three progressively more comprehensive tiers. The first tier (500 health centers) offers basic services, including tuberculosis (TB)/HIV and VCT. The second (393 health centers) offers TB/HIV, VCT and palliative care services. The third tier (240 health centers) offers ART, as well as the above services.

Rapid expansion of HIV/AIDS care and treatment services has prompted a significant increase in VCT nationwide through PEPFAR-funded activities, such as Family Health International's (FHI) IMPACT project, Save the Children Federation/US (Save/US) project along the Addis Ababa- Djibouti High-Risk Corridor and hospitals supported by US university partners. This support has encompassed assessment of existing services and implementation with respective regional health bureaus (RHB). The number of VCT centers continues to increase, and the Ministry of Health (MOH) plans 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 (PICT), engagement of non-medical counselors, and other important issues.

PEPFAR Ethiopia will support health centers to implement the new GOE guidelines and maintain support to existing health-center VCT services and scale up CT services through PICT and involvement of non-medical counselors. Moreover, case managers will link all VCT services supported by this program to a specific, functioning, referral system, to ensure that HIV-positive clients are linked to care and treatment services.

In FY07, PEPFAR Ethiopia provided technical assistance to 500 health centers nationwide through the previous mechanism. The technical assistance included: support for HIV VCT by medical and non-medical counselors and 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 (MARPs) in surrounding areas; quality HIV tests, including implementation of simpler techniques (e.g., finger-pricking instead of 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 and continue to improve upon CT services in a sustainable manner through training-of-trainers (TOT) programs on HIV testing and counseling for regional-, zonal-, and district-level master trainers. Technical assistance for Human-resource capacity building will include the training of five counselors per health center, followed by refresher training and site-level cross-training to facilitate knowledge transfer and sustainability. CSP will also help to ensure the consistent availability of HCT services at the health centers by advocating availability of full-time medical or non-medical counselors.

Data collection and maintenance will be enhanced by: ensuring the availability of standard registration books and client intake forms; supporting site-level data analysis, use, and timely reporting to public health authorities; strengthening regular supportive supervision by regions, zones, and districts; and conducting regional and national review meetings to discuss best practices, strengths, weaknesses, challenges and the way forward to establish sustainable VCT services.

CSP will partner with PEPFAR commodity logistics programs implemented by Rational Pharmaceutical Management Plus (RPM+—ID 10534) and Partnership for Supply Chain Management (PfSCM—ID 10532) to support facilities, districts, zones, and regions to ensure a consistent supply of HIV test kits, as well as to support 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.

The strengthening and expansion of CT service delivery through a greater number of health centers will enable the program to extend its reach into the community. The TOT will assist in the creation of a larger cadre of qualified health facility workers and continue to increase the capacity of the program as a whole.

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 (HEW), and outreach workers.

Youth and adults will be reached by this activity through the increase of quality services available in a greater range of communities through a variety of healthcare facilities. A greater percentage of the community will have access to care and support because health-center-level services will be available at a more localized level. The program will rely on HEW at health centers to provide information, referrals, and counseling. The community-based HEW are key to identifying, referring, and counseling MARPs. For example, HEW form the bridge between health facilities and prisons, to assure that counseling and appropriate care are provided to incarcerated populations. HEW and community-outreach-oriented workers provide out-of-facility counseling and care to discordant couples. As community members, they know, develop relationships with, and can refer street youth and persons who engage in transactional sex. They also are adept at identifying and referring mobile populations (e.g., transport workers, traders) to health facilities and/or support groups. In certain areas and/or during times of drought, HEW work at gathering points, such as those for internally displaced persons (e.g. food distributions), to provide prevention messages, counseling, and referrals.

The activity will build significant local organizational capacity through the training of health facility staff and

**Activity Narrative:** the support of health centers for improvement of health systems, data collection, and patient service.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10399

**Related Activity:** 16721, 17755, 16593, 16699,  
16596, 16598, 16700, 16678

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27961	5654.27961.09	U.S. Agency for International Development	Management Sciences for Health	11471	7609.09	Care and Support Project	\$1,778,400
10399	5654.07	U.S. Agency for International Development	Management Sciences for Health	5516	3798.07		\$2,100,000
5654	5654.06	U.S. Agency for International Development	Family Health International	4136	4136.06	Family Health International	\$1,732,000

#### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16721	5586.08	7523	593.08	Capacity Project (HCD)	IntraHealth International, Inc	\$1,000,000
17755	17755.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$840,000
16593	5791.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$240,000
16596	10647.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$1,690,411
16598	5749.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$1,534,500
16678	10534.08	7500	3798.08	RPM Plus	Management Sciences for Health	\$4,130,000

#### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

\* Task-shifting

\* Retention strategy

Local Organization Capacity Building

#### Food Support

#### Public Private Partnership

## Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	500	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	2,500	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	350,000	False



## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 645.08

**Prime Partner:** Abt Associates

**Funding Source:** GHCS (State)

**Budget Code:** HVCT

**Activity ID:** 6452.08

**Activity System ID:** 16568

**Mechanism:** Private Sector Program

**USG Agency:** U.S. Agency for International Development

**Program Area:** Counseling and Testing

**Program Area Code:** 09

**Planned Funds:** \$1,627,031

## **Activity Narrative:** Mobile, Private Sector, and Workplace Counseling and Testing Services

This is a continuing activity. This activity implements activities to support mobile HIV counseling and testing (HCT), private sector HCT, and workplace HCT.

The Private Sector Program (PSP) led by Abt Associates works with large workplaces and private clinics to improve access to HIV prevention, care, and treatment services for employees, their dependents, and the general population. The project seeks to establish management and labor ownership of workplace activities and encourages companies to share a significant part of program costs.

In FY08, PSP and its local subcontractors will complement ongoing efforts in workplaces and private clinics with expanded, high-quality, mobile HCT services designed for adult populations in higher prevalence urban and peri-urban areas. The project will also leverage activities under several existing PEPFAR programs that provide HIV-prevention and facility-based counseling and testing (CT) and tuberculosis (TB) services.

Access to, and use of, of high-quality, facility-based voluntary counseling and testing (VCT) services by at-risk populations remains problematic along major transportation corridors (i.e., Addis-Djibouti; Addis-Adigrat; Addis-Metema; and Modjo-Dilla). Private CT services, although promising, are not yet sufficiently supervised to assure that they comply with national guidelines to provide quality laboratory services and comprehensive referrals. The activity will expand mobile CT services in parallel to expanding long-term, facility-based CT services in workplaces and private for-profit clinics along the corridors.

Each component is described below. It is important to note that the intermittent nature of mobile CT services poses a challenge to providing sustained improvements to CT services. In response to this, PSP is ensuring that private, for-profit clinics are identified and CT services are installed or strengthened in areas of mobile CT. Furthermore, using basic subcontracting, PSP is working with large, indigenous, commercial and civil society CT providers to support mobile CT services. These subcontracts are improving the capacity of these partners to perform services and compete in future USG activities.

### 1) Support for Mobile CT Services:

During FY08, PSP will operate four, low-cost, mobile counseling and testing units along four transportation corridors focusing on high prevalence and high demand areas. The mobile units will:

- Target adult populations, commercial sex workers, mobile workers, and other risk groups for CT in urban and peri-urban areas
- Employ highly visible promotion teams to prime demand and offer multiday CT events in high-prevalence areas within the ART health network
- Receive training and supervision to ensure that services meet national guidelines, including quality assurance/quality control, use of finger-prick techniques with dried-blood-spot or parallel testing
- Make comprehensive referrals for care and treatment. The program will follow up to monitor success in connecting seropositive individuals with appropriate care.
- Standardize reporting to appropriate levels of the Ethiopian Ministry of Health and conduct joint analyses of client demographics and findings with regional health bureaus (RHB) and USG partners.

This activity will support targeted community mobilization to promote use of CT services along transportation corridors, in markets, workplaces, public gatherings, and particularly in places identified as sites where high-risk populations live and work.

Each quarter, PSP will select four different groups of 10-20 towns along the major transportation corridors where the project will provide mobile CT services. Program staff will complement CT services with targeted mobilization activities to increase uptake of such services among adult populations and MARPs. By vigorously promoting the CT services, PSP will help to make the teams efficient and productive. The program will target 15 tests per counselor per day on a five-day-per-week activity schedule. CT service capacity ranges from 5-15 counselors per day, depending on the findings of service-demand assessments.

The mobile services will contribute to the national strategy to rapidly scale up CT services to reach underserved and marginalized populations. Current services are predominantly based in static centers in government health centers and hospitals. Ethiopia's July 2007 national CT guidelines clearly indicate the need for outreach and mobile CT service delivery.

### 2) Support for CT Services in Private Health Clinics:

In FY08, PSP will work closely with RHB and town health offices to strengthen a minimum of 200 private clinics with high client volume to provide CT services. PSP will also develop innovative models to refer at-risk clients visiting pharmacies to appropriate TB or HIV clinical services. While working with private health facilities, PSP will:

- Strengthen the capacity of Ethiopian nongovernmental organizations (NGO) and private sector partners to provide CT and TB diagnosis and treatment
- Provide facilities with training, supervision, and assistance to improve service quality, productivity, and management. This will support better quality counseling and testing services.
- Promote extended VCT hours to facilitate access
- Strengthen referral linkages to community and facility-based HIV/AIDS prevention, care, and treatment services

By increasing the use of the private sector to provide CT services, this program will reduce the strain on already overburdened public health providers and build the competence of local organizations to provide high-quality, sustainable CT services where international organizations may now be filling that role.

### 3) Support for Workplace CT Services and Referral:

PSP will continue implementation in large (1000+ employees) and medium-sized companies (500+ employees) in seven regions to ensure improved access to counseling and testing. By September 2008, this activity will operate in up to 75 workplaces and private health facilities across Ethiopia and will ensure the presence or improved access to quality services, including counseling and testing.

**Activity Narrative:** As part of an integrated workplace program for HIV/AIDS prevention, care, and treatment, PSP will continue to support intensive, workplace peer-education programs, which support greater uptake of TB and HIV services. PSP promotes a "Know Your Status" interpersonal communication program to reinforce positive behavioral norms. The peer education program will increase numbers of employees and dependants choosing VCT and needing subsequent clinical care and treatment.

PSP will support CT services in the workplace by providing supportive supervision for those clinics which offer on-site CT services or refer clients to external CT providers through provider-initiated counseling and testing (PICT) or voucher programs. The project will also link workplaces whose employees fall into the high-risk groups with mobile CT services.

This activity will educate the workforce and families about basic facts and the importance of CT in 75 workplaces and will reach families and the surrounding community with similar messages during mass educational events. The peer-education component educates staff through eight modules on TB and HIV/AIDS which are delivered in small-group discussions during the work day. This activity works with employers to establish HIV policies to protect HIV-positive employees from stigma and discrimination.

PSP will work closely with Medical Association of Physicians in Private Practice (MAPPP) and other professional associations in collaboration with RHB to initiate and sustain private-sector CT services. This activity will focus on reaching MARPs along the four high-risk corridors in urban and peri-urban settings. It will increase access to quality, integrated HIV and TB services for urban populations by engaging new private-sector clinics in delivering services.

PSP targets MARPs by conducting thorough rapid assessments before deploying mobile CT teams or selecting private-sector clinics. The assessments gather information on who the MARPs are in a community, where they live or work, and what messages might persuade them to accept CT services. The assessment identifies the most-at-risk groups in a community through key informant interviews with staff from RHB and district health offices, as well as local NGO and faith based organizations which provide care, treatment, and support services. It also uses focus-group discussions and individual interviews with individuals from the risk groups to ascertain where these groups can be reached with CT services and what messages might prompt them to seek CT.

PSP reaches at-risk populations through the workplace program by selecting a majority of its intervention sites from companies whose employees are thought to have one or more risk factors. The target enterprises include transportation companies, (trucking, airline, and railway), agricultural and floricultural enterprises, tourism, and manufacturing. Through the workplace, PSP reaches men in their sexually active years that have disposable income. At the management level, PSP reaches males of higher educational and socioeconomic status whom the 2005 Ethiopia Demographic and Health Survey indicates are at-risk due to their high number of sexual partners and low reported condom use.

PSP will use national systems for implementation, monitoring and evaluation, and intensive supportive supervision to strengthen CT services in areas of operation.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10538

**Related Activity:** 16567, 16602, 16700, 16695, 16569, 16592, 16565, 16566, 17872, 18030

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10538	6452.07	U.S. Agency for International Development	Abt Associates	5465	645.07	Private Sector Program	\$1,496,000
6452	6452.06	U.S. Agency for International Development	Abt Associates	4066	4066.06	Population Services International	\$1,300,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16565	5605.08	7471	645.08	Private Sector Program	Abt Associates	\$370,000
16566	5603.08	7471	645.08	Private Sector Program	Abt Associates	\$180,000
16567	5604.08	7471	645.08	Private Sector Program	Abt Associates	\$340,000
16602	5654.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$2,340,000
16695	5667.08	7508	651.08	Development of Model Voluntary Counseling and Testing Services in the Democratic Republic of Ethiopia	Addis Ababa Regional HIV/AIDS Prevention and Control Office	\$1,350,360
16569	6637.08	7471	645.08	Private Sector Program	Abt Associates	\$1,200,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

\* Task-shifting

\* Retention strategy

Local Organization Capacity Building

Workplace Programs

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	110	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	320	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	120,000	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Orphans and vulnerable children

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

Discordant Couples

## Coverage Areas

Afar

Amhara

Oromiya

Southern Nations, Nationalities and Peoples

Tigray

Adis Abeba (Addis Ababa)

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 3746.08

**Mechanism:** University Technical Assistance Projects in Support of the Global AIDS Program

**Prime Partner:** JHPIEGO

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 5627.08

**Planned Funds:** \$2,486,448

**Activity System ID:** 16574

**Activity Narrative:** National HIV Counseling and Testing Support

This activity describes three components of FY08 activities.

**I. Building Human Capacity**

During FY07, JHPIEGO worked with the Federal Ministry of Health (MOH), the national HIV/AIDS Prevention and Control Office (HAPCO), regional health bureaus (RHB) and CDC to build human capacity for providing high-quality HIV counseling and testing (HCT) services at 131 hospitals. Interventions included training, updating materials, and training new community counselors following the successful pilot. JHPIEGO started work with Addis Ababa Counselors Support Association (AACSA) to establish new regional counselors associations and post-test clubs.

In FY08, JHPIEGO will:

- 1) Support the scale-up of HCT training by training a total of 60 new trainers in voluntary counseling and testing (VCT), provider-initiated counseling and testing (PICT), and couples' HIV counseling and testing (CHCT). JHPIEGO will also complete HCT training packages through the National HIV Counseling and Testing Working Group (HCT TWG) and support printing of the materials.
- 2) Provide technical assistance to PEPFAR partners in conducting VCT training for community counselors
- 3) Work with AACSA through sub-agreement to further strengthen its capacity and train 120 counselors in CHCT and burnout management. AACSA will provide supportive follow-up to these counselors. JHPIEGO will also work with AACSA and other regional counselors' associations to support the establishment of 3-4 more regional associations networked into a National Counselors Association. Building on FY07 experiences, AACSA will explore the feasibility of establishing post-test clubs for couples at selected sites.
- 4) Complement Standards Based Management and Recognition (SBM-R) for HCT, as proposed in application for SBM-R (under system strengthening)
- 5) Work closely with implementing partners to strengthen counselors' burnout-management program

**II. Supporting the Expansion of Regional VCT Demonstration And Training Centers**

By the end of FY07, PEPFAR will complete the renovation of four regional demonstration sites in Amhara, Oromiya, Southern Nations, Nationalities, and Peoples Regions (SNNPR), and Tigray regions. JHPIEGO is instituting model systems, including furniture, staff training, documenting best practices and use as a practice site for trainees. In FY08, JHPIEGO proposes to further strengthen existing sites and establish two similar facilities in the eastern and western parts of the country in consultation with partners.

Proposed activities for FY08 include:

- 1) Establishing two new regional CT demonstration sites, with the assumption that the Regional Procurement Support Office will conduct renovations of service buildings and conference rooms
- 2) Support for implementing VCT services at all six demonstration sites
- 3) Support for the six sites to document best practices that can be transferred to other VCT centers in the regions

**III. Strengthen Local Nongovernmental Organizations (NGO) to Expand HCT**

The Family Guidance Association of Ethiopia (FGAE) is a local NGO delivering sexual and reproductive health services in an integrated fashion. These include: family planning services, cervical cancer diagnosis, care for rape victims, management of sexually transmitted infections (STI), and HIV services (e.g., VCT, condom promotion and distribution, treatment of opportunistic infections). FGAE's programs and services cover many parts of the country through branches in regions, sites in workplaces, youth centers, and outreach and marketplace activities. In FY07, JHPIEGO signed a sub-agreement with FGAE to strengthen VCT and introduce PICT in 32 clinics and youth centers. Outreach workers were trained to provide education and referral for HCT services. Sample collection through finger prick was piloted at some sites. For FY08, JHPIEGO proposes to continue providing financial and technical support to FGAE to expand current activities:

- 1) Training of FGAE trainers in VCT, CHCT, and PICT
- 2) Training 100 providers in PICT and training 100 VCT counselors (including community counselors) and 70 FGAE counselors in CHCT and burnout management
- 3) Supporting VCT, CHCT and PICT services at 35 sites
- 4) Train and support 400 volunteers to perform CT outreach activities, including provision of HCT in the community
- 5) Document HCT best practices
- 6) Procure test kits and medical supplies, if these cannot be leveraged from sources funded through the Global Fund for AIDS, Malaria, and Tuberculosis
- 7) Support FGAE to provide outreach CT programs at the market place and during community mobilization

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10382

**Related Activity:** 16572, 17858, 16573

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10382	5627.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5468	3746.07		\$2,642,000
5627	5627.06	HHS/Centers for Disease Control & Prevention	JHPIEGO	3746	3746.06		\$750,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16572	5569.08	7473	3746.08	University Technical Assistance Projects in Support of the Global AIDS Program	JHPIEGO	\$500,000
16573	5759.08	7473	3746.08	University Technical Assistance Projects in Support of the Global AIDS Program	JHPIEGO	\$500,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

\* Task-shifting

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	35	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	750	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	55,400	False



## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Persons in Prostitution

### Other

Discordant Couples

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 3785.08

**Prime Partner:** University of California at San Diego

**Funding Source:** GHCS (State)

**Budget Code:** HVCT

**Activity ID:** 5737.08

**Activity System ID:** 16621

**Mechanism:** Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Counseling and Testing

**Program Area Code:** 09

**Planned Funds:** \$1,847,259

## **Activity Narrative:** Counseling and Testing Support at Uniformed Services Health Facilities

In FY07, the University of California San Diego (UCSD) supported client and provider-initiated HIV counseling and testing (HCT) services in 58 military and police hospitals as well as prison health facilities. This included an initial and follow-up site assessment, site-level training, refurbishment of sites, improving data collection and reporting systems, and supervision of HCT services. The site-level support aimed at improving performance to deliver quality HCT services for uniformed personnel, their families, prisoners, and the community around military facilities (civil-military alliance program).

During FY07, HCT programs in the uniformed services were continued through collaboration between UCSD and JHPIEGO, who provided training-of-trainer (TOT) sessions and training materials. During this period, UCSD supported these activities by supporting the implementation of HCT programs at 38 military, nine police, and 11 prison clinics. Overall the scope of assistance of UCSD to the uniformed services was focused on:

- 1) Training of counselors on relevant skills, capacity building, staff educational programs, and outcomes assessment
- 2) Laboratory enhancement of capacity for HIV-testing in the voluntary counseling and testing (VCT) sites and strengthening of laboratory quality assurance
- 3) Advocacy activities, including drama and advertising, through the support of military media and the CDC-sponsored MARCH programs in the defense and police forces

Major HCT interventions by UCSD have been in:

- 1) Adopting PICT and opt-out strategies for CTR hospitals 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 same-hour HIV testing at VCT sites
- 4) Strengthening of the referral link between counseling and testing with post-test services
- 5) Support for site-level refresher trainings and mentoring for HCT personnel with UCSD experts
- 6) Support for minor renovation of physical space to ensure infrastructure which is consistent with the standard
- 7) Providing necessary laboratory supplies for the VCT labs
- 8) Improved data management system of HCT and reporting
- 9) Establishing a quality-assurance system for HCT services for both client- and provider-initiated HCT

In FY08, UCSD will continue all activities related to HCT, including technical support and training for healthcare professionals working in the uniformed services. The focus of this activity is making HCT accessible at all sites and to high-risk groups, and linking all HIV-positive people to chronic HIV care and treatment services.

UCSD's reach will increase from 58 to 91 service outlets, all of which will have HCT trained staff, infrastructure, and the capacity to offer same-hour testing service. The service outlets will provide HCT to an estimated 151,875 additional clients. Besides focusing on facility-based HCT, the funding will also cover the provision of counseling and testing services to remote peripheral regions through mobile, outreach, and community-based HCT.

To expand and enhance this program in FY08, UCSD will establish regular trainings with special attention to opt-out PICT, couples counseling, and provider training for non-health personnel. UCSD will also conduct site assessments and regular supportive supervisions, mentoring of counselors to ensure quality of service and supporting lab workers through training by both local staff and visiting UCSD experts.

UCSD will continue its support in FY08, increasing the reach of HCT at the regimental level, by supporting the military's mobile VCT services as well as by providing HCT at all prison sites (Federal and regional), to prison guards, and prisoners around the country. UCSD will continue to assist the regional prison clinics' efforts to establish a strong referral linkage with the nearby civilian hospital to send all HIV-positive prisoners for chronic care and support, including ART.

In FY08, UCSD plans to further expand the HCT program and strengthen the existing services through:

- 1) Conducting site-level basic and refresher training on VCT for service providers, and training non-health professional uniformed personnel by following the standard protocol. Moreover, counselors at all sites will be given training on counseling couples, so that they will be able to provide quality service. By giving emphasis to discordant results, counselors will be supported to address the challenges clients face in dealing with their results.
- 2) Consolidating the existing HCT services to increase the uptake of individuals receiving counseling and testing in healthcare settings, while expanding the service to 38 new HCT sites. Moreover, child testing will be promoted and supported at all sites by facilitating family-centered counseling.
- 3) Collaborating with the CDC MARCH Program for outreach education, drama, and advertising, and developing and disseminating military and police-specific information- education-communication/behavior-change communication (IEC/BCC) messages to promote HCT-seeking behavior among high-risk groups and increase demand for the service
- 4) Supporting sites to provide outreach/community-based HCT services to uniformed personnel and their families. In collaboration with PEPFAR, UCSD will organize a mobile service for hard-to-reach camps in the periphery of the country.
- 5) Involving people living with HIV (PLWH) as peer advocates for HCT and ART promotion and peer support for positives. This will include peer support groups and experience-sharing through uniformed services media.
- 6) Improving monitoring and evaluation system of the HCT service by using the UCSD-developed data capturing software and timely reporting of data in all sites through training and mentoring of the staffs
- 7) Working with police forces at Federal and regional levels, UCSD will help strengthen and expand HCT services in the 11 regional police clinics.
- 8) Expanding HCT to customs services, fire-brigade clinics, and access refugee communities through mobile VCT to strengthen civil-military alliance
- 9) Commemorating National Annual Testing Day in all sites, thereby transmitting HIV messages to uniformed personnel and their families
- 10) Strengthening the referral network between HCT and other services such as ART, PMTCT, and other services

**Activity Narrative:** 11) Strengthening the quality-assurance system of counseling services through refresher training, mentoring, review meetings, and peer and group counseling supervision systems.  
 12) Consolidating and expanding civil-military alliance programs for communities around military facilities  
 13) Supporting burnout management programs for service providers  
 14) Developing a retention program for service providers. This will be done in collaboration with the Ministry of Defense, the police commission, and prison administration.

All activities will be closely monitored by UCSD office staff and clinical advisors. The university will support the administrative and technical coordination mechanism to improve the management system of the service. The activity will help to reach PEPFAR Ethiopia targets for care and treatment.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10462

**Related Activity:** 16617, 16618, 16619, 16620, 16622, 16623, 16624

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28219	5737.28219.09	HHS/Centers for Disease Control & Prevention	University of California at San Diego	11555	3785.09	Twining of US-based Universities with Institutions in the Federal Republic of Ethiopia	\$1,520,000
10462	5737.07	HHS/Centers for Disease Control & Prevention	University of California at San Diego	5481	3785.07		\$1,655,250
5737	5737.06	HHS/Centers for Disease Control & Prevention	University of California at San Diego	3785	3785.06		\$90,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16617	5638.08	7483	3785.08	Twining of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$400,000
16618	10651.08	7483	3785.08	Twining of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$300,000
16619	5770.08	7483	3785.08	Twining of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$373,200
16620	5752.08	7483	3785.08	Twining of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$120,000
16622	10426.08	7483	3785.08	Twining of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$4,300,000
16623	10622.08	7483	3785.08	Twining of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$210,000
16624	10427.08	7483	3785.08	Twining of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$300,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

\* Task-shifting

\* Retention strategy

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	80	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	200	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	290,600	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Table 3.3.09: Activities by Funding Mechanism

**Mechanism ID:** 651.08

**Mechanism:** Development of Model  
Voluntary Counseling and  
Testing Services in the  
Democratic Republic of  
Ethiopia

**Prime Partner:** Addis Ababa Regional  
HIV/AIDS Prevention and  
Control Office

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 5667.08

**Planned Funds:** \$1,350,360

**Activity System ID:** 16695

**Activity Narrative:** Strengthening National Model VCT Sites & Expansion of Mobile VCT Services

In FY08, Addis Ababa City Government HIV/AIDS Prevention and Control Office (AA/HAPCO) plans to strengthen the existing national model and mobile voluntary counseling and testing (VCT) services based on the experiences gained from FY06-07 project implementations. The national model sites provided services to 41,364 clients through integrated, freestanding, mobile, and satellite sites. From September 9, 2005 to March 30, 2007, the mobile unit has provided services for 14,667 clients.

This activity has two components. One component is to maintain the existing national model VCT sites and mobile units in Addis Ababa. In FY08, the model sites will continue to provide VCT services at the two national model centers, mobile unit, satellite sites, and home-based VCT services through home-to-home visits. Activities of this component include:

- 1) Supporting model sites to provide same-hour VCT service to the general community, with special emphasis for couples, family, and child counseling
- 2) Strengthening satellite VCT sites that have good performance records for reaching students and company workers
- 3) Providing VCT services using a mobile truck in schools, business/commercial places, work places, and markets in Addis Ababa
- 4) Strengthening and expanding home-based VCT services
- 5) Supporting the national Millennium AIDS Campaign to meet the counseling and testing target and create demand for HIV testing using available channels during special events (e.g., World AIDS Day, National VCT day)
- 6) Continuing to provide VCT services to disabled people (deaf, blind, handicapped, etc)
- 7) Continuing to introduce non-health professionals to delivery of VCT at static sites, satellites, and mobile VCT units
- 8) Strengthening the management system of the project, mainly focused at the site level
- 9) Conducting regular case conferences twice a month, burnout management twice a year, and refresher training quarterly
- 10) Supporting sites to maintain data quality management through close follow-up and training
- 11) Conducting regular VCT promotion using different media and allowing participation by key informants and prominent people, who can promote and increase use of services
- 12) Documenting best practices and experiences from the implementation of the two model VCT sites and sharing with other relevant organizations who are offering the same services.
- 13) Building the capacity of managers, VCT project coordinators, and counselors through short-term training (onsite and regional)
- 14) Strengthening the existing post-test clubs in the sites
- 15) Strengthening the existing VCT network and referral linkages and initiating ongoing counseling
- 16) Strengthening the role of community VCT promoters in VCT services
- 17) Conducting impact-assessment surveys on sexual behavioral change of clients tested in different VCT sites

The second component of this activity is support for consolidating the expansion of VCT mobile units. These mobile units improve access to HIV/AIDS services in rural communities including mobile workers on big farms and uniformed personnel in camps and barracks. The mobile units also assist in delivering community education to promote safer sexual behavior, stigma reduction, and promote community care service to HIV-infected and affected individuals and families. The service will be provided through well-trained community VCT counselors (lay counselors).

During FY08, AA/HAPCO will continue providing VCT services to rural populations, with an emphasis on most-at-risk populations (MARPs), such as mobile workers, truckers, commercial sex workers (CSW), traders, and uniformed personnel. As a special service, premarital couples' counseling and testing services will be provided during wedding season.

The mobile unit will introduce night services to capture truckers and CSW and their clients along the main highway routes and stopover sites. In addition to the VCT services, the unit will conduct health education to reduce transmission of HIV and sexually transmitted infections, and reduce the effects of drugs (alcohol, khat, and cannabis) on individual health. The mobile units also assist in delivering community education to promote safer sexual behavior, stigma reduction, positive living, and to promote community care service to HIV-infected and affected individuals and families.

Referring HIV-positive individuals to care and treatment is one of the shortcomings of mobile VCT service. To overcome this major challenge, the Organization for Social Services for AIDS plans to establish a support group which consists of people living with HIV, teachers, health extension workers, traditional healers, and other community agents. After appropriate training, the support group will provide post-test services, including ongoing preventive and supportive counseling, adherence counseling, and education on prevention and basic care packages. It also links mobile VCT activities with the health network model in particular catchment areas.

In FY08, the mobile unit will continue screening of syphilis using rapid plasma reagin (RPR). Clients who are RPR-positive will receive referral for treatment and education. The patients will be encouraged to notify their partner(s).

The mobile units will work in close collaboration with PEPFAR partners.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10547

**Related Activity:** 16694

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28326	5667.28326.09	HHS/Centers for Disease Control & Prevention	Addis Ababa Regional HIV/AIDS Prevention and Control Office	11599	651.09	Development of Model Voluntary Counseling and Testing Services in the Democratic Republic of Ethiopia	\$1,221,500
10547	5667.07	HHS/Centers for Disease Control & Prevention	Addis Ababa Regional HIV/AIDS Prevention and Control Office	5526	651.07		\$2,452,000
5667	5667.06	HHS/Centers for Disease Control & Prevention	Addis Ababa Regional HIV/AIDS Prevention and Control Office	3769	651.06		\$325,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16694	10549.08	7508	651.08	Development of Model Voluntary Counseling and Testing Services in the Democratic Republic of Ethiopia	Addis Ababa Regional HIV/AIDS Prevention and Control Office	\$600,000

### Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	20	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	40	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	100,000	False



## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

## Coverage Areas

Adis Abeba (Addis Ababa)

Afar

Amhara

Oromiya

Southern Nations, Nationalities and Peoples

Sumale (Somali)

Tigray

**Table 3.3.09: Activities by Funding Mechansim**

**Mechanism ID:** 496.08

**Mechanism:** Improving HIV/AIDS  
Prevention and Control  
Activities in the FDRE MOH

**Prime Partner:** Federal Ministry of Health,  
Ethiopia

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 12248.08

**Planned Funds:** \$360,000

**Activity System ID:** 16647

**Activity Narrative:** Support the National HIV Counseling and Testing Coordination

This continuing activity was initiated through FY07 plus-up funds to support the national effort to strengthen the coordination of HIV Counseling and Testing (HCT) activities.

PEPFAR will channel funds to the Federal HIV/AIDS Prevention and Control Office (HAPCO) to support the government's Millennium AIDS Campaign (MAC) that aims at counseling and testing nearly five million clients by the end of September 2008 and beyond. The HCT target set for MAC Phase II was 1.8 million for the period of February to September, 2007. A total of 504,564 (46.7%) people were tested through the end of June. Major progress has been achieved in HCT site expansion; currently 968 sites are providing HCT services in the country—654 government health centers and 105 hospitals (including 91 government hospitals and 12 military hospitals), and 209 other health facilities, including private hospitals, clinics, and nongovernmental organizations.

MAC has created demand for HCT services in all regions. However, the campaign faces many constraints and problems: the human resource crisis; the campaign was generalized and not targeted specifically to high-risk populations and routine and diagnostic testing; less attention was given to child testing; and HCT was poorly linked to care and treatment service. Test kit supplies started out poor, but improved relatively by June.

The objective of this activity is to strengthen HAPCO's coordination of the Millennium AIDS Campaign (MAC) at the national level to increase uptake and improve the quality of HCT services. FY08 activities will include:

- 1) Coordination of all HIV counseling and testing programs will be strengthened at the national and regional level through collaboration of all stakeholders under the leadership of HAPCO.
- 2) HAPCO will conduct quarterly supervision of regional activities to review progress in the implementation of the campaign.
- 2) Biannual review meetings will be conducted to identify strengths and gaps and provide direction.
- 3) HAPCO will provide support to regional health bureaus (RHB) and regional HAPCO to coordinate regional implementation of the HCT program.
- 4) Strengthening of social mobilization activities to create demand for HIV testing
- 5) Strengthening of central-level data compilation and reporting

Some of the funds will be used to help sites to cover some operational costs, such as weekend activities in areas with a high client load. Funds will also support social mobilization to create demand at the sites, and to support regional-level data compilation and reporting.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 12248

**Related Activity:**

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28030	12248.2803 0.09	HHS/Centers for Disease Control & Prevention	Federal Ministry of Health, Ethiopia	11486	496.09	Improving HIV/AIDS Prevention and Control Activities in the FDRE MOH	\$342,000
12248	12248.07	HHS/Centers for Disease Control & Prevention	Federal Ministry of Health, Ethiopia	5490	496.07		\$300,000

## Emphasis Areas

Human Capacity Development

\* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 649.08

**Mechanism:** N/A

**Prime Partner:** International Rescue Committee

**USG Agency:** Department of State / Population, Refugees, and Migration

**Funding Source:** GHCS (State)

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 5606.08

**Planned Funds:** \$130,635



**Activity Narrative:** Counseling and Testing for Sudanese and Eritrean Refugees

The proposed project is a continuation of the International Rescue Committee's (IRC) current PEPFAR-funded project, which provides current counseling and testing (CT) services to refugees living in camp settings and the surrounding host communities. IRC's CT project was initiated in October 2004 in Sherkole Camp (in the Benishangul-Gumuz region) and in 2007 in Shimelba Camp (in the Tigray region). For FY08, IRC is proposing to continue its CT activities in both camps and host communities.

IRC coordinates its activities closely with United Nations High Commission for Refugees (UNHCR) and the Government of Ethiopia's Agency for Returnee and Refugee Affairs (ARRA). IRC has established relationships with Johns Hopkins University (JHU) and the University of Washington/I-TECH for technical support and training, and with the Ethiopian HIV/AIDS Prevention and Control Office (HAPCO) which provides training to field staff.

**Voluntary Counseling and Testing (VCT)**

The provision of CT services has been well received by both the refugee and host populations in the Benishangul-Gumuz region. IRC offers CT services via a static site integrated into the Sherkole Camp health center, which is managed by ARRA, and through outreach CT services to the surrounding host communities. Patients presenting with sexually transmitted infections (STI) and tuberculosis (TB) are also referred by ARRA for CT. There are plans to strengthen this referral and begin provider-initiated testing in FY08.

HIV testing began in Sherkole Camp on April 12, 2005. As of July 27, 2007, IRC had tested and counseled a total of 3,324 clients—1,671 refugees (970 males, 701 females), of whom 19 refugees (11 males, eight females) tested positive. In the four outreach sites within the local host community, IRC has tested 1,653 individuals (1,023 males, 630 females), of whom 41 individuals (12 males and 29 females) tested positive. Eighty three percent of those infected are between 20-39 years of age.

IRC has worked with ARRA and the regional hospital in Assosa to develop a strong and effective referral system between the CT center and those sites. This system enables HIV-positive clients to access the necessary medical and follow-up services they require. This includes cotrimoxazole prophylaxis and other opportunistic infection (OI) treatment; CD4 count monitoring; ART; and psychosocial support. HIV-positive clients are also closely monitored for tuberculosis co-infection. To date, 24 refugees have been referred for wraparound care and monitoring; eight are receiving ART and 16 are being monitored.

CT services were highly sought-after by the refugees in Shimelba Camp. The results of knowledge, attitudes, and practices surveys conducted by IRC in 2003 and 2004 revealed that 92.8% of the refugees surveyed wished to know their HIV status. HIV testing in Shimelba Camp began on July 2, 2007. In the first month, 364 clients (98 females and 258 males) received counseling and testing (343 were refugees, 13 host community). Within the first month, 13 people were found to be HIV-positive; eight males and five females, of whom 11 are refugees (seven males, four females) and two are from the local community (one male, one female). All have been referred by ARRA to the Shire regional hospital for wraparound care and monitoring.

The CT center in Shimelba Camp is integrated into the ARRA health center, and was established using lessons learned from IRC's experience in Sherkole Camp. For example, in Shimelba Camp, IRC immediately established a referral system for TB and STI patients and quality-control testing with the regional hospital. In FY07, IRC encouraged greater referrals from ARRA for at-risk clients and worked with the IRC gender-based violence (GBV) team to provide testing to women seeking medical assistance after rape.

IRC will continue to coordinate with the GBV and Education teams to integrate HIV education and anti-stigma discussions in IRC informal education classes, primary school classes, GBV community discussions at the ARRA health center, and in outreach activities conducted by the IRC social workers.

All activities of the Sherkole and Shimelba Camp CT centers and mobile outreach activities meet and perform according to Ethiopian national CT guidelines and procedures.

**Support and Outreach Activities:**

The outreach services are designed to communicate openly with the community about HIV, with the hope of reducing the associated fear, stigma, and discrimination. In both camps, IRC will target and tailor behavior-change communication (BCC) messages specifically for the refugees and host communities. The messaging will strive to increase community understanding of the purpose and benefits of knowing their HIV status through CT, and to promote to the host community the static CT centers and the CT outreach services in the four mobile sites around Sherkole Camp.

IRC will continue to develop innovative, interactive CT awareness and education activities. Specifically, IRC will use the Community Conversations model developed by the United Nations Development Programme (UNDP). Community Conversations was introduced in Sherkole Camp in 2006. With the assistance of a facilitator, communities engage in discussions to: create a deeper understanding of HIV/AIDS; to identify and explore factors fueling the spread of HIV/AIDS in their respective contexts; and to reach decisions and take action (such as knowing one's status through CT) to mitigate the effects of the disease in their community. In FY07, IRC trained 35 HIV/AIDS refugee social workers and youth peer-educators in Sherkole Camp to facilitate this innovative strategy. It is expected that the Community Conversations strategy will be expanded to Shimelba Camp in FY08, if it proves to be successful with the refugees in Sherkole Camp.

In Sherkole, all CT clients are encouraged to join the "New life after test" post-test club. With facilitation from the IRC CT staff, the club provides support for CT clients and promotes CT services to others in the camp. HIV-positive clients from the local community are referred to IRC's local partner, the Tesfa Bilichat Association, based in Assosa, for further social support. To date, the Tesfa Bilichat has provided material and monetary support to one HIV-positive person from the host community who was tested by IRC.

In Shimelba Camp, a post-test club was established in FY07, and referral networks and linkages were strengthened with local health authorities and facilities for follow-up medical and wraparound services. In FY08, IRC will continue to support the post-test club and to nurture cohesive relationships with partners, including the local association for people living with HIV/AIDS (PLWH).

**Activity Narrative:**

In Sherkole and Shimelba Camps and host communities, IRC's FY08 HVCT activities and strategies will continue to offer and promote quality, static and mobile CT services to both refugees and members of the host communities. They will also ensure availability of, access to, and use of ART therapy and referral services with the regional hospitals for all HIV-positive clients. These activities will be conducted in coordination with ARRA. To support the CT services, IRC will continue to build the capacity of CT center staff and ARRA health staff through ongoing in-service trainings on provider-initiated CT, referrals, counseling and OI management. IRC will continue to strengthen referral links established between the CT centers, the ARRA health centers. New collaborations with Johns Hopkins University (JHU) and the University of Washington/I-TECH will include technical support, training, and mentoring to ARRA, the regional hospitals, the post-test clubs, the PLWH associations and the regional HAPCO offices for effective wraparound care and support.

FY08 will involve increasing strategic, community-awareness-raising activities which promote the benefit of knowing one's status through CT and communicating positive messages about living with HIV to reduce stigmatization. The intended effect of these activities is to promote responsible behavior. Clients attending CT services will have access to condoms and information about post-test clubs and local, community PLWH associations which are supported by IRC. IRC CT staff and ARRA health clinic staff will meet monthly to review and coordinate performance and outcomes. IRC will continue to strengthen referral links established between the VCT centers, the ARRA health centers, the regional hospitals, the post-test clubs, and the regional HAPCO offices.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10561

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28086	5606.28086.09	Department of State / Population, Refugees, and Migration	International Rescue Committee	11504	649.09		\$200,000
10561	5606.07	Department of State / Population, Refugees, and Migration	International Rescue Committee	5536	649.07		\$150,000
5606	5606.06	Department of State / Population, Refugees, and Migration	International Rescue Committee	3768	649.06		\$75,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

\* TB

**Food Support****Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	2	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	10	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	2,000	False

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

## Coverage Areas

Binshangul Gumuz

Tigray

**Table 3.3.09: Activities by Funding Mechansim**

**Mechanism ID:** 3806.08

**Mechanism:** Twinning Initiative

**Prime Partner:** American International Health Alliance Twinning Center

**USG Agency:** HHS/Health Resources Services Administration

**Funding Source:** GHCS (State)

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 10583.08

**Planned Funds:** \$211,000

**Activity System ID:** 16710

**Activity Narrative:** Twinning Partnership to Strengthen the Quality of VCT Services

The American International Health Alliance (AIHA), through a Cooperative Agreement with the Health Resources and Services Administration (HRSA), has established an “HIV/AIDS Twinning Center” to support partnership and volunteer activities as part of the implementation of PEPFAR. Through twinning partnerships, volunteers, and supportive assistance programs, the Twinning Center will contribute significantly to building human and organizational capacity by: a) 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. This will allow rapid scale-up of interventions to help meet the goals of PEPFAR in Ethiopia to prevent, treat, and care for HIV-positive individuals and AIDS orphans.

To strengthen the provision of voluntary counseling and testing (VCT) services in Ethiopia in FY07, AIHA is initiating a South-South twinning partnership between the Liverpool VCT Program (LVCT—an indigenous Kenyan organization) and Ethiopian national institutions responsible for VCT. The partnership assists in quality assurance, policy development, and materials development to increase capacity of the Federal Ministry of Health (MOH) and regional health offices to develop and support VCT sites throughout Ethiopia.

In FY07, LVCT support to the MOH and regional health bureaus (RHB) included:

- 1) Assessment of selected sites and definition of quality assurance and review of lessons learned from implementation at national and regional demonstration sites
- 2) LVCT-developed strategies to improve VCT service quality at the site level, based on the experiences gained in-country and elsewhere
- 3) Developing a National Quality Assurance (QA) tool and organizing a training-of-trainers (TOT) for field testing

In FY08, LVCT support will further expand through training of counselors to assure quality of service at the site level. Twenty-two sites will be identified for piloting the QA system in collaboration with PEPFAR partners. Documented “best practices” and lessons learned will be replicated to other sites. Furthermore, LVCT will revise the QA tool based on lessons learned from site-level implementation.

AIHA is requesting additional funding in 2008 to ensure the robust progress of this South-South partnership. As the partnership transitions out of the first year/initiation phase, they will require increased funding levels to support a greater level of activities and allow for an adequate number of professional exchanges, trainings, and technical assistance to accomplish their goals and objectives. Further, in the first three years of the Twinning Center cooperative agreement, HRSA provided central funding (received from PEPFAR/Office of the Global AID Coordinator headquarters) to AIHA to subsidize the initiation of programs and cover in-country office and headquarters operations. Now, HRSA is phasing out its central funding to its cooperative agreement partners; therefore, these costs are now included in this country funding request. The Twinning Center will operate as a traditional US government partner, receiving all its programmatic funding, including operations for the in-country office and headquarters, from the US government country programs (through the Country Operational Plans) and will cease to receive central funding from HRSA. The country office and headquarters will continue to operate in a streamlined fashion without addition of new staff or office costs.

Since this partnership focuses on building capacity and developing local institutions’ abilities to provide quality VCT services, it works with other USG implementing partners. USG partners implementing VCT services will report on the number of individuals who were counseled, tested, and received results; thus, this twinning partnership will report on numbers of institutions providing services and numbers of service providers trained, to measure the effect of the Twinning Center Program on sustainable strengthening of HIV/AIDS VCT services in Ethiopia. The targets represent institutions and individuals we expect the partnership to reach in FY08 to strengthen both human resources and institutional ability to provide HIV VCT services.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10583

**Related Activity:** 16711

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28308	10583.2830 8.09	HHS/Health Resources Services Administration	American International Health Alliance Twinning Center	11595	3806.09	Twinning Initiative	\$200,000
10583	10583.07	HHS/Health Resources Services Administration	American International Health Alliance Twinning Center	5537	3806.07		\$176,000



## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16711	5678.08	7517	3806.08	Twinning Initiative	American International Health Alliance Twinning Center	\$2,756,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	48	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

## Target Populations

### Other

Discordant Couples

People Living with HIV / AIDS

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 3787.08

**Mechanism:** Support for program implementation through US-based universities in the FDRE

**Prime Partner:** Johns Hopkins University  
Bloomberg School of Public Health

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 10545.08

**Planned Funds:** \$496,800

**Activity System ID:** 16635

**Activity Narrative:** Counseling and Testing Support Service at Hospitals

In FY07, Johns Hopkins University – Bloomberg School of Public Health (JHU-BSPH) supported HIV counseling and testing (HCT) services in 40 ART facilities (36 hospitals and four health centers) in Operational Zone 2 (Addis Ababa, Benishangul-Gumuz, Gambella, and Southern Nations, Nationalities, and Peoples Region (SNNPR)). This included: initial site assessment; training in collaboration with JHPIEGO; refurbishing sites; standardizing data collection and reporting; and supervising HCT services. Site support aimed to deliver improved quality HCT services for community and patients. So far in FY07, 19,088 people have been counseled, tested, and received results.

In FY08, JHU-BSPH will support 48 sites (hospitals and emerging regions health centers) by training health professionals and community counselors on standard voluntary counseling and testing (VCT) and provider-initiated counseling and testing (PICT). This will be done in partnership with regional health bureaus (RHB). JHU-BSPH will also provide site-level support for continued provision of integrated HCT activities as part of ART/VCT/PMTCT/TB/STI activities, and the comprehensive care package will be available at all hospitals in the four regions.

Major HCT interventions by JHU-BSPH will include:

- 1) Adopting PICT and opt-out strategies for CTR hospitals 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 same-hour HIV testing at VCT sites
- 4) Strengthening of the referral link between counseling and testing with post-test services
- 5) Support for site-level refresher trainings and mentoring for HCT personnel with JHU-BSPH experts
- 6) Support for minor renovation of physical space to ensure infrastructure which is consistent with the standard
- 7) Providing necessary laboratory supplies for the VCT labs
- 8) Improved data management system of HCT and reporting
- 9) Establishing a quality assurance system for HCT services for both client- and provider-initiated HCT

JHU-BSPH technical assistance will continue to ensure that all relevant HCT protocols are followed appropriately and consistently. To increase HCT uptake beyond site level, outreach programs will be expanded to target high-risk populations and various other special populations, such as the disabled, refugees, and those within other sectors (e.g., schools, universities, factories, and faith- and cultural-based environments). JHU-BSPH will strengthen family-member screening, with particular focus being given to couples counseling, pediatric screening, and improving partner notification. After-hours, weekend, and holiday HCT service will be promoted, and national campaigns such as Millennium AIDS Campaign and local initiatives to increase uptake of HCT will be supported.

JHU-BSPH will continue support for quality documentation and compliance with national reporting requirements, including counseling-data management and data utilization at site and regional levels. JHU will continue to support sites in the preparation and timely submission of reports to zonal, district, and RHB and the Federal Ministry of Health (MOH). JHU-BSPH will further monitor administrative and technical coordination mechanisms to build strong management systems at the facility level. Quality assurance programs and burnout management sessions for HIV/AIDS care providers begun in FY07 will be expanded and strengthened in collaboration with relevant partners.

JHU-BSPH will collaborate and harmonize HCT activities with partners implementing programs in the same region. JHU works closely with the International Rescue Committee (IRC) and the United Nations' High Commissioner for Refugees (UNCHR) to improve VCT services for refugees in Gambella and Benishangul-Gumuz regions.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10545

**Related Activity:** 16630, 16631, 16632, 16633, 16634, 16636, 16637, 16638, 16639, 16640

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27928	10545.2792 8.09	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	11465	3787.09	Support for program implementation through US-based universities in the FDRE	\$475,000
10545	10545.07	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	5484	3787.07	FMOH	\$0

**Related Activity**

<b>System Activity ID</b>	<b>Activity ID</b>	<b>System Mechanism ID</b>	<b>Mechanism ID</b>	<b>Mechanism Name</b>	<b>Prime Partner</b>	<b>Planned Funds</b>
16630	10643.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$360,000
16631	5641.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$1,100,000
16632	10635.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$550,000
16633	5618.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$469,836
16634	5754.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$316,800
16636	10430.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$7,000,000
16637	5685.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$1,170,000
16638	10620.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$800,000
16639	10489.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$180,000
16640	10433.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$300,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

\* Task-shifting

\* Retention strategy

**Food Support****Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	48	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	200	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	69,000	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Discordant Couples

Refugees/Internally Displaced Persons

## Coverage Areas

Adis Abeba (Addis Ababa)

Binshangul Gumuz

Gambela Hizboch

Southern Nations, Nationalities and Peoples

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 3786.08

**Prime Partner:** University of Washington

**Funding Source:** GHCS (State)

**Budget Code:** HVCT

**Activity ID:** 5725.08

**Activity System ID:** 16658

**Mechanism:** Rapid expansion of successful and innovative treatment programs

**USG Agency:** HHS/Health Resources Services Administration

**Program Area:** Counseling and Testing

**Program Area Code:** 09

**Planned Funds:** \$561,000

**Activity Narrative:** This is a continuing activity.

In FY07, the University of Washington/I-TECH has been providing technical assistance for the implementation of both client-initiated and provider-initiated HIV testing and counseling services, as well as training of healthcare providers in the same area for 35 hospitals found in Operational Zone 1 (Afar, Amhara, and Tigray regions). So far, during the first quarter of 2007, 57 healthcare professionals have been trained on HIV counseling and testing (HCT)—both client and provider initiated—according to national and international standards. In addition, 34 sites are providing voluntary counseling and testing (VCT) and 30 sites are providing provider-initiated counseling and testing (PICT) services. In the same quarter, we have provided HCT services to 16,965 and PICT services to 1,901 individuals.

In FY08 the following activities will be supported by I-TECH :

Considering that HCT is the entry through which the general population can access appropriate HIV prevention, care, and treatment services, I-TECH would intensify complementary interventions to ensure quality, client HCT services at 38 health facilities (30 public hospitals, two private hospitals and six health centers in Afar) within Operational Zone 1 (Afar, Amhara, and Tigray), including referrals of HIV-positive clients from community-based VCT programs.

In line with the family-centered care approach, which includes testing pediatric age groups, couples would be encouraged to be counseled, tested, and receive test results together. The notification of partners will be encouraged in cases where one partner receives positive test results, regardless of the setting in which the person was tested. Efforts will be made to ensure privacy and autonomy of both individuals and couples. Informed decisions shall be encouraged among discordant couples to protect the HIV-negative partner and support the HIV-positive partner, while, at the same time, trying to assure testing of the untested partner. Appropriate child counseling and testing, as appropriate, would be assured as part of diagnostic testing, and family and couples' counseling.

Considering the high prevalence of HIV among youth and women, efforts also would be made to promote routine premarital and preconception HCT to family-planning clients.

In FY08, I-TECH will consolidate ongoing efforts to ensure that both client-initiated and PICT services are readily available at all 35 hospitals in the three I-TECH operation regions. We will continue to expand counseling and testing cadres and same-hour result models through HIV testing points. It will be the norm at all I-TECH sites to offer routine HIV testing for sexually transmitted infections (STI), tuberculosis (TB), and family planning (FP) clients and to patients in the inpatient and outpatient departments. Appropriate intra-facility referral tools will be implemented to ensure functional linkage among the different units within a hospital: VCT, ART, STI, TB, FP, inpatient, and out-patient.

In addition, PICT will be expanded in pediatric inpatient and outpatient departments, as well as in immunization outlets.

I-TECH will fully assume responsibility for training healthcare providers as fulltime counselors and in the use of rapid HIV testing in the three operational regions. Gondar and Mekele Universities will continue to be supported as training sites for counselors. A pool of trainer-of-trainers for healthcare provider training in HCT techniques would be ensured to sustain local needs to include Health Center staffs as necessary and to assure regional ownership of the program.

Furthermore, taking into account that the nation suffers most from a severe shortage of trained healthcare providers, I-TECH will fully support and complement the national effort in scaling up the lay counselors initiative. I-TECH will also involve people living with HIV/AIDS (PLWH) in this effort throughout the three operation regions (based on the piloting of lay counselors by JHPIEGO in 2006).

Through coaching and mentoring visits to hospitals, I-TECH's field-based clinical teams would make sure that quality of HCT services (client- and provider-initiated) are in place in both adult and pediatric service outlets. Functional hospital HIV committees would be encouraged to foster adherence to quality HCT standards and enhance the formation of multidisciplinary care teams for all testing sites within the facility. Hospitals and health centers will be supported to establish functional referral mechanisms and linkages with private-sector facilities.

efforts will be made to launch outreach and mobile VCT services in high-risk corridor areas like the Addis Ababa – Djibouti route in Afar area and the Humera region in western Tigray where there are migrant mobile work forces and commercial sex workers are found. This will be done in close partnership with PEPFAR implementing partners in the area.

Since there is limited space for HCT, and a shortage of human resource because of high turnover of hospital staff (especially trained counselors), it is important to increase timely access to HIV care and treatment services. I-TECH will continue to expand counseling and testing services by supporting weekend VCT services in all of the major hospitals within the regions.

I-TECH provides support to sites implementing outreach services as necessary, in line with the Millennium AIDS Campaign and local initiatives.

I-TECH supports establishing peer-support groups at site level for burnout management and skill building, and also organizes other burnout-management programs in collaboration with partners. Furthermore, I-TECH will give support to the Regional Health Bureaus and sites in terms of technical assistance in launching National HIV Testing days.

I-TECH will also continue to work closely with national and regional partners and USG agencies to promote HCT services, training of healthcare providers, and sharing of best practices.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10468

**Related Activity:** 16642, 16643, 16657, 16644,  
16645

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27917	5725.27917.09	HHS/Health Resources Services Administration	University of Washington	11464	3786.09	Rapid expansion of successful and innovative treatment programs	\$532,950
10468	5725.07	HHS/Health Resources Services Administration	University of Washington	5495	3786.07	aa	\$468,000
5725	5725.06	HHS/Health Resources Services Administration	University of Washington	3786	3786.06		\$200,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16642	10648.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$420,000
16643	5767.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$550,000
16657	5751.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$441,750
16644	10439.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$9,116,200
16645	10613.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$1,000,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

\* Task-shifting

\* Retention strategy

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	38	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	375	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	100,000	False



## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Orphans and vulnerable children

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

Discordant Couples

## Coverage Areas

Afar

Amhara

Tigray

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 3784.08

**Mechanism:** Rapid Expansion of ART for HIV Infected Persons in Selected Countries

**Prime Partner:** Columbia University

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 5722.08

**Planned Funds:** \$450,000

**Activity System ID:** 16671

**Activity Narrative:** In FY07, the International Center for AIDS Care and Treatment, Columbia University (ICAP-CU) supported HIV counseling and testing services at 42 hospitals, providing comprehensive HIV services (including ART) in operational regions (Dire Dawa, Harari, Oromiya, and Somali regions). ICAP-CU's technical assistance and implementation support included initial site assessments, site-level training in collaboration with JHPIEGO, refurbishment of sites, enhancement of data collection and reporting, and supervision of counseling and testing services. These activities assisted hospitals to deliver quality HIV counseling and testing services to their patients and communities.

During FY08, ICAP-CU will support expansion of voluntary counseling and testing (VCT) and provider-initiated counseling and testing (PICT) services to an additional ten sites, bringing the total number of ICAP-CU supported counseling and testing (C&T) sites to 52, and enabling provision of quality C&T services and enhanced linkages between C&T and care and treatment services. ICAP-CU will coordinate the required increase in the number of C&T sites in collaboration with PEPFAR Ethiopia, other donors, and PEPFAR partners, and will work with sites to support and manage the necessary increase in C&T staff. As member of the National Technical Working Group on HIV Counseling and Testing, ICAP-CU will also contribute to development of guidelines, formats, and standards.

ICAP-CU will continue to promote the use of innovative testing strategies, including PICT, in inpatient wards (adult and pediatric) and outpatient settings. It will offer a particular focus on TB, family planning, under-5, sexually transmitted infections (STI), and other clinics, to identify HIV-positive patients and to facilitate their enrollment into C&T programs. Active case-finding within families and households will also be ICAP-CU priority. C&T cadres will be expanded and point-of-service testing models will be implemented—making it possible to get same-day results. External referral linkages between hospitals and nongovernmental organizations (NGO), faith-based organizations (FBO), and support groups/associations for people living with HIV (PLWH) will be strengthened. ICAP-CU staff will work closely with PEPFAR Ethiopia partners and USG agencies to develop and distribute promotional materials on PICT and VCT services.

HIV Counseling and Testing activities will include:

- 1) In collaboration with regional health bureaus (RHB), the Federal Ministry of Health (MOH), CDC-Ethiopia, and JHPIEGO, ICAP-CU will support training and deployment of lay counselors in the four ICAP-CU supported regions. ICAP-CU will work closely with the MOH and RHB and other partners in the selection, training, and supportive supervision of this new cadre to expand C&T services.
- 2) ICAP-CU will support the implementation of additional mobile C&T service in addition to the one started in FY07. These services are critically needed to serve hard-to-reach nomadic populations, particularly in the Borena zone of Oromiya Region.
- 3) In collaboration with Jimma and Haromaya Universities and other institutions of higher learning, ICAP-CU will support "Know your status" campaigns for students and staff. ICAP-CU will also support VCT services for students and staff, as well as access to care and treatment.
- 4) Supported hospitals will expand the use of the Family Enrollment Form, a validated tool for active case-finding within families at multiple points of entry to HIV services.
- 5) ICAP-CU will play a major role in developing and implementing infant diagnostic strategies and services at the national, regional, and facility level (see Lab and ART narratives).
- 6) ICAP-CU will support sites to extend C&T services to the most vulnerable groups (e.g., prisoners) in selected regions, providing education, C&T, and linkages to prevention, care, and treatment services.
- 7) Strengthening stress- and burnout-management programs for service providers. This may be done by establishing peer-support programs at site level, refresher trainings, and case conferences.
- 8) Supporting sites to provide outreach and weekend services in line with Millennium AIDS Campaign and other local initiatives

Other specific activities include: ensuring establishment of quality-assurance systems for HIV counseling and testing; supporting the development of tools and job-aids; and supporting refurbishment and minor renovations to ensure privacy when needed. ICAP-CU will coordinate with relevant implementing partners to help ensure the availability of C&T supplies, such as test kits and laboratory supplies and equipment.

ICAP-CU's C&T activities will be harmonized with all PEPFAR Ethiopia partners operating in the same regions. This will strengthen linkages for better impact for the program.

All activities will be closely monitored by ICAP-CU regional office staff and central office Clinical Advisors, who will provide technical assistance and implementation support to strengthen service delivery and program management. This will help PEPFAR Ethiopia and MOH reach FY08 targets for care and treatment.

ICAP-CU is requesting a funding increase from \$375,000 in FY07 to \$600,000 in FY08 for Counseling and Testing activities (i.e., a 60% increase). The expansion of services to include an additional 24 sites, and the introduction of mobile VCT service to provide access for the hard-to-reach pastoralist population of Borena Zone, Oromiya region necessitated increasing the budget by 60% from the level of the FY07 budget.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10455

**Related Activity:**

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27902	5722.27902.09	HHS/Centers for Disease Control & Prevention	Columbia University	11460	3784.09	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	\$465,500
10455	5722.07	HHS/Centers for Disease Control & Prevention	Columbia University	5506	3784.07		\$375,000
5722	5722.06	HHS/Centers for Disease Control & Prevention	Columbia University	3784	3784.06		\$200,000

## Emphasis Areas

Construction/Renovation

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	52	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	200	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	90,000	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Pregnant women

People Living with HIV / AIDS

## Coverage Areas

Dire Dawa

Hareri Hizb

Oromiya

Sumale (Somali)

**Table 3.3.09: Activities by Funding Mechansim**

**Mechanism ID:** 3790.08

**Prime Partner:** United Nations High  
Commissioner for Refugees

**Funding Source:** GHCS (State)

**Budget Code:** HVCT

**Activity ID:** 18200.08

**Mechanism:** N/A

**USG Agency:** Department of State /  
Population, Refugees, and  
Migration

**Program Area:** Counseling and Testing

**Program Area Code:** 09

**Planned Funds:** \$128,400

**Activity System ID:** 18200**Activity Narrative:** VCT Services for Refugees and Host Populations in Ethiopia

This activity will provide voluntary counseling and testing services to members of the host community in Fugnido in the Gambella region, in Kebrebayah and Teferiber in Somali region, and a new camp and host population in the Afar region for Eritrean refugees. In all camps, information-education-community/behavior-change communication (IEC/BCC) activities that raise awareness and create demand for voluntary counseling and testing (VCT) services will be conducted. Community-awareness-raising activities, which will be implemented under AB and Other Prevention (OP) programs, will be linked to this VCT activity in order to provide a comprehensive approach to HIV/AIDS prevention and care.

Counseling and testing (CT) will serve as a gateway to prevention activities, as well as to care and treatment services for clients who test positive for HIV. The United Nations High Commissioner for Refugees (UNHCR) will also create linkages among existing PEPFAR partners who are operating in the regions, including Columbia University (Somali Region), Johns Hopkins University (Gambella Region), and University of Washington/I-TECH (Afar Region) in order to improve the level of service provided in the health center and to take advantage of additional government and regional resources. The number of refugees served in Ethiopia is dependent on the political situation in the adjacent countries. In addition, the camps listed are subject to change based on the political situation, both in and out of Ethiopia. The majority of people testing for HIV will come from Fugnido camp. Testing will be more difficult in the Somali and Afar regions due to the religious and cultural backgrounds of target populations.

The following activities will be undertaken:

Counselors (1-2 male, 1-2 female, depending on the camp size and makeup) and nurses for counseling and testing centers will be recruited and trained as needed by an implementing partner (IP). Counselors will be representative of each ethnic group living in the camps and host communities and will be hired if not already present in the camps. Staff will be trained in confidentiality, counseling (pre- and post-test), procurement, and use and storage of rapid HIV test kits. Rapid test kits (Capillus, Determine, and Unigold) and consumable laboratory materials will be procured and supplied regularly to the counseling and testing centers. Ten Capillus, seven Determine, and five Unigold rapid testing kits will be purchased.

In-service CT training will be carried out for all healthcare providers. Refresher training will be given to staff who received training in 2007. Training for providers and counselors will include provider-initiated counseling and testing (PICT).

Referral linkages to existing public-health institutions will be established and made operational. Testing staff will refer to those receiving HIV tests to family planning, sexually transmitted infections (STI), and tuberculosis (TB) clinics. Patients entering STI and TB clinics will be urged to get tested for HIV at the clinic. ARRA staff working in the clinics will refer those who test positive for HIV to local hospitals so that they can have a CD4 test and can be monitored and given ART at the appropriate time. If CD4 counters are available in the camps, the tests will be done in the camps. Palliative-care funds have been requested to purchase equipment to monitor CD4 counts within the refugee camps so that refugees do not have to make the long trip to the regional hospital each month. Funds will be provided to the refugees so that they can get to the regional hospital and receive care.

Testing sites will be expanded to youth centers in order to increase the number of people tested. The new sites will be established at youth centers so that the youth do not have to go to the health facilities in order to get tested. This will be implemented first in Fugnido, and an additional nurse will be hired to conduct the tests, as well as to counsel patients. If this is successful, additional lay counselors will be hired to assist in the provision of services. In addition, a CT site must be created for refugees in the Afar Camp.

Those testing positive for HIV will be referred to a social worker and to nutritionists working in the camps who can provide support and information on food preparation. If nutritionists are not available in the camps, they will be hired by local implementing partners (approximately two per camp). Counseling and referrals are not limited to those who test positive, but will also be provided to those who test negative so that they remain negative.

Links will also be made to the groups of people living with HIV/AIDS which were created under OP in order to provide support and additional services for HIV-positive persons. Children of those testing positive for HIV will be assessed in order to determine whether or not they require OVC services, as part of OVC care.

As part of AB, community conversations and coffee ceremonies will promote the importance of counseling and testing. Peer counselors will encourage HIV testing, and the youth programs will implement components stressing the importance of testing for HIV. At the quarterly conversations with local and religious leaders listed under AB, IP will stress the importance of CT and will try to encourage local leaders to support the services within the community. Specific outreach will be done at women's groups, amongst women in the community, and with commercial sex workers to encourage them to be tested for HIV. Testing days will be implemented at youth centers and at other locations aside from the clinic itself to ensure that testing is easily accessible to the populations.

Monitoring and evaluation system of the VCT services will be put in place and implemented accordingly.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16686, 16687, 16688, 16689, 16690

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16686	5739.08	7506	3790.08		United Nations High Commissioner for Refugees	\$267,500
16687	10634.08	7506	3790.08		United Nations High Commissioner for Refugees	\$107,000
16688	5786.08	7506	3790.08		United Nations High Commissioner for Refugees	\$160,500
16689	10572.08	7506	3790.08		United Nations High Commissioner for Refugees	\$107,000
16690	10530.08	7506	3790.08		United Nations High Commissioner for Refugees	\$107,000

## Emphasis Areas

### Gender

- \* Increasing gender equity in HIV/AIDS programs

### Human Capacity Development

- \* Training

- \*\*\* Pre-Service Training

- \*\*\* In-Service Training

### Local Organization Capacity Building

### Wraparound Programs (Health-related)

- \* TB

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	2	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	10	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	2,500	False

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Orphans and vulnerable children

Pregnant women

Refugees/Internally Displaced Persons

## Coverage Areas

Afar

Gambela Hizboch

Sumale (Somali)



**Prime Partner:** Geneva Global

**USG Agency:** U.S. Agency for International Development

**Funding Source:** Central GHCS (State)

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 18465.08

**Planned Funds:** \$0

**Activity System ID:** 18465

**Activity Narrative:** In FY07, Geneva Global (GG) selected and trained 30 Ethiopian community-based organizations (CBO) and faith-based organizations (FBO) to deliver HIV/AIDS prevention and care services. As part of HIV prevention, GG will assist local partners to implement behavior-change interventions to reduce harmful sexual practices. A number of these partners will also be trained on how to strengthen voluntary counseling and testing (VCT) services.

Geneva Global will work through 23 of its existing 30 implementing partners in 2008 to strengthen their capacity to deliver HIV/AIDS counseling and testing services to Ethiopians in both urban and rural areas of Addis Ababa, Amhara, and Oromiya regional states of Ethiopia. This program aims to train 34 counselors in 23 VCT sites on counseling and testing in order to test an estimated 34,000 people. The counseling training will include topics such as HIV transmission, positive living, testing couples, counseling discordant couples, and disclosure issues.

The 23 partners selected by GG will implement prevention education as part of their VCT activities. When clients test negative, they will receive counseling to increase their risk perception and information about how to stay negative. For those testing positive, the VCT sites supported under GG will offer counseling and referral to clinical and community-based services. These local partners will be able to provide HIV-affected families a comprehensive package of prevention and care services. As an example of one of the planned projects for 2008, local partner Integrated Service for AIDS Prevention and Support Organization (ISAPSO) will transform the behavior and attitudes of 8,000 women and 12,000 primary and secondary students in three wards in Addis Ababa City and ten wards in Amhara Region. Of this target group, ISAPSO aims to test 5,450 people. To mobilize the communities and set up local core committees responsible for the programs, ISAPSO will conduct rapid appraisals, stakeholders meetings, and leadership trainings. Simultaneously, it will establish local linkages with health facilities offering CT and HIV services, as well as with schools and government units. It will then train 1,000 peer educators. Together with the core committees and peer educators, it will identify and assess the needs of 800 OVC and people living with HIV/AIDS in order to provide access to education, healthcare, and livelihood training as needed. The program aims to establish 1,200 school clubs, support groups, and/or self-help groups in these communities.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 17833, 17863, 17838, 18192

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17833	17833.08	7593	7593.08	New Partner Initiative	Geneva Global	\$0
17863	17863.08	7593	7593.08	New Partner Initiative	Geneva Global	\$0
17838	17838.08	7593	7593.08	New Partner Initiative	Geneva Global	\$0
18192	18192.08	7593	7593.08	New Partner Initiative	Geneva Global	\$0

**Emphasis Areas**

New Partner Initiative (NPI)

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	23	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	340	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	34,000	False

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Street youth

### Other

Orphans and vulnerable children

## Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Oromiya

**Table 3.3.09: Activities by Funding Mechanism**

**Mechanism ID:** 674.08

**Mechanism:** Improving HIV/AIDS/STD/TB Related Public Health Practice and Service Delivery

**Prime Partner:** Ethiopian Public Health Association

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 21852.08

**Planned Funds:** \$150,000

**Activity System ID:** 21852

**Activity Narrative:** No narrative 10/8/08

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.09: Activities by Funding Mechansim**

**Mechanism ID:** 118.08

**Mechanism:** USAID M&S

**Prime Partner:** US Agency for International  
Development

**USG Agency:** U.S. Agency for International  
Development

**Funding Source:** GHCS (State)

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 18730.08

**Planned Funds:** \$328,333

**Activity System ID:** 18730

**Activity Narrative:** Funding for USAID staff in the HVCT program area covers one senior HIV/AIDS Counseling and Testing/Most-at-Risk Populations Program Specialist, as well as short-term technical assistance for essential program design, monitoring, and other technical oversight.

HIV/AIDS Counseling and Testing (CT) Specialist

The CT Specialist is responsible for the management and oversight of all USAID PEPFAR partners working in counseling and testing. The specialist has expertise in the identification and targeting of high-risk groups and linking them to care and support services. The specialist serves as a member of the PEPFAR technical working groups and provides technical, operational, and management to PEPFAR Ethiopia and the USAID Mission. S/he is involved in the planning, design, implementation, and evaluation of voluntary counseling and testing activities. S/he is responsible for helping the Team achieve its PEPFAR targets and intermediate results.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.09: Activities by Funding Mechansim**

**Mechanism ID:** 8181.08

**Mechanism:** CDC-M&S

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

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GAP

**Program Area:** Counseling and Testing

**Budget Code:** HVCT

**Program Area Code:** 09

**Activity ID:** 18731.08

**Planned Funds:** \$61,900

**Activity System ID:** 18731

**Activity Narrative:** This activity represents the direct technical assistance which is provided to partners by CDC staff. The amount represents the salary and benefit costs for CDC Ethiopia local technical staff. Detailed narrative of CDC-Ethiopia Management and Staffing is included in Program Area 15 – Management and Staffing HVMS.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

HTXD - ARV Drugs

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

**Total Planned Funding for Program Area: \$44,364,786**

Percent of Total Funding Planned for Drug Procurement

Amount of Funding Planned for Pediatric AIDS \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

**Program Area Context:**

Ethiopia's size and difficult terrain require a substantial investment in logistics systems. Furthermore, Ethiopia's 2006 decision to decentralize ART services to the primary healthcare unit has demanded intensive support from all stakeholders to reach the national ART targets. The Ministry of Health (MOH) has undertaken a strong effort to achieve universal access to both primary healthcare and ART, as shown by the intensive, multiyear Millennium AIDS Campaign-Ethiopia (MAC-E). These efforts, while rapidly increasing the number of individuals on ART, have produced major stresses, particularly in supply chain systems that threaten the stability of the entire healthcare system, including the HIV programs.

The distribution of free ARV drugs began in January 2005, with PEPFAR and Global Fund To Fight AIDS, Tuberculosis and Malaria (Global Fund) support. According to the Ministry of Health's HIV/AIDS Prevention and Control Office (MOH/HAPCO) May 2007 report, adult and/or pediatric ARV drugs are currently provided at 265 sites. The cumulative number of patients ever started on ART was 87,697, while 66,973 were currently on ART. The decentralization of ART has resulted in around 11% of patients currently being served at health centers, up from zero in June 2006.

A Memorandum of Understanding was signed between Global Fund/MOH and PEPFAR Ethiopia in February 2006, delineating responsibilities for procurement of several types of HIV/AIDS commodities. It may be amended during FY08; although the Global Fund will continue to fund adult first-line ARV drugs, the Clinton HIV/AIDS Initiative (CHAI) will take over PEPFAR responsibilities for purchase of adult second-line ARVs and all pediatric ARVs, at least through December 2008. For the remainder of FY08, PEPFAR will provide these commodities, unless CHAI's funding is extended. PEPFAR will continue to maintain contingency funds for a reserve stock of adult first-line ARV drugs.

From FY04 to FY06, Management Sciences for Health's project, Rational Pharmaceutical Management Plus (MSH/RPM+), under the direction of PHARMID, the Government of Ethiopia's central medical stores, effectively supported procurement of ARVs for Ethiopia's HIV program through the International Dispensary Association (IDA). MSH/RPM+ also supported coordination of warehousing, in-country distribution, and stock-status monitoring by PHARMID. The project's 23 regional pharmacy associates, which are based in all regions supporting PHARMID's implementation efforts, focused on the treatment-site level. RPM+ has also assisted MOH/HAPCO in the distribution of first-line adult ARV drugs supplied through the Global Fund, and provided emergency supplies when a stock-out occurred due to problems with Global Fund's procurement. Since PEPFAR Ethiopia support began, there have been no ARV stock outs. During FY07, this procurement support, as well as national and regional support for supply chain management, has transitioned to the Partnership for Supply Chain Management (PFSCM), through the Supply Chain Management System (SCMS) activity. MSH/RPM+ continues to provide support at site level.

As mentioned above, in FY08, CHAI has assumed responsibility for procuring the ARVs formerly supplied by PEPFAR, with SCMS supporting, to the limits of available funding, customs clearance, supply-chain management, and distribution support costs in coordination with PHARMID. In FY08, funding for emergency contingency supplies for PEPFAR partners will be maintained, for commodities not procured directly by PEPFAR.

As a result of this shift in commodity funding responsibilities, in FY07 SCMS has begun to cover part of the substantial HIV

commodity gap in other areas, such as drugs for opportunistic infections and infection-prevention materials, in collaboration with the MOH and other stakeholders. SCMS supported a National HIV Commodity Quantification Exercise in March 2007, updated in June 2007. This quantification/costing of all major HIV commodities showed a total need for \$272 million in commodities for calendar year 2008, with only \$119 million committed to cover the needs for universal access to HIV services, per the targets of the MOH's Road Map 2007-2008: Accelerated Access to HIV/AIDS Prevention, Care, and Treatment in Ethiopia. This \$159 million gap will result in the need to prioritize key commodities and quantities to be procured. In FY08, with MOH leadership, PEPFAR will continue to support and provide technical support for this process, begun in FY07, through SCMS.

In FY06 and FY07, SCMS also began seconding staff to support supply-chain management, placing one individual at the Ethiopian Health and Nutrition Research Institute (EHNRI), the national reference laboratory. By the end of FY07, 29 individuals are expected to be seconded at the national and regional levels by SCMS, in support of the rollout of the national Pharmaceutical Logistics Master Plan (PMLP). RPM+ will second an additional 72 staff, including 62 site-level pharmacy data clerks.

In FY08, under the direction of PHARMID, PEPFAR Ethiopia will support the provision of ARV to 131 hospitals and 300 health centers, reaching 210,000 patients by September 30, 2009. Other HIV commodities will be provided to selected hospitals and health centers in the country, supporting a total of approximately 650 sites.

In FY08, funds are being used to expand the technical assistance for Master Plan implementation, to cover program costs, and to procure essential HIV commodities such as opportunistic infection (OI) drugs (covering part of a gap in Global Fund support) and PMCT and infection-prevention (IP) commodities. (The latter two are not covered by the Global Fund or CHAI.) The National HIV Commodity Quantification Exercise showed huge gaps for all these products, in terms of commitments to procure these items. In conjunction with MOH/HAPCO, PHARMID, EHNRI and the MOH Pharmaceutical Supplies and Logistics Department (PSLD), SCMS will prioritize the commodity gaps and procure appropriate amounts to fill the most pressing needs. SCMS is expected to provide technical support for a coordinating body, the HIV Commodity Supply Management Committee, which will carry out these analyses. SCMS will continue an activity begun in late 2006, procuring commodities for MOH/HAPCO and EHNRI, using Global Fund monies. This will allow it to leverage its considerable unit-price advantage and regional distribution centers (RDC) to enhance Ethiopia's HIV programs, providing lower-cost, high-quality products in a timely fashion.

RPM+ will continue to work with PSLD as it transitions to the Ethiopia National Drugs Program (ENDP) Unit, as well as the Drug Administration and Control Authority (DACA) and regional health bureaus (RHB). RPM+ will promote rational drug use (RDU), infection prevention in PMCT 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. RPM+ will continue to support site-level inventory management, with pharmacy data clerks in at least 62 sites.

Under PHARMID and DACA's direction, RPM+ TA will also support Government of Ethiopia (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 to establish regional quality control mini-labs. It will continue to support establishment or strengthening of drug information centers (DIC) and drug therapeutic committees (DTC), and assist PSLD in drug-utilization management, including monitoring and evaluation.

Under PHARMID's direction, PFSCMS will coordinate PEPFAR-Global Fund joint procurements, and will work under PHARMID to support effective in-country distribution, providing technical assistance to incorporate state of the art logistics practices and technologies. Providing vehicles necessary to ensure a fully functional logistics system (outside those provided by the Global Fund) will be part of this assistance, as will major support in warehouse improvements needed to support the very large quantities of commodities required for planned expansion of services.

PFSCMS will also support MOH/HAPCO to develop a stakeholder coordination mechanism for quantification, procurement, and distribution of HIV/AIDS commodities, as well as the development of an effective logistics management information system (LMIS). SCMS will continue to provide technical assistance to EHNRI to implement a comprehensive logistics-management system for laboratory commodities. SCMS has completed assumption of all PEPFAR procurement and supply-chain activities at national and regional levels through a phased transition with RPM+, facilitated by collocation of the two activities and redistribution of relevant staff.

In FY08, PEPFAR Ethiopia and Global Fund will further strengthen their relationship by working more interdependently to support national scale-up efforts. PEPFAR Ethiopia support will be channeled to PHARMID in support of the Pharmaceutical Logistics Master Plan, under PHARMID's direction. SCMS support may include renovation or expansion of warehouse facilities, provision of vehicles for transport of commodities, and substantial support to ensure that supportive supervision of the supply chain is consistently provided. Due to persistent shortages of other essential commodities, such as OI drugs, lab reagents (especially rapid test kits), and IP materials, PEPFAR Ethiopia will provide emergency supplies to the extent resources can cover these, to maintain fully functional HIV/AIDS services. Provision of Ready-to-Eat Therapeutic Food will also be considered, depending on the results of discussions with the MOH and UNICEF.

#### **Program Area Downstream Targets:**

#### **Custom Targets:**

**Table 3.3.10: Activities by Funding Mechanism**

**Mechanism ID:** 118.08

**Mechanism:** USAID M&S

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Drugs

**Budget Code:** HTXD

**Program Area Code:** 10

**Activity ID:** 18733.08

**Planned Funds:** \$550,586

**Activity System ID:** 18733

**Activity Narrative:** USAID staff supporting the ARV Drugs Program Area include one U.S. Direct Hire (USDH) HIV/AIDS Officer (filled), one Foreign Service National (FSN) HIV/AIDS Health Network Monitor. Due to the complexity of the program, additional monitoring and regional oversight is required, thus, six additional positions have been proposed for COP08: one U. S. Personal Services Contractor (USPSC) Commodities Supply Advisor and five FSN Supply Chain Management Monitors. The Commodities Supply Advisor will fill a critical gap that includes ensuring resources for commodities across government and donor agencies—Global Fund, CHAI, UNICEF, PEPFAR, etc—are well coordinated to maximize resources for greatest impact and eventually lead to greater government driven sustainable programming. The five monitors would be based regionally, supporting the roll-out and implementation of Ethiopia's Pharmaceutical Logistics Master Plan (PLMP), critical for the successful functioning of all PEPFAR programs which depend on commodities. Functional responsibilities for the USAID staff in the ARV Drugs Program Area are as follows:

HIV/AIDS Officer ( USDH: filled)

The HIV/AIDS Officer plays a key role in overseeing and coordinating the program elements of PEPFAR Ethiopia's prevention, care and support activities. The HIV/AIDS Officer supervises three FSNs and is responsible for overseeing all aspects of the Partnership for Supply Chain Management/Supply Chain Management System (PFSCMS/SCMS) program that includes supporting the Government of Ethiopia (GOE) PLMP. He oversees the management of commodities for the HIV/AIDS program. He serves as the principal USAID liaison for coordinating USG HIV/AIDS programs with the Global Fund To Fight AIDS, Tuberculosis and Malaria (GFATM) Country Coordinating Mechanism (CCM) and is a member of the interagency treatment working group. In addition, the HIV/AIDS Officer is a Cognizant Technical Officer (CTO) and manages USAID programs responding to the Emergency Plan, ensuring that there is good coordination between all USG partners.

Commodities Supply Advisor (USPSC)

The Commodities Supply Advisor will be supervised by the HIV/AIDS Technical Officer and will have overall responsibility for planning and coordination of all activities related to the procurement and distribution of HIV/AIDS related supplies. The Advisor will represent USAID at national quantification meetings and other related events with the Ministry of Health, the HIV/AIDS Prevention and Control Office (HAPCO), the Ethiopian Health and Nutrition Research Institute (EHNRI) and other relevant agencies. The Advisor promotes collaboration and best practices in the forecasting, procurement, storage, distribution, and information management of ARVs and related HIV/AIDS commodities. The Advisor will also play a key liaison role with USAID regional staff, particularly the Supply Chain Management Monitors at Regional Health Bureaus (RHBs), as well as the ART Network and HIV/AIDS Health Network Monitors. Responsibilities also include the development of technical strategies and work plans, monitoring and evaluation of programs.

Supply Chain Management Monitors (5: Regional Support/FSN)

The Supply Chain Management Monitors will be stationed at Regional Health Bureaus (RHBs), supporting the roll-out of the PLMP, and providing critical support to RHBs and PEPFAR partners implementing supply chain management activities in the regions. They will be Ethiopian government staff and directly supervised by RHBs. Close coordination with key PEPFAR partners such as the Supply Chain Management System (SCMS), Management Sciences for Health/Rational Pharmaceutical Management Plus (MSH/RPM PLUS) and USAID ART Network and HIV/AIDS Health Network Monitors will be a major feature of their activities. The Commodities Supply Advisor will be their primary liaison point at USAID, and will coordinate activities closely with these staff.

HIV/AIDS Health Network Monitor (1: Regional Support/FSN)

The field-based PEPFAR HIV/AIDS Health Network Monitors will contribute to ensuring the health of the functioning networks by working on-site with all relevant partners at hospitals and health centers and in communities. The HIV/AIDS Monitors will examine on-site operations, procedures, and performance of partners and GOE staff, and provide critical feedback to the PEPFAR technical working groups. The Monitors will address all activities in the ART supply chain, sharing findings and coordinating follow-up activities with the Supply Chain Management Monitors, and will promote linkages and referrals within and across facilities, and to the broader community, ensuring that these occur. Through written reports, the Monitors will define needed follow-up activities at existing sites to ensure problems are addressed in a timely fashion. They will liaise closely with all PEPFAR partners, RHBs, zones and woredas (districts), and will work closely with other regionally based USAID and PEPFAR staff, including Nutritionists and Health Resources Capacity Advisors, in addition to the Supply Chain Management Monitors.

PEPFAR Ethiopia will reprogram \$161,535 in costs for five Supply Chain Monitors from USAID M&S under HTXD to CDC/Nastad.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.10: Activities by Funding Mechanism**

**Mechanism ID:** 5499.08

**Prime Partner:** Partnership for Supply Chain Management

**Funding Source:** GHCS (State)

**Budget Code:** HTXD

**Activity ID:** 10532.08

**Activity System ID:** 16660

**Mechanism:** PSCMS

**USG Agency:** U.S. Agency for International Development

**Program Area:** HIV/AIDS Treatment/ARV Drugs

**Program Area Code:** 10

**Planned Funds:** \$39,684,200

**Activity Narrative:** Procurement and Distribution of ARV Drugs and Related Commodities

The main focus of this activity is to support the quantification, supply planning, procurement and distribution of ARV drugs for opportunistic infections (OI), sexually transmitted infections (STI), and other commodities for HIV/AIDS programs. This will ensure sufficient supply and availability of these at service delivery points, providing support to Prevention for Positives and other critical programs. Major support in the development and implementation of national Pharmaceutical Logistics Master Plan (PLMP), which will provide a reliable system for all health commodities, is another major focus.

Collaboration in commodity provision between the various partners is another major focus. This was continued in FY07, with the Global Fund To Fight AIDS, Tuberculosis and Malaria (Global Fund) continuing to provide funds for the supply of first-line adult ARVs. In FY07, an agreement was reached whereby supply of pediatric first- and second-line ARV formulations and adult second-line formulations, previously provided by PEPFAR, was transferred to the Clinton HIV/AIDS Initiative (CHAI). PEPFAR Ethiopia continues to support ARV commodity procurement through contingency funding for a reserve stock of first-line adult ARV drugs, and will also plan for emergency stocks of first- and second-line pediatric ARV, second-line adult ARV, and rapid test kits (RTK), in case planned supplies from other donors are not available, as well as for commodities used by other PEPFAR partners.

Commodities will be procured per Government of Ethiopia's (GOE) national ART and other program protocols, and USG rules and regulations. PEPFAR funds the Partnership for Supply Chain Management/Supply Chain Management Systems (PFSCM/SCMS).

Ethiopia's national target of universal access to ART and primary healthcare by 2010 has translated into a rapid scale-up of ART service. The challenge presented under this scale-up is two-fold: 1) the need to ensure systematic quantification, forecasting, and procurement planning so that adequate quantities of commodities of appropriate quality are available; and 2) the need to have a reliable logistics system capable of responding to the geographic and programmatic conditions of Ethiopia. The latter also includes the need to consider the limited capacity of health facility stores to handle the volume of drugs needed for the growing number of patients and to begin to ensure the development of a sustainable logistics system aligned with the PLMP. SCMS is coordinating with diverse partners to support this effort, and is one of the primary technical assistance (TA) providers for the Master Plan, including personnel support at both national and regional levels, and planned support in improving regional warehouses.

In FY07, in conjunction with the Ministry of Health's HIV/AIDS Prevention and Control Office (MOH/HAPCO), SCMS facilitated a National HIV/AIDS Commodity Quantification Exercise. The results provided input into the Global Fund's Round 7 proposal and included requirements for ARV, RTK for counseling and testing (CT), OI and STI drugs, male and female condoms, laboratory supplies, PMTCT, and infection-prevention materials, as well as ready-to-use therapeutic food (RUTF). SCMS spearheaded the exercise, using it to begin an open-ended supply-planning process. This will be institutionalized through HAPCO's HIV Commodity Supply Management Committee, with technical support from SCMS and a commodity security advisor seconded to HAPCO. The quantification and costing results, updated in June 2007, showed a total of \$272 million needed to cover all HIV commodities for Calendar Year 2008, in support of the MOH's Road Map II: Accelerated Access to HIV/AIDS Prevention, Care, and Treatment in Ethiopia. This plan for universal access has a \$159 million gap in funding to cover commodities for the country, more than PEPFAR can cover in FY08. Prioritization of commodities will be important, as many services cannot be effectively implemented without key products.

In FY07, SCMS provided support to the procurement process by developing quarterly forecasts of requirements and updating supply plans. In FY07, SCMS procured drugs for the treatment of OI, infection-prevention materials, and PMTCT supplies to address the continued shortage of these commodities—which are key to the provision of quality services for PLWH and HIV-positive pregnant mothers.

In FY07, SCMS provided support for strengthening logistics systems. In FY08, in close collaboration with MOH, HAPCO, and other partners, SCMS will continue to provide TA and support to PHARMID, the national central medical stores, and the Ethiopian Health and Nutrition Research Institute (EHNRI) for developing an integrated, logistics-management system for HIV/AIDS commodities. SCMS worked with PHARMID to support the clearing, warehousing, and distribution planning of ARV drugs and related commodities purchased by PEPFAR Ethiopia and other sources. SCMS began to play a major role in procurement of commodities with Global Fund support, procuring approximately \$8 million, mainly in RTK, in FY07. Also in FY07, SCMS recruited and seconded ten logistics associates to regional PHARMID hubs, and completed transitioning the distribution of commodities to sites from Rational Pharmaceutical Management Plus (RPM+) to SCMS. In collaboration with RPM+, SCMS established a system for compiling and transmitting facility-level patient and stock data to facilitate distribution planning as well as systematic quantification and procurement. SCMS also provided support to central PHARMID to establish state-of-the-art warehouse and distribution operations to manage HIV/AIDS commodities. Responding to emergency shortages of commodities, SCMS collaborated with MOH and other partners to begin implementation of an emergency, transitional inventory-control system for HIV commodities, to alleviate these problems until the PLMP is fully implemented.

In FY08, SCMS will continue its efforts to strengthen the supply-chain management system for HIV/AIDS commodities. Attention will be focused on support to regional PHARMID hubs in developing effective warehouse and distribution operations, and integrating information and planning functions with the central headquarters. Assuming a waiver for new construction can be obtained, SCMS will support PHARMID's need to expand capacity to meet the growing demand, as well as the need for organizational development to ensure sustainable institutionalization of logistics practices. SCMS will also support investment in inventory control and warehouse management to support flexible and quality logistics operations. In addition, SCMS will work in conjunction with the MOH's PLMP implementation to support development of PHARMID's procurement capacity. In FY08, SCMS will make substantial investments in procurement and logistics, with the aim of supporting national ART targets for numbers of patients, and hospital and health-center sites providing ART services. In FY08, PEPFAR Ethiopia will procure up to \$25,000,000 in HIV commodities through SCMS, and will spend up to \$14,000,000 to strengthen the capacity of PHARMID and support PLMP implementation from national to site level. Capacity building may include substantial provision of information-technology resources at appropriate sites, as well as support for adequate storage space for commodities. Commodity procurement will be defined in conjunction with the MOH's HIV Commodity Supply Management Committee, as the lack of funds to cover all commodity needs for universal access goals requires prioritization to ensure optimum use of existing resources. The exact mix of commodities to be procured will not be known until this analysis is complete, and will shift depending on availability of funds from other sources, actual usage levels in MOH facilities, etc. To ensure sustainability, SCMS will build the capacity of MOH and PHARMID staff through TA, training, and skills transfer to effectively forecast, procure, and deliver essential commodities, and to collect, use, and share supply chain information. SCMS will second staff at national and regional level to further those processes. This activity will



**Activity Narrative:** contribute to the upstream achievement of essentially all PEPFAR program indicators that depend on commodities for success. This activity will ensure that health commodities for HIV programming, including ARVs, are cost-effectively procured and effectively managed. HIV commodity requirements will be appropriately quantified, projected, and costed. In-country systems for procurement, distribution and monitoring of HIV commodity needs will be developed and supported. This activity is linked to other donor and partner resources through an accountability matrix designed to coordinate the implementation of the PLMP. Close integration with John Snow, Inc./DELIVER activities supported by USAID population funding will be continued and strengthened. Partners include the Global Fund, the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the Global Alliance for Vaccines and Immunization (GAVI), CHAI, and the World Health Organization. To ensure reliable and sustainable logistics systems, PFSCM/SCMS will focus on building the capacity of PHARMID to carry out supply-chain management functions.

Based on COP08 approval, SCMS levels under HTXD are restored to the original level by adding back in the \$13,686,592 that was put into unallocated. At the same time, there are a number of reductions that bring the total amount of funding proposed to \$38,724,200. These changes include moving 1) \$622,972 from SCMS to USAID M&S to account for the OE guidance from OGAC, 2) 960,000 from SCMS to cover the HMIS support to the Federal Ministry of Health as a continuation of support offered in COP07, and finally 3) \$1,167,349 from SCMS to CDC to cover costs for Nastad.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10532

**Related Activity:** 16678, 16661

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28182	10532.28182.09	U.S. Agency for International Development	Partnership for Supply Chain Management	11543	5499.09	PSCMS	\$26,199,877
10532	10532.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5499	5499.07	PSCMS	\$34,562,102

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16678	10534.08	7500	3798.08	RPM Plus	Management Sciences for Health	\$4,130,000
16661	5655.08	7493	5499.08	PSCMS	Partnership for Supply Chain Management	\$14,437,102

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Pregnant women

People Living with HIV / AIDS

**Table 3.3.10: Activities by Funding Mechanism**

**Mechanism ID:** 3798.08

**Prime Partner:** Management Sciences for Health

**Funding Source:** GHCS (State)

**Budget Code:** HTXD

**Activity ID:** 10534.08

**Activity System ID:** 16678

**Mechanism:** RPM Plus

**USG Agency:** U.S. Agency for International Development

**Program Area:** HIV/AIDS Treatment/ARV Drugs

**Program Area Code:** 10

**Planned Funds:** \$4,130,000

**Activity Narrative:** This is a continuing activity from FY06 and FY07.

#### Dispensing, Rational Use and Site-level Inventory Management of Antiretroviral (ARV) Drugs and Related Products

This activity focuses on facility-level stock management of essential HIV commodities, such as ARV and opportunistic infection (OI) drugs, lab supplies, prevention of drug expiry by shifting stock among facilities, and raising the current low standard of dispensing to acceptable levels. The activity is related to good clinical and pharmacy practice and is a component of the rational use of drugs (rational prescribing, rational dispensing, and rational use by the patient). Management Sciences for Health/Rational Pharmaceutical Management Plus (MSH/RPM+) will continue to collaborate with the Drug Administration and Control Authority (DACA), the Provisional Supplies and Logistics Department (PSLD) of the Ethiopian Ministry of Health (MOH), the Partnership for Supply Chain Management (PSCMS), as well as new entities such as the US President's Malaria Initiative (PMI), and the MSH Care and Support Program, and other relevant organizations, to implement rational HIV commodity dispensing and use for ARV, OI drugs, malaria and tuberculosis (TB) products, PMTCT supplies, laboratory reagents and test kits at ART facilities. It will support facilities in submitting monthly orders using facility-based data; in collaboration with DACA, Abt Associates, and as part of the public-private partnership (PPP) effort, it will provide technical assistance (TA) to Kenema (City Council), Red Cross, and selected private pharmacies in storing and dispensing ARV and related commodities.

#### Improving Quality Assurance of ARV and Related Commodities

Quality assurance of ARV and other drugs plays a vital role in guaranteeing favorable treatment outcomes and decreasing toxicity. This is a continuing activity from FY06 and FY07. MSH/RPM+ will continue to provide TA to DACA by seconding Quality Control/Quality Assurance (QC/QA) pharmacists and supporting regional activities to ensure the quality, safety, and efficacy of HIV/AIDS, TB, malaria, and OI drugs. DACA's capacity to monitor and control the movement of counterfeit pharmaceuticals will be strengthened. DACA's drug QC laboratory will be supported in the proper storage of reagents and chemicals, record-keeping, and provision of reference books and standards, computers and accessories, TA in the development of new standard operating procedures (SOP) and in managing an electronic database and reporting system for their QC Laboratory. In collaboration with PSMCS, MSH/RPM+ will support DACA and PHARMID's efforts in post-marketing surveillance of drugs, establishing six QC mini-labs at selected sites.

#### Strengthening Site-Level Pharmaceutical and Laboratory Information Management

This activity will assure that there are no treatment interruptions due to stock-outs of vital products, will minimize expiry of expensive drugs. RPM+ has implemented pharmacy-based patient medication records for more than 70,000 ART patients nationwide; some are computerized. Facilities have been provided with over 50 computers and printers and 62 pharmacy data clerks have been deployed to hospitals and health centers to ensure quality data entry and reporting. These activities will be maintained and further expanded. In FY08, RPM+ will support health facilities in preparing scheduled orders of HIV commodities, and will support PSCMS in distributing these items from PHARMID regional stores to facilities. MSH/RPM+ will build on the experience to date, scaling up inventory management, patient pharmacy records, and reporting at facility level and ensuring that ART SOP and pharmacy-related formats and registers are available at all ART/PMTCT sites. Routine commodity audit systems will be introduced at all ART sites. Target facilities will be provided with computers and printers. Access to telephones and the Internet will continue to be supported to facilitate reporting and track defaulters. In order to ensure ownership and use of data, data managers will be recruited and deployed at regional health bureaus (RHB).

Facility-level data will be compiled, analyzed, and shared with relevant agencies for quantification and redistribution. Monitoring of ARV drug management and use will be supported. In consultation with PSCMS and other partners, MSH/RPM+ will continue to work on implementing an electronic tool to manage information on laboratory commodities.

#### Strengthening Pharmacy Human Resource Capacity

This activity is part of an overall human resource (HR) capacity-building effort with local and US universities, the Clinton HIV/AIDS Initiative (CHAI), and JHPIEGO. HR-related constraints are perhaps the greatest challenge for the health system at present. In conjunction with the Ethiopian Pharmaceutical Association, pre-service and in-service training will be provided to pharmacy personnel and students. To date RPM+ has trained more than 1,400 pharmacy and allied professionals in HIV-product management and rational drug use (RDU). Refresher trainings need to be conducted to update staff and address high staff turnover. ART site staff will be trained in supply management, pharmaceutical care, and RDU, as well as basic computer skills. Training will be followed by supportive supervision and mentoring. External short-term training in relevant areas will be facilitated for selected participants. In collaboration with DACA, RPM+ will promote public awareness and education by training media personnel to promote RDU, including containment of antimicrobial resistance (AMR), adherence, awareness about counterfeits, etc., and providing up-to-date specialty books and reference materials to health facilities. A critical task assigned to MSH/RPM+ by the MOH during the plan year is the assessment of pharmaceutical HR needs and development requirements of the pharmaceutical sector as outlined in the Pharmaceutical Sector Master Plan.

#### Provision of Technical Assistance and Coordination

RDU is a key element to maximize treatment options for chronic diseases such as HIV/AIDS. Monitoring and minimizing adverse drug reactions (ADR) is instrumental in increasing adherence to treatment, which supports the success of treatment. Clients will get improved pharmaceutical care, and the development of viral or AMR will be minimized. TA will be provided in the following areas: 1) RDU; (2) establishing drug and therapeutic committees (DTC) and drug information centers (DIC), in collaboration with DACA, PSLD, RHB, CHAI's Hospital Improvement Initiative and others; (3) AMR containment; (4) ADR monitoring; and 5) adherence monitoring and promotion through workshops, studies, and development of facility-level action plans. Activities envisaged include collaboration with programs such as the new Care and Support Program at health centers, at community and household levels with health extension workers, through HIV/TB drug management, with PMI in management and rational use of malaria products; and by linkages with stakeholders to conduct drug-related operational research. Working closely with DACA and PSLD, RPM+ will support improved governance in the pharmaceutical sector by providing TA in pharmaceutical policy, regulation, and quality services in support of the national pharmaceutical and logistics master plans, and will collaborate with the MOH, DACA, PSCMS, and the Implementation Support Team (IST) of the Logistics Master Plan in the transformation of PSLD to the "New PSLD" and PHARMID to the new Agency.

Activity ID: 10534 This is a continuation activity from FY06 and FY07

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10534

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10534		U.S. Agency for International Development	Management Sciences for Health	5516	3798.07		\$2,950,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
TA in Policy Development (HIV-related), Number of local organizations provided	N/A	True
TA Institutional capacity building (HIV-related), Number of local organizations provided	5	False
HIV-related policy, Number of individuals trained	N/A	True
HIV-related institutional capacity building, Number of individuals trained	1,000	False
HIV-related stigma and discrimination reduction, Number of individuals trained	N/A	True
HIV-related community mobilization for prevention, care and treatment, Number of individuals trained	N/A	True

**Target Populations**

**Other**

People Living with HIV / AIDS

HTXS - ARV Services

Program Area:

HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

**Total Planned Funding for Program Area: \$94,987,239**

Amount of Funding Planned for Pediatric AIDS	\$1,000,000
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$700,000
Estimation of other dollars leveraged in FY 2008 for food	\$31,900,000

### Program Area Context:

Since it was implemented in July 2003, the Ethiopian National ART program has documented remarkable progress with coverage for all 11 regions of the country and a large number of patients on ART. As of May 8, 2007, there were 265 ART sites operational throughout the country, including 117 hospitals (92 public hospitals, 13 private hospitals, and 12 military hospitals), 146 health centers, and two nongovernmental organization (NGO) clinics. The number of people living with HIV (PLWH) receiving care and treatment at these sites was 148,283 enrolled, 87,697 ever-started on treatment, and 66,973 regularly receiving treatment.

PEPFAR Ethiopia has been the major partner supporting the ART Program with the launching of free ART services in January 2005. In FY05, PEPFAR Ethiopia assisted the country in developing a regionalized implementation strategy. The support that was given through one partner (I-TECH, University of Washington) was also regionalized effectively by adding three additional US university partners: Johns Hopkins University (JHU), Columbia University (CU-ICAP), and University of California, San Diego (UCSD). The four university partners were assigned to four non-overlapping ART operation zones – I-TECH, CU-ICAP and JHU each covering 3-4 regions in one operation zone and UCSD supporting the defense and police forces. Management Sciences for Health (MSH), a new PEPFAR Ethiopia partner, will be working at health-center and community levels, providing comprehensive support to 240 health centers in five major regions of the country, including Addis Ababa. Each of these partners provides coordinated technical support to the health network in their respective operation zone and serve as the country lead in cross-cutting areas, based on established programmatic strengths. Establishing effective coordination and optimal referral linkages between hospitals, health centers and community services is a challenge, and needs continued effort and commitment among all partners involved.

CDC Ethiopia and local and international implementing partners continue to support care and treatment-related laboratory services at all service levels. Tulane University leads monitoring and evaluation activities and supports 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 facilities. PEPFAR Ethiopia's Treatment Technical Working Group (TWG) will ensure that ART services are implemented using the health network model, and, assisted by Strategic Information (SI) TWG, will monitor the functionality and effectiveness of the network. These arrangements have enabled the national and regional programs to build capacity and rapidly scale up services throughout the country. Approximately 128 health centers are currently providing ART services in all 11 administrative regions of the country. ART-implementing partners have been able to use the experience gained over the past years to refine program implementation plans and strengthen coordination mechanisms.

At the end of 2006, the Ethiopian Ministry of Health (MOH) launched the Millennium AIDS Campaign. Following that launch, patient enrollment and ART uptake have increased significantly, with more than 8,000 enrolled and more than 4,000 beginning treatment each month. However, even with that rapid scale-up of ART services, pediatric age groups and pregnant women are not appropriately represented—only 4.4 % (3,880) of those ever-started on treatment are <14 years of age and pregnant mothers constitute only 0.65 % (569). Less than 0.5 % (319) of those receiving treatment are on second-line regimens. PEPFAR Ethiopia will apply innovative approaches to scale up the ART uptake of pediatric age groups and pregnant mothers (e.g., family-centered care and treatment services); improve linkages between services (antenatal care, immunization programs, under-five clinics); establish and strengthen early infant diagnosis; strengthen community services; and employ other relevant approaches as appropriate.

Another crucial issue in ART implementation in Ethiopia is that most of the service delivery and patient-load is limited to a small proportion of the sites. According to the latest report, 92.3% (80,965) of patients ever-started on treatment, and 88.6 % (59,328) of patients currently on treatment, are receiving ART services from hospital ART sites. Transferring stable patients to health centers that are closer to patients' homes and community services has been a challenge due to a number of factors, including fear of stigma and discrimination, poor referral linkages, and inadequate services at lower levels. With the rapid scale-up and expansion of the ART program, the issue of retaining patients in care and treatment services has also emerged as a serious problem. The proportion of patients lost to follow-up in Ethiopia is unacceptably high. Public health evaluations will be undertaken to determine the magnitude of the problem and to analyze why patients discontinue treatment, as well as to identify interventions to promote retention in care and treatment services.

In FY08, PEPFAR partners, in collaboration with the World Health Organization (WHO) and other stakeholders, will continue to support the national effort to standardize training materials, (including packages for integrated management of adult illnesses) for hospitals, health centers, and communities; will synchronize with the integrated ART training package, and will coordinate training activities provided by different partners. PEPFAR partners will address human-capacity needs by task-shifting and by instituting new cadres including nurse ART providers and case managers and volunteer services (Ethiopians in Diaspora, US Infectious Disease Fellows, Peace Corps volunteers, and local university students). The AIDS Resource Center (ARC), in collaboration with Academy for Educational Development (AED), is leading the development and dissemination of ART client materials and job aids for providers to educate patients. The State Department's Regional Procurement Support Office (RPSO) and Crown Agent provide support to renovate ART sites. PEPFAR Ethiopia will continue to work closely with the Global Fund to implement the Memorandum of Understanding and joint plan of action and foster collaboration with the World Bank and other major partners.

PEPFAR Ethiopia will support facility accreditation for ART services in all 11 regions. Partners will strengthen the nurse-centered care model by upgrading the training of nurses to include additional core competencies and certification, as well as consolidate and expand mainstreaming of ART in health professionals' pre-service training programs. Moreover, PEPFAR partners will strive to synchronize ART with other primary-care services and involve PLWH in delivery of ART services at various levels. Private-public partnerships and civil-military alliances will be strengthened, and PEPFAR Ethiopia will undertake targeted evaluations to guide program scale-up and support improvements in quality of ART services.

In FY08, PEPFAR Ethiopia will continue to work with national and regional programs to ensure sustainability of ART services. In collaboration with the Government of Ethiopia and other major donors like the Global Fund, the Department for International Development of the United Kingdom (DfID), the Japan International Cooperation Agency (JICA), PEPFAR Ethiopia will create adequate working space in hospitals and health centers providing ART services. Furthermore, PEPFAR will continue to use a variety of strategies to support human capacity development, including task shifting, pre-service training of health cadres, creating retention mechanisms for trained staff, building indigenous capacity as part of the exit strategy for U.S.-based partners, 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 those addressing human resources, infrastructure, and systems.

In FY08, PEPFAR Ethiopia will build on activities and achievements of the past. The PEPFAR target for Ethiopia is 210,000 patients receiving ART by the end of FY08, and we will continue to support programs and activities that lead to reaching that goal. Based on accomplishments to date, meeting the above target by the specified time will be a challenge. However, the MOH has launched a campaign to increase uptake for HIV testing, and enrollment in care and treatment services. This has significantly increased the number of patients tested but linking these tested patients to care and treatment services has proved more challenging than expected. In addition, the World Bank is collaborating with existing partners. The Clinton Foundation in collaboration with Yale University is supporting the MOH in strengthening management at selected hospitals in the country and providing first- and second-line ARV drugs for pediatric patients and second-line ARV drugs for adult patients. Efforts are underway to establish a national HIV/AIDS training center at ALERT hospital; this will be a center of excellence and source of quality training for all cadres of health workers involved in HIV/AIDS program activities. This has been a collaborative effort by a number of partners including the World Bank, the Global Fund, the Ethiopian North American Health Professionals Association, and the Clinton Foundation. In FY07, PEPFAR Ethiopia has contributed to this effort and will continue to support the effort in FY08.

**Program Area Downstream Targets:**

11.1 Number of service outlets providing antiretroviral therapy	481
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	56400
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	223201
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	168600
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	6933

**Custom Targets:**

**Table 3.3.11: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3806.08	<b>Mechanism:</b> Twinning Initiative
<b>Prime Partner:</b> American International Health Alliance Twinning Center	<b>USG Agency:</b> HHS/Health Resources Services Administration
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> HIV/AIDS Treatment/ARV Services
<b>Budget Code:</b> HTXS	<b>Program Area Code:</b> 11
<b>Activity ID:</b> 5678.08	<b>Planned Funds:</b> \$2,756,000
<b>Activity System ID:</b> 16711	

**Activity Narrative:** The American International Health Alliance (AIHA), through a cooperative agreement with the US Department of Health and Human Services' Health Resources and Services Administration (HRSA/DHHS), has established an "HIV/AIDS Twinning Center" to support partnership and volunteer activities as part of the implementation of PEPFAR. Through twinning partnerships, volunteers, and supportive assistance programs, the Twinning Center (TC) will contribute significantly to building human and organizational capacity by: training and mentoring HIV caregivers; strengthening existing and new training and educational institutions; and developing models of care for improved organization and delivery of services for rapid scale-up of interventions to help meet the goals of PEPFAR.

Components of the AIHA TC are: institutional partnerships based on AIHA's Twinning Methodology; and a volunteer Healthcare Corps to recruit, select, place, and support volunteers with professional expertise for a period of six weeks to one year.

The AIHA Twinning Center is supported by PEPFAR Ethiopia to achieve two main objectives:

The TC's first objective is to increase human and organizational capacity to prevent and treat HIV/AIDS by engaging professionals, primarily from the Ethiopian diaspora, in volunteer assignments at ARV clinics and HIV/AIDS service organizations.

The TC's Volunteer Initiative is a continuing activity from FY07. As of July 31, the TC has placed seven qualified volunteers from the Ethiopian diaspora at multiple sites. Their expertise includes information technology, laboratory science, health policy, social work, palliative care, and mental health. The volunteers have made extensive accomplishments at their respective placement sites, as is evident from their monthly reports and the positive feedback received from the placement site supervisors.

The TC has identified eight qualified volunteers to be placed in August and September 2007. Their expertise includes medicine, tuberculosis (TB)/HIV laboratories, information technology, and social work. In addition, the TC has developed seven Scopes of Work, based on identified needs at placement sites throughout Ethiopia, and these are being used to recruit qualified volunteers.

The TC's second objective is to increase human and organizational capacity to prevent and treat HIV/AIDS through institutional twinning partnerships. The identification and management of institutional partnerships is a continuing activity from FY07. As of July 2007 the TC has initiated the following partnerships:

**AIDS Resource Center (ARC-Ethiopia)/AIDS Treatment Information Center (ATIC-Uganda) Partnership:** 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 objectives of this partnership are to increase the capacity of the ARC to strategically plan for and implement a call center that provides a clinical "warmline" and HIV/AIDS pharmaceutical and laboratory service-delivery system, monitor and evaluate the call center's warmline, and analyze the logistical, educational, and infrastructural need to disseminate the information to appropriate partners. As of July 31, the partners have participated in two professional exchanges to collaborate on developing the partnership workplan and to conduct a needs assessment. The partners have also been actively communicating via e-mail and telephone to develop, test, and review a survey tool.

**Addis Ababa University School of Pharmacy (AAU), the Drug Administration and Control Authority (DACA), and Howard University School of Pharmacy and Continuing Education:**

The objectives of this partnership are to strengthen pharmacy services within the healthcare system by establishing two drug information centers, one at DACA of Ethiopia and another at AAU's School of Pharmacy. The drug information centers will support the expansion and provision of quality ART and strengthen the clinical capacity of pharmacists to provide quality ART through continuing education. As of July 31, the partners have participated in two professional exchanges, including an initial assessment visit to Ethiopia by members of the Howard team, and an exchange that enabled partners from AAU and DACA to develop a workplan and participate in professional development at Howard. In August, representatives from Howard will travel to Ethiopia to work with AAU and DACA on a survey to identify the education levels, work experiences, and attitudes on drug information of Ethiopian pharmacists and other pharmacy professionals, as well as to identify continuing education opportunities and patient-oriented pharmacy services in Ethiopia.

**Hospital to Hospital Partnerships:** Through an open solicitation process, the TC has identified two US-based hospitals to partner with Debre Berhan and Ambo hospitals to increase human and institutional capacity in hospital management and the provision of clinical care. The partnerships will create professional development opportunities for hospital staff and managers through training and mentoring. Elmhurst Hospital in New York is partnering with Debra Berhan Hospital and Jersey Shore University Medical Center in Neptune, NJ, is partnering with Ambo Hospital. The first exchange takes place in July, with partnership teams of doctors, nurses, and social workers from both US hospitals traveling to Ethiopia to conduct a needs assessment and to begin jointly developing the partnership workplans.

**Addis Ababa University School of Social Work (AAU)/Jane Addams College of Social Work (JACSW), Chicago USA/Institute of Social Work (ISW)-Tanzania:** As of July 31, initial meetings have taken place with participating stakeholders to discuss available resources and guide partnership development. This triangular partnership between the AAU School of Social Work, JACSW, and the ISW in Tanzania will focus on training facility-based case managers at the pre-service level, in close collaboration with in-service efforts of Washington University/I-TECH and Management Sciences for Health, and the overall efforts of the Ethiopian government and PEPFAR partners. Partners will use the existing relationship between JACSW and ISW to provide south-south professional exchanges and resource sharing for the Ethiopian partners.

AIHA is requesting additional funding in 2008 to ensure the robust progress of these five current treatment partnerships and the diaspora volunteer initiative. As the five active partnerships transition out of their Year 1 initiation phase, they will require greatly increased funding levels to support a greater level of activities and allow for an adequate number of professional exchanges, trainings, and technical assistance to accomplish their goals and objectives. The FY08 request will allow partners to more than double their activities accomplished in the first year of the partnerships. In the first three years of the TC cooperative agreement, HRSA provided central funding (received from PEPFAR/Office of the Global AIDS Coordinator)

**Activity Narrative:** to AIHA to subsidize the initiation of programs and cover in-country office and headquarters operations. Now, HRSA is phasing out its central funding to its cooperative agreement partners; therefore, these costs are now included in this country funding request. The TC will operate as a traditional USG partner, receiving all its programmatic funding, including operations for the in-country office and headquarters, from the USG country programs (through the Country Operational Plan) and will cease to receive central funding from HRSA. The country office and headquarters will continue to operate in a streamlined fashion without addition of new staff or office costs. The TC can also provide training to individual Ethiopian organizations on financial administration and subgrant management to further strengthen organizational capacity.

These partnerships and the volunteer program focus on building capacity and developing the local institutions' abilities to provide quality ART services, in collaboration with other USG implementing partners. USG partners implementing the ART services will report on the number of individuals receiving HIV clinical services, such as ART and treatment for opportunistic infections; thus, these twinning partnerships and volunteer program will report on the number of institutions providing services and number of service providers trained, to measure the effect of the TC Program on sustainable strengthening of HIV/AIDS ART services in Ethiopia. Targets represent individuals and institutions expected to be strengthened through these programs and were derived by counting five institutional partnerships and 28 volunteers for institutional strengthening, with partnership and volunteer-initiative training for over 1,200 individuals.

AIHA requests a budget of \$2,710,000 in FY08 to support the following Care and Treatment activities:  
 1) Fielding 28 volunteers (primarily from the Ethiopian Diaspora)  
 2) Expansion and management and technical support to the five active treatment partnerships established in 2007.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10562

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28309	5678.28309.09	HHS/Health Resources Services Administration	American International Health Alliance Twinning Center	11595	3806.09	Twinning Initiative	\$2,380,400
10562	5678.07	HHS/Health Resources Services Administration	American International Health Alliance Twinning Center	5537	3806.07		\$1,400,000
5678	5678.06	HHS/Health Resources Services Administration	American International Health Alliance Twinning Center	3806	3806.06		\$950,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**



## Targets

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

## Indirect Targets

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Pregnant women

People Living with HIV / AIDS

Teachers

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 3799.08

**Mechanism:** IS for HIV/AIDS ART Program through Local Universities in the FDRE under PEPFAR

**Prime Partner:** Dehub University

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 5671.08

**Planned Funds:** \$90,000

**Activity System ID:** 16704

**Activity Narrative:** HIV/AIDS (ART) Program Implementation Support

This is a continuing activity from FY06 and FY07

Dehub University (DU) located in Awassa, the seat of the Southern Nations, Nationalities and Peoples Region (SNNPR), is offering training in general medical practice, 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 (RHB). The DU teaching hospital is evolving as a referral facility for the heavily populated southern part of the country. DU is scaling up its response to the HIV/AIDS epidemic by utilizing opportunities and resources via numerous national and international initiatives, and it 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, district, and site levels. This includes in-service training of health workers to meet the high human resource needs to implement HIV/AIDS, tuberculosis (TB), and sexually transmitted infections (STI) program activities in SNNPR.

In FY06 and FY07, through technical support from PEPFAR Ethiopia implementing partners, DU is strengthening HIV/AIDS activities and is currently contributing to the regional effort to mitigate the spread of 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 DU's President and oversees and coordinates the 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. The DU Gender Office is coordinating activities to address the specific needs of female university members. The Association is evolving as a 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 FY07, through the support of Johns Hopkins University, DU is coordinating its efforts 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 SNNPR region. It has established a functional network with regional HIV/AIDS Prevention and Control Offices (HAPCO), RHB, nongovernmental organizations like Tilla (regional association of people living with HIV), and private-sector institutions. It is currently working with these partners and providing technical assistance (TA) that will enable these partners work towards achieving targets set for FY07. The support from PEPFAR Ethiopia has afforded the university and its teaching hospital with opportunities, not only to strengthen its anti-HIV/AIDS activities within the university community, but also enabled it to build its capacity to support health networks in SNNPR.

For DU to establish itself as a long-term technical support center, managerial and leadership capacities need to be built further in FY08. There is a need for deliberate action to establish managerial and technical capabilities by offering the university the opportunity as well as the 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 FY08, DU will strengthen its support for in-service training and direct TA to SNNPR Regional Health Bureau and provide pre-service training on HIV/AIDS, including ART. DU 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. The university will work closely with and get intensive technical support from Columbia University, but will also have an opportunity to engage directly in managing its HIV/AIDS program. The university will also be involved in direct technical support and management of funds through a cooperative agreement with CDC Ethiopia—a process that will enable it to establish the required experience. This will allow DU to strengthen its engagement in managing its HIV/AIDS program and its support to national and regional programs. DU will collaborate with Johns Hopkins University's Technical Support for the Ethiopia HIV/AIDS ART Initiative and Management Sciences for Health and also undertake review meetings with other local universities and stakeholders. 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.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10558

**Related Activity:** 16630, 16632, 16633, 16634, 16635, 16636, 16711, 16638

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27908	5671.27908.09	HHS/Centers for Disease Control & Prevention	Debub University	11462	3799.09	IS for HIV/AIDS ART Program through Local Universities in the FDRE under PEPFAR	\$81,000
10558	5671.07	HHS/Centers for Disease Control & Prevention	Debub University	5533	3799.07		\$100,000
5671	5671.06	HHS/Centers for Disease Control & Prevention	Debub University	3799	3799.06		\$100,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16630	10643.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$360,000
16632	10635.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$550,000
16633	5618.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$469,836
16634	5754.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$316,800
16635	10545.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$496,800
16636	10430.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$7,000,000
16711	5678.08	7517	3806.08	Twinning Initiative	American International Health Alliance Twinning Center	\$2,756,000
16638	10620.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$800,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

## Indirect Targets

## Coverage Areas

Southern Nations, Nationalities and Peoples

Adis Abeba (Addis Ababa)

Binshangul Gumuz

Gambela Hizboch

Table 3.3.11: Activities by Funding Mechansim

**Mechanism ID:** 3805.08

**Mechanism:** IS for HIV/AIDS ART Program through Local Universities in the FDRE under PEPFAR

**Prime Partner:** Defense University

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 5676.08

**Planned Funds:** \$140,000

**Activity System ID:** 16705

**Activity Narrative:** HIV/AIDS (ART) Program Implementation Support

This is a continuing activity from FY06 and FY 07.

The Defense University (DU), located in Addis Ababa, is the only university providing training and technical support for members of 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 voluntary counseling and testing (VCT), PMTCT, and ART service facilities within its teaching hospital, the Armed Forces General Teaching Hospital (AFGH), which has been used as a demonstration site for many HIV/AIDS-related services. The DU teaching hospital is the major referral facility for the military and dependents and currently handles a huge patient load, including those with HIV/AIDS.

As the military (and the uniformed services, including police), which constitutes a high-risk group for HIV/AIDS, is scaling up its response to the HIV/AIDS epidemic by utilizing opportunities and resources through numerous national and international initiatives, DU has developed a strategic plan to develop the required human resources by mainstreaming HIV/AIDS interventions into its training programs. With support from PEPFAR Ethiopia's implementing partners, DU has begun institutionalizing HIV/AIDS-related activities and has established a structure that will coordinate them. 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.

The number of individuals who ever received ART at AFGH as of June 2007 was 1,089. From June 2006 - June 2007, 2,302 individuals had counseling and testing for HIV and have received their results.

These activities will be continuing in FY08 and DU plans to include technical support for ART scale-up (3000 patients ever started), counseling and testing (5000 clients), TB/HIV (750 patients), palliative care (4000 patients), PMTCT (500 pregnant woman), and STI services (500 patients).

In FY08, through the support of the University of California, San Diego (UCSD), DU 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 and FY07. The university and its teaching hospital will work with the military and police health networks in delivering care and ART services. It will establish a functional network with the Ethiopian Ministry of Health, the HIV/AIDS Prevention and Control Office, the regional health bureaus, and nongovernmental organizations to implement activities planned for FY07.

FY08 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 FY08. It will also undertake review meetings with other local universities and stakeholders. It needs to work closely with UCSD, as this will present a unique opportunity to handle directly the administration and management of the technical and logistical arrangements required to support health networks delivering ART and related services. DU 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 Ethiopia. This will allow the university to strengthen its engagement in managing its HIV/AIDS program and its support to the national and regional programs. It will also help DU to be in a position to take over the technical support currently provided by UCSD.

DU will focus in areas where its staff will gain experience in the administration and management of the technical and logistics of the HIV/AIDS program for future sustainability. These include:

- 1)Scale-up of HIV/AIDS programs
- 2)Training (Pre -service and in- service)
- 3)Curriculum strengthening by integrating HIV/AIDS
- 4)Facilitating conditions with partners to enable AFGH to become one of the centers of excellence for the different HIV/AIDS programs in the country
- 5)Building up AFGH laboratory capacity to the level of referral site for other Defense hospitals
- 6)Supportive supervision and clinical mentoring
- 7)Site-level support

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10559

**Related Activity:** 16617, 16618, 16619, 16620, 16636, 16711, 16623

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27910	5676.27910.09	HHS/Centers for Disease Control & Prevention	Defense University	11463	3805.09	IS for HIV/AIDS ART Program through Local Universities in the FDRE under PEPFAR	\$126,000
10559	5676.07	HHS/Centers for Disease Control & Prevention	Defense University	5534	3805.07		\$100,000
5676	5676.06	HHS/Centers for Disease Control & Prevention	Defense University	3805	3805.06		\$100,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16617	5638.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$400,000
16618	10651.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$300,000
16619	5770.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$373,200
16620	5752.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$120,000
16636	10430.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$7,000,000
16711	5678.08	7517	3806.08	Twinning Initiative	American International Health Alliance Twinning Center	\$2,756,000
16623	10622.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$210,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

**Targets**

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

**Indirect Targets**

**Target Populations**

**Special populations**

- Most at risk populations
- Military Populations

**Table 3.3.11: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3803.08	<b>Mechanism:</b> Strengthening HIV/AIDS, TB, and STI Prevention, Control and Treatment Activities
<b>Prime Partner:</b> Gondar University	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> HIV/AIDS Treatment/ARV Services
<b>Budget Code:</b> HTXS	<b>Program Area Code:</b> 11
<b>Activity ID:</b> 5674.08	<b>Planned Funds:</b> \$140,000
<b>Activity System ID:</b> 16706	

**Activity Narrative:** This is a continuing activity from FY06 and FY07.

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 the 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 in Ethiopia—and the one where HIV/AIDS is most prevalent. It is also strategically placed to support the Afar region, which along with Tigray and Amhara constitute ART Operational Zone 1 in PEPFAR Ethiopia's regionalized support to the national ART program. In its strategic plan, GU has identified HIV/AIDS as one of the major health and social threats for the institution and the country at large. The university has thus committed itself to mitigating the impact of HIV/AIDS by creating university-wide prevention, treatment, and care and support programs. To this end, has initiated anti-HIV/AIDS activities in its teaching, research, management, and community-outreach programs.

In FY05 and FY06, GU 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 multidimensional response to HIV/AIDS epidemic – voluntary counseling and testing (VCT) service, treatment, care and support, curriculum integration, community outreach, research, and the creation of external partnerships; and incorporating policies and sanctions that safeguard female students from the risks of vulnerability and assault, intimidation, and exploitation.

In FY07, GU is implementing the planned activities and initiating various HIV/AIDS-related activities that will require consolidation and expansion over the coming years. Through support from PEPFAR Ethiopia, the university is systematically institutionalizing HIV/AIDS program and building capacities that will enable it to provide assistance to the regional health bureaus (RHB) and the health networks in Amhara, Tigray and Afar regions. 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 technical assistance (TA) to regional activities in FY07, 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 the university hospital's teaching, research, and service as a spring-board for networking and main-streaming strategy; strengthening the existing VCT service of the university; promoting advocacy and gender education; and reducing HIV/AIDS stigma and discrimination in the university community.

In FY08, for GU to establish itself as a long-term technical support center for its ART operation zone, 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. The university will strengthen its support for in-service training and direct TA to Amhara RHB and initiate pre-service training on HIV/AIDS, including ART. GU 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. GU will collaborate with Washington University/I-TECH and Management Sciences for Health (MSH) and also undertake review meetings with other local universities and stakeholders. By closely working with and getting intensive technical support from I-TECH, GU will be provided with an opportunity to get engaged directly 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.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10560

**Related Activity:** 16656, 16642, 16643, 16657,  
16658, 16644, 16711, 16645



### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28074	5674.28074.09	HHS/Centers for Disease Control & Prevention	Gondar University	11501	3803.09	Strengthening HIV/AIDS, TB, and STI Prevention, Control and Treatment Activities	\$126,000
10560	5674.07	HHS/Centers for Disease Control & Prevention	Gondar University	5535	3803.07		\$100,000
5674	5674.06	HHS/Centers for Disease Control & Prevention	Gondar University	3803	3803.06		\$100,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16656	5639.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$1,100,000
16642	10648.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$420,000
16643	5767.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$550,000
16657	5751.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$441,750
16658	5725.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$561,000
16711	5678.08	7517	3806.08	Twinning Initiative	American International Health Alliance Twinning Center	\$2,756,000
16644	10439.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$9,116,200
16645	10613.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$1,000,000

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

Local Organization Capacity Building

### Food Support

### Public Private Partnership

**Targets**

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

**Indirect Targets**

**Coverage Areas**

- Amhara
- Afar
- Tigray

**Table 3.3.11: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 494.08	<b>Mechanism:</b> Strengthening HIV/AIDS, STI & TB Prevention, Control & Treatment Activities
<b>Prime Partner:</b> Addis Ababa University	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> HIV/AIDS Treatment/ARV Services
<b>Budget Code:</b> HTXS	<b>Program Area Code:</b> 11
<b>Activity ID:</b> 5670.08	<b>Planned Funds:</b> \$140,000
<b>Activity System ID:</b> 16693	

**Activity Narrative:** HIV/AIDS (ART) Program Implementation Support

This is a continuing activity from FY05, FY06, and FY07.

Addis Ababa University (AAU), one of the seven institutions of higher learning with a medical school, is located in Addis Ababa, the Federal capital of Ethiopia, and one of 11 regions of the country. AAU trains a wide array of professionals, including different cadres of health workers and social scientists. Having recognized that university students constitute a high-risk group that could be deeply affected by the HIV/AIDS epidemic, AAU started to strengthen its response to HIV/AIDS-related activities in FY05/06/07 through support from PEPFAR Ethiopia. The university has taken 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. AAU 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, tuberculosis (TB) and sexually transmitted infections (STI) program activities.

In FY07 and FY08, AAU continues to expand voluntary counseling and testing (VCT) services in different campuses and to 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. A database for clinical patient monitoring that has been established in the AAU teaching hospital will be used effectively. 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 faculties of the Schools of Medicine, Law, and Social Work, the Institute of Development Research, the Departments of Sociology and Social Anthropology, the Center for Research and Training for Women in 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 the national level. In addition to the national experience and the momentum gathered in Addis Ababa region, FY06/07 activities accord opportunities to AAU's efforts to scale up both its HIV/AIDS/STI/TB programs among university students and staff and its support for the national program. However, a shortage of trained staff, a 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 partnerships. These programmatic needs can best be met by AAU in partnership with the Ethiopian Ministry of Health (MOH) and through innovative alliances with similar national and international institutions. In FY08, 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 and treatment for university students. It will coordinate its program support with JHU and continue to provide technical assistance (TA) to the MOH and four major regions of the country - Addis Ababa Administrative Council, Southern Nations, Nationalities and Peoples Region, Gambella and Benishangul-Gumuz.

In FY08, AAU will strengthen its support for in-service training and direct TA to MOH and provide 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 of scientific information. AAU will collaborate with Johns Hopkins University's Technical Support for the Ethiopia HIV/AIDS ART Initiative and Management Sciences for Health, as well as undertake review meetings with other local universities and stakeholders. Through its cooperative agreement with CDC Ethiopia, AAU 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 TA from JHU, AAU will consolidate its technical and managerial capacities that will, in the long-term, help the university to take over the technical support currently provided by JHU and to ensure program sustainability.

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10550**Related Activity:** 16630, 16632, 16633, 16634,  
16635, 16710, 16636, 16638

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28315	5670.28315.09	HHS/Centers for Disease Control & Prevention	Addis Ababa University	11597	494.09	Strengthening HIV/AIDS, STI & TB Prevention, Control & Treatment Activities	\$126,000
10550	5670.07	HHS/Centers for Disease Control & Prevention	Addis Ababa University	5525	494.07		\$100,000
5670	5670.06	HHS/Centers for Disease Control & Prevention	Addis Ababa University	3755	494.06		\$100,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16630	10643.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$360,000
16632	10635.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$550,000
16633	5618.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$469,836
16634	5754.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$316,800
16635	10545.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$496,800
16710	10583.08	7517	3806.08	Twinning Initiative	American International Health Alliance Twinning Center	\$211,000
16636	10430.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$7,000,000
16638	10620.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$800,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

## Indirect Targets

## Coverage Areas

Adis Abeba (Addis Ababa)

Binshangul Gumuz

Gambela Hizboch

Southern Nations, Nationalities and Peoples

Table 3.3.11: Activities by Funding Mechanism

**Mechanism ID:** 3802.08

**Mechanism:** Implementation Support for HIV/AIDS ART Program through Local Universities in the Federal Democratic Republic of Ethiopia under PEPFAR

**Prime Partner:** Alemaya University

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 5673.08

**Planned Funds:** \$90,000

**Activity System ID:** 16701

**Activity Narrative:** HIV/AIDS (ART) Program Implementation Support

This is a continuing activity from FY06 and FY07.

Alemaya University (AU), the only university in the eastern part of Ethiopia, is a major contributor to skilled health workforce development for the region, as well as the rest of the country. The AU Faculty of Health Sciences, 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.

AU has received support in specific and targeted in-service training programs in the areas of HIV/AIDS, tuberculosis, and sexually transmitted infections. 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 Oromiya, Harari, Dire Dawa, and the Somali regional states. 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 FY07, AU 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 to staff 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 and FY07, AU 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 – Oromiya, Harari, and Somali regions and Dire Dawa Administrative Council. The university will strengthen its support for in-service training and direct technical assistance (TA) to the Ethiopian Ministry of Health and provide pre-service training on HIV/AIDS, including ART. For this university to establish itself as a long-term technical support center, managerial and leadership capacities need to be built further in FY08. There is a need for deliberate action to establish managerial and technical capabilities by offering AU 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 FY08, AU will strengthen its support for in-service training and direct TA to Regional Health Bureaus in its operation zone and provide pre-service training on HIV/AIDS, including ART. AU 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. AU will collaborate with CU and Management Sciences for Health and will also undertake review meetings with other local universities and stakeholders.

In FY08, AU, while working closely with, and receiving intensive technical support from, CU, will continue to receive direct support from PEPFAR Ethiopia through a cooperative agreement with CDC Ethiopia. This will be instrumental in strengthening the university's engagement in managing its HIV/AIDS program and the support it offers to the regional programs, including the health networks providing ART services in the four regional States. This will help AU build its HIV/AIDS program-related technical and managerial capacities, so that it can smoothly take over the technical support currently provided by CU when that support phases out.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10555

**Related Activity:** 16667, 16668, 16669, 16670, 16671, 16711, 16672, 16673

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28306	5673.28306.09	HHS/Centers for Disease Control & Prevention	Alemaya University	11594	3802.09	Implementation Support for HIV/AIDS ART Program through Local Universities in the Federal Democratic Republic of Ethiopia under PEPFAR	\$81,000
10555	5673.07	HHS/Centers for Disease Control & Prevention	Alemaya University	5530	3802.07		\$100,000
5673	5673.06	HHS/Centers for Disease Control & Prevention	Alemaya University	3802	3802.06		\$100,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16667	5637.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$1,100,000
16668	10642.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$700,000
16669	5772.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$372,000
16670	5750.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$528,000
16671	5722.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$450,000
16672	10436.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$8,400,000
16711	5678.08	7517	3806.08	Twinning Initiative	American International Health Alliance Twinning Center	\$2,756,000
16673	10619.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$1,100,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

**Targets**

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

**Indirect Targets**

**Coverage Areas**

- Oromiya
- Dire Dawa
- Hareri Hizb
- Sumale (Somali)

**Table 3.3.11: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 3784.08	<b>Mechanism:</b> Rapid Expansion of ART for HIV Infected Persons in Selected Countries
<b>Prime Partner:</b> Columbia University	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> HIV/AIDS Treatment/ARV Services
<b>Budget Code:</b> HTXS	<b>Program Area Code:</b> 11
<b>Activity ID:</b> 10436.08	<b>Planned Funds:</b> \$8,400,000
<b>Activity System ID:</b> 16672	



**Activity Narrative:** Technical Support for ART Scale-up

Care and treatment of HIV in adults and children is the centerpiece of the International Center for AIDS Care and Treatment Programs-Columbia University (ICAP-CU) activities in Ethiopia. In FY07, ICAP-CU supported full-spectrum HIV prevention, care, and treatment services at 42 hospital networks: ICAP-CU is the technical lead in pediatric HIV services, tuberculosis (TB)/HIV integration, malaria/HIV integration, family-focused care and treatment, and involvement of people living with HIV/AIDS (PLWH). In FY08, ICAP-CU will expand services to 40 hospitals and 12 health center networks, continue and expand its central- and regional-level support, and initiate additional clinical mentoring and twinning projects.

At the national level, ICAP-CU will continue to support the Ethiopian Federal Ministry of Health's (MOH) National Pediatric HIV/AIDS Care and Treatment Program, by continuing and expanding the following activities:

- 1) Assist the Government of Ethiopia (GOE) to update national policies and guidelines on pediatric HIV
- 2) Assist the GOE to develop a national capacity-building plan for pediatric care and treatment and support to achieve national pediatric treatment targets
- 3) Support National HIV Pediatric Care and Treatment
- 4) Expand the national pediatric care and treatment training curriculum and continue widespread distribution of pediatric support materials developed by ICAP-CU
- 5) Assist with the integration of pediatric monitoring and evaluation into existing care and treatment tracking systems
- 6) Continue a partnership with the Ethiopian Pediatric Society to provide training on pediatric HIV/AIDS care and treatment to every pediatrician in Ethiopia
- 7) Continue a partnership with Stellenbosch University to support access of Ethiopian clinicians to the successful South-2-South training program in South Africa
- 8) Provide technical input into the development/revision and implementation of forms, registers, and charting tools for pediatric care and treatment
- 9) Support radio and TV campaigns and the use of Information, Education and Communication and Behavior Change Communication (IEC/BCC) materials in local languages to enhance public awareness of pediatric HIV care & treatment services
- 10) Assist the GOE to establish a national system and support direct implementation of pediatric care and treatment at 52 facilities in four regions, and provide central-level TA to implementing partners working in other regions

ICAP-CU will continue to provide technical support in the areas of family-centered HIV care and treatment, and will work with the National ART Program to ensure that the growing Ethiopian PMTCT program is linked to care and treatment services. ICAP-CU will contribute its extensive experience with treatment of HIV-exposed and infected infants and children and assist with the expansion of national pediatric treatment guidelines, work to improve access to infant HIV diagnostics, and work with partners to expand pediatric training materials.

At the regional level, ICAP-CU will work with Dire Dawa, Harari, Oromiya, and Somali Regional Health Bureaus (RHB) and other partners to build their capacity to effectively design, implement, and evaluate HIV/AIDS programs. ICAP-CU will formally partner with RHB and support provision of quality and comprehensive HIV services. ICAP-CU will work with RHB to assess new sites, evaluate the clinical, infrastructural, management, and informatics needs of facilities and develop implementation strategies to enable each facility to meet required national standards; and to provide assistance to support the implementation of national treatment guidelines. ICAP-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 on stable patients or initiate ART services in some cases. "Up referral," in which health centers refer complex cases to hospitals, will also be facilitated.

ICAP-CU will continue to build the capacity of Jimma and Haramaya Universities to provide TA, supportive supervision, and mentoring to their respective RHB and catchment health networks. These universities will eventually assume the responsibilities of providing TA to the health networks in the four regions, enabling external partners to exit smoothly. In FY08, ICAP-CU will host a clinical mentoring retreat for ICAP staff from around sub-Saharan Africa, strengthening south-to-south linkages and sharing resources and lessons learned with regional universities and RHB.

At the facility level, following Ethiopian National Guidelines, ICAP-CU will support provision of comprehensive high-quality HIV services, including ART, at 52 public and private facilities in the four regions. Specific activities include:

- 1) Support for hospital HIV/AIDS Committees and multidisciplinary ART Teams to ensure facility ownership of service implementation
- 2) Training and quality improvement activities for physicians, nurses, and pharmacy personnel
- 3) Ongoing supportive supervision and clinical mentoring of facility staff (ICAP-CU will enhance clinical mentoring skills and strategies by sending a team of clinical advisors to the Stephen Lewis Foundation mentoring workshop in Uganda)
- 4) Linkages with entry points to care and treatment, including counseling and testing services, antenatal clinics and PMTCT programs, TB clinics, Under-5 clinics, and adult and pediatric inpatient wards, as well as support for staff at these entry points
- 5) Linkages to services for family planning, TB/HIV, sexually transmitted infections, and the full package of palliative care services (see Palliative Care narrative)
- 6) On-site implementation assistance to strengthen systems, including: medical records; referral linkages; patient follow-up and adherence support; ART clinic management; integration of prevention into care and treatment; involvement of PLWH; appointment systems and defaulter tracing mechanisms; and facilitating access to laboratory services and ARVs
- 7) Standardized health-management information systems and on-site assistance with data management and monitoring and evaluation to guide quality improvement
- 8) Hiring of data clerks at all hospitals, in coordination with Tulane University and RPM+
- 9) Renovation of facilities will be supported in coordination with RPSO and Crown Agents where needed
- 10) Implementation of post-exposure prophylaxis (PEP) activity for occupational exposure of healthcare providers and for victims of sexual assault in the 52 hospitals supported. This includes: establishing a

**Activity Narrative:** functional Infection Prevention/PEP committee in all facilities; organizing forums to create awareness in the facilities; ensuring full availability of ARV drugs for PEP; developing and distributing standard operating procedures (SOP), wall charts, and brochures that indicate steps to be taken after accidental occupational or sexual assault exposures.

ICAP-CU will support ART training, according to national guidelines and curriculum. Additional training, including training on program management skills, will be provided to all new sites initiating ART in FY08 and to sites already providing ART services to fill the gaps created by high staff turnover. This will be supplemented by refresher trainings, focusing on an integrated multidisciplinary team approach to care and treatment. In FY08, ongoing site-level clinical mentoring and supportive supervision will be carried out at all ART hospitals in ICAP-CU supported regions.

ICAP-CU will support internet access for ART hospitals, enabling staff to use web-based resources, including ICAP websites, and e-mail case consultation services, as well as to obtain information from the national program. ICAP-CU will expand provider reference tools on ART, including pocket guides, ART dosing cards, posters, and ART SOP, as well as client educational materials in local languages (i.e. Amharic, Oromiffa, and Somali).

Under the ART health network, ICAP-CU will work to establish and strengthen links between hospital services, different levels of facilities and PLWH groups, nongovernmental and faith-based organizations, and communities with other partners working at these levels. This will facilitate patient access to, and use of, comprehensive care and support and continuity of care and treatment.

In FY08, ICAP-CU will continue to support PLWH associations to involve their members in HIV/AIDS program activities. ICAP-CU will:

- 1) Support and facilitate PLWH involvement at different levels
- 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 PLWH involvement workshop and national peer educators' review meeting
- 5) Provide facility-level assistance to expand involvement of PLWH as peer educators. ICAP-CU will expand its peer educator program from 18 hospitals to 52 facilities in FY08. As part of multidisciplinary ART teams, peer educators play a key role in patient education on prevention for positives, positive living, adherence counseling and support, defaulter tracing, and linkages to community resources, such as food and psychosocial support.

As part of its human capacity development scheme, ICAP-CU will collaborate with the International Twinning Center to expand the voluntary healthcare corps by recruiting retirees with experience in clinical or project management.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10436

**Related Activity:** 16667, 16668, 16669, 16670, 16671, 16673, 16674, 16711

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10436		HHS/Centers for Disease Control & Prevention	Columbia University	5506	3784.07		\$6,500,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16667	5637.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$1,100,000
16668	10642.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$700,000
16669	5772.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$372,000
16670	5750.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$528,000
16671	5722.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$450,000
16711	5678.08	7517	3806.08	Twinning Initiative	American International Health Alliance Twinning Center	\$2,756,000
16673	10619.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$1,100,000
16674	10437.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$300,000

## Emphasis Areas

Construction/Renovation

Gender

\* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

\* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	52	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	6,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	27,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	24,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	300	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

## Coverage Areas

Dire Dawa

Hareri Hizb

Oromiya

Sumale (Somali)

**Table 3.3.11: Activities by Funding Mechansim**

**Mechanism ID:** 3787.08

**Prime Partner:** Johns Hopkins University  
Bloomberg School of Public  
Health

**Funding Source:** GHCS (State)

**Mechanism:** Support for program  
implementation through US-  
based universities in the FDRE

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** HIV/AIDS Treatment/ARV  
Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 10430.08

**Planned Funds:** \$7,000,000

**Activity System ID:** 16636

**Activity Narrative:** Technical Support for ART Scale-up

In FY06 and FY07, Johns Hopkins University – Bloomberg School of Public Health (JHU-BSPH) led Advanced Clinical Monitoring, initiated and sustained Private Hospital Involvement and supported ART implementation in Operational Zone 3.

In FY07 to date, JHU-supported sites have initiated 2,290 persons on ART, support 23,755 persons currently on ART, and have served 34,083 persons ever on ART. Training has been conducted for 533 healthcare workers, and JHU continues to lead with advanced ART workshops and CME telemedicine case reviews. In addition, 506 infants (45% positive) have been tested with DNA PCR as part of the early infant diagnosis (EID) program.

In FY08, JHU will continue to support FY07 ART facilities, expanding from 44 to 50 sites (hospitals and emerging regions health centers) in collaboration with the regional health bureaus (RHB), according to national guidelines. In FY08, JHU will continue all previous support provided to the ART hospitals and health centers. 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 monitoring and evaluation of outcomes. To increase capacity, JHU will invest in personnel to support ART technical assistance (TA) at sites and will augment support 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 preparing new hospitals for free ART provision and maintaining quality mentorship at established ART sites.

In FY07, as the lead for the post-exposure prophylaxis (PEP) program amongst university partners and health network, JHU focused on national-level activities in policy development, as well as on regional-level facility-based training to implement an effective PEP guidelines, targeting healthcare providers and victims of sexual assault at ten pilot facilities. Specific activities included: ensuring availability of national guidelines and protocols; ensuring the availability of ARVs for PEP; implementation of awareness programs to increase uptake of the program by exposed individuals; and training of trainers (TOT) for health workers and Ministry of Health (MOH) and RHB staff to ensure dissemination of activities to other regions and partners.

Phase I of this activity addressed the need to increase safety and protection of healthcare workers and the need for a comprehensive plan of care for victims of sexual assault. Phase II focused on development of guidelines, policy, and an implementation model for providing comprehensive care to both target populations. Continuing its activities in FY08, JHU will focus support on a PEP expansion plan in the 50 supported facilities within the four regions, and continue to provide guidance to other university partners.

FY08 activities will also include expansion of activities to the entire health network model in the two emerging regions of Gambella and Benshangul Gumuz. JHU will further expand the comprehensive HIV activities in the private sector—in particular TB/HIV, PMTCT, VCT, linkages to ART clinics in private hospitals, increased coverage of pediatric ART and DNA testing for EID at all JHU-supported ART sites. JHU will continue to work with the Ethiopian Orthodox Church and International Orthodox Church Charities, and expand activities to other faith-based organizations. Using guidelines and training materials, JHU will work closely with the MOH and RHB to address malaria and HIV co-infection and to provide linkages to insecticide-treated nets for all HIV patients in malaria endemic areas. JHU will expand peer network advocacy for people living with HIV/AIDS (PLWH) and tracking systems to improve adherence, follow-up for care, and community-level support for ART.

JHU will continue to provide expertise at all levels of ART provision, ranging from multidisciplinary team mentoring and supportive supervision to creation of a cadre of local university mentors. These mentors will provide clinical stewardship and develop additional expertise in data processing and management at ART sites. Recognizing the majority of patients are lost between CT and the ART clinic, JHU will continue to invest resources to improve networking and inter and intra-service linkages with CT, TB, antenatal clinics (ANC), sexually transmitted infections, PMTCT services, and community-based care, based on the "Referral Network Model for Ethiopia" project completed by JHU in FY06. JHU will support hospital and RHB activities in transferring patients from hospital ART clinics to locally networked health centers. JHU will offer TA with transfer readiness, patient identification, development of standard operating procedures for mentoring, and case review for difficult cases. JHU will support developing a cadre of nurse specialist mentors to provide on-site follow-up and mentoring for ART nurses, as well as to train counselors, lay counselors, and peer educators on adherence. JHU plans to train or identify persons affiliated with PLWH associations in an effort to promote ownership, communication, policy drafting, and overall sustainability of ART programs.

In FY08, JHU will manage high demand at urban centers by: increasing site-capacity through renovation in coordination with the Regional Procurement Support Office and Crown Agents; training and innovative methods to improve human resource retention; and by strengthening referral linkages between hospitals, health centers, and community-based organizations to improve service delivery. JHU will support linking treatment, care, and support services with PLWH associations. JHU will continue to strengthen provider-initiated counseling and testing (PICT), referrals for TB/HIV and malaria/HIV.

In FY08, emphasis will be placed on increased pediatric care capacity at all sites. Collaborating with ICAP, JHU will continue support to all sites in pediatric care, by training pediatricians and other health workers and integrating pediatric ART into current ART activities. JHU will also focus on improved entry points for children by supporting family focused care and family testing, PICT, and improved infant follow-up after PMTCT. It will create linkages with OVC programs and orphanages. JHU will support the regionalization of DNA PCR testing for early HIV diagnosis and will aim to have 100% of eligible infants placed on cotrimoxazole preventive therapy. JHU will continue to expand the intensification of PMTCT to ART linkages and to increase the number of pregnant women on ART at five pilot PMTCT and ART sites initiated in FY07. In FY08, JHU will place PMTCT case managers and nurse assistants at sites to improve overall screening for ART and to improve linkages to other programs (ART, pediatrics, TB/HIV).

JHU will work closely with the MOH, the Global Fund for AIDS, Malaria, and Tuberculosis, the Supply Chain Management System/RPM+, and RHB to ensure drugs purchased to treat opportunistic infections

**Activity Narrative:** (OI) are distributed rationally, and to develop OI drug access for all HIV-positive 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 quality comprehensive HIV/AIDS services (please see COP Activity 10433 for specifics).

JHU will expand MOH's basic ART Training activities within the hospitals, training inpatient healthcare personnel, new graduates so that ART services expand accordingly. JHU will continue to supplement basic training through HIV telemedicine, case review sessions, TheraSim, and work with other partners to expand services to distant regions through satellite connections and possible portable videoconference capabilities.

In association with JPHIEGO, Standards Based Management and Recognition (SBMR) for all HIV activities were introduced in FY07 and will be continued in FY08. These measures will assist measurement and improvement of quality site services; performance on agreed indicators will be measured at facilities and district and comparative reports produced. JHU will also continue to assess quality of reporting, recording, and clinical services using Lot Quality Assurance Sampling techniques. These methods provide immediate feedback to sites on areas requiring improvement and services management change.

Monitoring and evaluation (M&E) training for ART and laboratory technicians will continue to be provided as part of the basic training package. JHU will work with the MOH to develop and distribute Information-Education-Communication materials, reporting and recording formats, and all support for accurate monitoring. M&E specialists will work closely with sites and RHB to analyze ART data and provide feedback to clinicians. This will coordinate with the rollout of the health management information system and with other PEPFAR partners.

Finally, JHU will continue to support the MOH in expanding free ART technical support to private sector facilities in Addis Ababa. JHU will intensify its regional capacity building with greater emphasis on local university and capacity. JHU will continue to build the capacity of Addis Ababa and Debub Universities in knowledge-transfer, TA, supportive supervision, and mentoring to their respective RHB and catchments health networks.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10430

**Related Activity:** 16630, 16632, 16633, 16634,  
16635, 16584, 16637, 16711,  
16638

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10430		HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	5484	3787.07	FMOH	\$5,350,000



## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16630	10643.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$360,000
16632	10635.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$550,000
16633	5618.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$469,836
16634	5754.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$316,800
16635	10545.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$496,800
16637	5685.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$1,170,000
16584	10606.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$720,000
16711	5678.08	7517	3806.08	Twinning Initiative	American International Health Alliance Twinning Center	\$2,756,000
16638	10620.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$800,000

## Emphasis Areas

Construction/Renovation

Human Capacity Development

\* Training

\*\*\* In-Service Training

\* Task-shifting

\* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	50	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	6,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	41,512	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	36,095	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	500	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Religious Leaders

## Coverage Areas

Adis Abeba (Addis Ababa)

Binshangul Gumuz

Gambela Hizboch

Southern Nations, Nationalities and Peoples

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 3787.08

**Prime Partner:** Johns Hopkins University  
Bloomberg School of Public  
Health

**Mechanism:** Support for program  
implementation through US-  
based universities in the FDRE

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 5685.08

**Planned Funds:** \$1,170,000

**Activity System ID:** 16637

**Activity Narrative:** Clinically Focused Record Systems

In FY07, Advanced Clinical Monitoring (ACM) achievements included: protocol submission and clearance; initiation of cohort enrollment; ongoing support for the governing steering committee structure; strengthening of clinic-based activities at seven participating university hospitals; development and implementation of facility-based, project-management standard operating procedures (SOP) to initiate cohort enrollment, collect data from the targeted sample of HIV+ patients put on ART at the seven universities, and meet data-transfer and specimen-repository standards.

In FY08, continuation activities will include: ongoing support for cohort enrollment; maintenance of implemented standardization measures for data collection and patient records management; monitoring of data quality levels; data and specimen transfer to host institutions; ongoing facility staff training to use national monitoring and evaluation (M&E) tools; monitoring electronic data management systems at site and central levels; and Johns Hopkins University (JHU) will continue to support collaborative targeted evaluations to meet project objectives, facilitate data and specimen requests from daughter protocols as per steering committee approvals, and increase university hospital capacity to twin with local and international institutions.

Intensive monitoring and evaluation of approximately 3,000 patients on ART will provide critical information on 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 universities' capacity to provide technical assistance (TA) and training to clinicians, residents, and medical students. Data generated by this multisite project will inform and improve ART delivery in Ethiopia by providing important information on ART-associated toxicities and early mortality. The multisite 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 train staff required for collection of additional data to answer programmatic issues and perform patient follow-up. JHU will also support building the capacity of health providers and regional health authorities to record, store, and share information to support providing appropriate services to individual HIV patients and their families, across the continuum of care. These information systems will be flexible, adaptable, and compatible with various existing healthcare information systems and will support program M&E. 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 national committee to develop an infrastructure for installation of electronic health records to support 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 guide its implementation for the hospitals in its four regions. This activity will include provision of the CDC medical record folders if supported.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10598

**Related Activity:**

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27929	5685.27929.09	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	11465	3787.09	Support for program implementation through US-based universities in the FDRE	\$1,053,000
10598	5685.07	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	5484	3787.07	FMOH	\$850,000
5685	5685.06	HHS/National Institutes of Health	Johns Hopkins University Bloomberg School of Public Health	3787	3787.06		\$700,000

## Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

## Target Populations

### Other

People Living with HIV / AIDS

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 3786.08

**Prime Partner:** University of Washington

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 10439.08

**Activity System ID:** 16644

**Mechanism:** Rapid expansion of successful and innovative treatment programs

**USG Agency:** HHS/Health Resources Services Administration

**Program Area:** HIV/AIDS Treatment/ARV Services

**Program Area Code:** 11

**Planned Funds:** \$9,116,200

**Activity Narrative:** In FY06, I-TECH-supported facilities enrolled over 15,000 new patients on ART (96% of target) and enrolled 2,560 new patients in the first two months of FY07, ensuring it would meet its target for new patients in 2007. This activity continues in FY08 and will enroll a projected total of 18,000 new patients on ART, with a better quality of care.

I-TECH will provide intensive technical support to all 30 public hospitals and two private hospitals in Afar, Amhara, and Tigray regions, in partnership with the regions. This support will also extend to up to six health centers in Afar region for comprehensive support through established regional and field-based teams. To meet 2008 targets in Afar, I-TECH anticipates continuing comprehensive support of the six health centers. The expanded regional ART teams include a physician coordinator, pediatrician, a lab technician, a program assistant, and a monitoring and evaluation coordinator and a data manager for each of the three regions. These teams will continue to work in close collaboration with the Regional Health Bureaus (RHB). There will also be an enhanced focus on the quality of all services in our continuing efforts to strengthen and focus on positive clinical outcomes. The teams will identify the training needs of the multidisciplinary teams at the 38 sites in the I-TECH supported regions.

I-TECH will provide periodic entry-level training on: providing ART; tuberculosis (TB)/HIV collaborative activities; and voluntary counseling and testing (VCT), PMTCT and sexually transmitted infections services. (This will also extend to the post-basic nurse training under the I-TECH Nursing Initiative). In addition to this training, HIV/ART modules for pre-service training, begun in FY07, will be completed in FY08 in collaboration with major university sites within the I-TECH regions (i.e., Gondar and Mekele) and will continue to be supported.

Advanced training for ART clinicians will continue to be provided through an ongoing relationship with Hadassah Medical Center in Jerusalem, Israel. Ten healthcare providers have completed this advanced training and we will be sending another 11 healthcare providers in FY07. The advanced training has proved very valuable for Ethiopian ART practice and the development of ART expertise. In 2008, I-TECH will design an evaluation tool to assess the performance of the trainees on site and try to measure the impact.

- 1) In addition to developing "Centers of Excellence" for HIV and infectious disease training at Gondar and Mekele Universities, I-TECH will continue to support and give technical assistance in upgrading ALERT Hospital as a demonstration training center by assisting with training curriculum development and modeling the HIV practice set-up. The establishment of these three centers of excellence in FY08 will provide the framework for shifting advanced ART clinical training currently conducted in Israel to Ethiopia.
- 2) In FY08, I-TECH, in collaboration with Hadassah University, will conduct advanced training in Israel for nurses working in health centers supported by I-TECH and other USG universities.
- 3) Trainings of trainers (TOT) will continue to be used for multidisciplinary training and their roles will be expanded for training and mentoring at all levels of practice within the hospital setting, including the ART clinic and the key programs including the VCT, PMTCT and TB programs. During FY08, each health facility in I-TECH-supported regions will have at least one skilled trainer who would be able to train on at least one area.
- 4) In collaboration with the Ethiopian Ministry of Health (MOH) and USG partners, I-TECH is already in the process of developing revised training curricula for comprehensive ART training and refresher courses for ART practice that will be piloted and evaluated to address the major changes in treatment.
- 5) In FY08, I-TECH will continue to work with its USG partners and the MOH in the primary role of ART training-related activities, including curriculum review and development, advanced nurse practice training and certification, and development of new or innovative ART team members. I-TECH will train and certify 60 additional TOT and train 300 health providers (physicians, nurses and pharmacists) on comprehensive HIV training.
- 6) As the demand for HIV Advanced Nurse Specialists (HANS) has increased, I-TECH will train 200 HANS in FY07. In the first quarter of 2007, 80 nurses received this training. As a continuation of this activity and to conduct this training on a broader scale, I-TECH will train offer TOT for HANS in 2008, and work with USG universities throughout the country to prepare them to mentor their own HANS in 2008. I-TECH will also work with Management Sciences for Health (MSH) to ensure that the advanced-practice nurse trainings and curricula are made available to the nurse cadre seeing patients at health centers including the development of TOT for that segment. In addition I-TECH will assure that standardized site visits to all regions through mentoring of mentors will be conducted in collaboration with MOH, HIV/AIDS Prevention and Control Offices, and USG universities.
- 7) I-TECH has a national mandate to develop an ART case-management model. In FY07, the National ART Case Management Model was finalized, an ART case-management curriculum was developed, and six case managers were hired in order to pilot case-management services at six major hospitals in Amhara, Tigray, and Afar regions. I-TECH will be training more ART case managers before the end of FY07, and will work in FY08 with the MOH, HAPCO and USG universities on TOT to ensure that it is endorsed as a national program. I-TECH will train case managers for all the facilities it supports in FY08 and will conduct targeted evaluations to see the impact of their activity. It will also provide the training curricula and TOT to MSH in order to assure that a standard model of case management exists at both hospitals and health centers supported by USG.
- 8) In FY08 I-TECH will continue to support MOH and Federal HAPCO in the development and harmonization of training materials for primary healthcare providers working at health centers, and will assist HAPCO in the development of different guidelines and mentoring training manuals in response to HAPCO's request to lead these activities. As a national technical lead on training, I-TECH will continue to give TA to organizations that implement the ART program at health centers, particularly in development of curricula and TOT.

**Site level:**

I-TECH site mentors, consisting of a physician for ART support, lab technologist, nurse, and monitoring and evaluation staff teams, will regularly visit all 38 regional ART sites to: provide system support for clinics, laboratories, and pharmacies; identify and provide multidisciplinary team training; provide regular mentoring and case consultation to physicians and nurses; and address issues that are identified as barriers to the efficient and effective care of ART patients. These mentors will be part of a regional ART team for each of the three regions and each team will be assigned to assist 3-4 health facilities per team. The ART team will work in close collaboration with the RHB but will report to the I-TECH medical and country director as appropriate.

**Activity Narrative:** 1) An I-TECH laboratory technician will routinely visit the ART laboratory staff to provide additional resources and capacity by addressing issues of training, equipment maintenance, and reagent procurement. The technician will work closely with the RHB and the national agency for laboratory support for ART (through the Ethiopian Health and Nutrition Research Institute). This expert will link with the CDC and other university partners in order to standardize laboratory practices and capacity, and work closely with other laboratory trainers, agencies, and suppliers to strengthen support and capacity in the hospital setting.

2) In addition to adult ART support and training, I-TECH will concentrate on the support for pediatric treatment and expand to other major sites including Dupti Hospital in Afar. The need to expand routine treatment of children, which was a focus point in FY07 and addressed by the hiring of three pediatricians, will be further expanded in FY08 through working with the sites, RHB, and MSH to assure referral from health centers to hospitals as appropriate.

I-TECH will also integrate a post-exposure prophylaxis (PEP) protocol and approach for both government-employed clinicians, as well as its own staff at all I-TECH sites in FY08. I-TECH will also provide protocols and training for victims of sexual assault, and ensure that PEP-related drugs are in place in all of its sites in 2008. Victims have virtually no access to information on HIV/AIDS or the preventive services such as PEP; the need for information, services, and trained practitioners will be met both by site-level training and by including the training in I-TECH's basic ART and HANS trainings.

Local Universities Support: As part of its continuation of the FY07 plan, in FY08, I-TECH will further strengthen the two demonstration sites at Gondar and Mekele Universities as venues for training and clinical preceptorship for health providers in the Amhara, Tigray and Afar regions. To strengthen human resource capacity of these two universities, their staff will be recruited and enrolled as TOT, and given advanced ART trainings in Israel. These demonstration centers will also provide the continuum of care for ART services beyond the hospital, extending to the community through case managers, palliative care providers, and linkages to health centers in the major hospital catchments. I-TECH will also strengthen their laboratory capacities, including resistance testing, in collaboration with the ongoing laboratory training with Hadassah Medical Center and the University of California, San Diego.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10439

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10439		HHS/Health Resources Services Administration	University of Washington	5488	3786.07		\$7,335,000

**Emphasis Areas**

Construction/Renovation

Gender

\* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

\* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	38	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	18,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	55,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	50,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	473	False

## Indirect Targets



## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

## Coverage Areas

Afar

Amhara

Tigray

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 3785.08

**Mechanism:** Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia

**Prime Partner:** University of California at San Diego

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 10426.08

**Planned Funds:** \$4,300,000

**Activity System ID:** 16622

## Activity Narrative: Military ART Support

This is a continuing activity from FY05, FY06, and FY07. University of California San Diego (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 and Prison Forces). The Ethiopian Ministries of National Defense and Health, the National Defense Forces of Ethiopia (NDFE), the Federal Police of Ethiopia (FPE), and the Federal Prison Administration (FPA) have committed to building capacity to care for their members and to provide free ART.

PEPFAR Ethiopia provides the support to build on an ongoing collaboration between NDFE and physicians at USCD. Since 2005, UCSD, in cooperation with Washington University/I-TECH, has assisted the NDFE, FPE, and FPA with: (1) assessment of current capacity to support ART; (2) training and mentoring for clinical, laboratory, and infection-control personnel through regular conferences in each facility and via teleconferencing with UCSD experts; (3) support for physical space and equipment and reagents by providing technical assistance and coordinating with other implementing partners; and (4) improvement in medical informatics for health data management and information systems.

In 2007, UCSD established a program of site assessments, training and mentoring of military health care workers to support expansion of ART. UCSD has been training medical staff since 2005, and the activity has been systematically expanded to regional military hospitals and police and prison clinics, totaling 24 facilities in 2007. UCSD will increase its technical support from 24 ART sites in FY07 to 39 ART sites in FY08. To ensure sufficient trained staff for expansion of sites, UCSD has partnered with Defense University's Health Science and Police Nursing School to build capacity through pre-service training. In 2006, UCSD assisted these colleges in revision of their curricula. The support continued through 2007 to integrate major competencies of HIV/AIDS prevention, care, and treatment programs into college curricula. The monitoring and evaluation of this program will continue in FY08 to measure the outcome of the whole process.

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 prevention and treatment program. UCSD has worked with PEPFAR partners to raise awareness of availability and utility of ARV services through uniformed-services media. These sensitization workshops will continue, one of which will be through commemoration of World AIDS Day with the different high-ranking officials of defense and police, involving the various associations for people living with HIV/AIDS in the process. Civil-military alliances were also strengthened through the training of more than 10,000 military reservists who are respected community members and/or leaders. These trained reservists returned to their communities to serve as community-based peer leaders for HIV/AIDS issues, and are having a wide geographical impact. This activity will be continued in FY08 for additional 20,000 military reserve recruits. UCSD has also implemented educational programs on HIV/AIDS for more than 200 non-medical uniformed trainees of Defense University College schools (non-medical), to help them protect themselves and become effective leaders in the integration of HIV prevention and care program into their institutions.

UCSD strengthened capacity building for healthcare workers (HCW) by introducing an electronic, case-based learning approach—TheraSim Clinical Simulator for 35 HCW at six uniformed-service hospitals.

UCSD also strengthened and continued the program aimed at protecting medical personnel from occupational exposures by distributing infection prevention (IP) materials on a quarterly basis. Appropriate post-exposure prophylaxis (PEP) was also implemented. Some activities of promoting PEP for women and children who were victims of sexual assault were also carried out among the community of dependents of military and police personnel.

In FY08, UCSD's assistance will expand its activities in a number of directions which will require a budget increment of more than 20%:

- (1) Initiation of an additional 15 new ART and 33 new HCT sites for staff and prisoners of the Federal prison, military, and regional police clinics. These are hospitals and health centers which are found in remote and hard to reach areas of the military, making implementation of the program more costly in terms of accessing the sites for baseline assessment, regular mentoring, and supportive supervision activities. The cost required to deploy data personnel to these sites is also expected to be high, as UCSD will be forced to supplement these people with hardship allowances and retention.
- (2) Protection of medical personnel from occupational HIV exposure and PEP. UCSD will ensure availability and use of basic IP materials to the HCWs of all 39 sites and follow-up on the implementation of the program at site level. PEP will be made available to those who have occupational exposure to HIV infection and to victims of sexual assault, as outlined in the guidelines and protocols. All the necessary trainings, protocols, and arrangements will be made to provide the service in all the sites that are being supported by UCSD. This will be a continuation of the activity initiated by Johns Hopkins University as a lead in FY07.
- (3) Training for undergraduate and newly trained medical personnel. The support includes pre-placement comprehensive HIV training for all health officer and nurse graduates of the Defense Health Sciences College and Police Nursing School. UCSD also plans to support the Defense Junior Nurses Training Institute, which is the only training center that trains nearly 400 junior nurses each year.
- (4) Offer clinical mentoring activities to ensure program sustainability through capacity building of command health departments, command referral hospitals, as well as the Defense Health Sciences College. This will facilitate clinical mentoring within their commands and catchments by creating a pool of clinical mentors. As most HCW in the defense forces are Health Officers, training this group of HCW to become capable mentors would require the provision of intensive theoretical and practical trainings; this would have financial implications.
- (5) Work with teams of Central Defense Health Department, Command Health Departments, and Division Health Departments of the NDFE to build their supportive supervisory capacity after training them in HIV program management. Provide the necessary technical and logistical support to conduct regular and sustainable supervisory site visits.
- (6) Improve inter- and intra-facility referral linkages to minimize the number of patients lost to follow-up between different service clinics of the hospital by printing and duplicating referral tools and following up to ensure proper implementation.
- (7) Continue to collaborate with the Twinning Center to identify qualified professionals who can augment

**Activity Narrative:** local clinical and system mentoring activities at the uniformed-services health facilities.  
 (8) Address the human resource shortage by supporting the government's plan to shift tasks by level and to highlight a nurse-centered care model. UCSD also plans to work on innovative retention plans to decrease human resource attrition in the uniformed services; that attrition is becoming a continuing threat at all levels of health facilities.  
 (9) Continue human capacity-building activities at the existing 24 and 15 new ART sites through building an HIV/AIDS resource center. Expand TheraSim clinical simulator program to other sites.  
 (10) Support the Military Women's Anti-AIDS Coalition, an organization comprised of military and civilian women working to educate and increase awareness about HIV/AIDS. (11) Promote ART via media campaigns. (12) Support PLWH 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.

In FY08, UCSD has planned to focus on strengthening pediatric ART services in the 39 ART sites through continued collaboration with Columbia University's International Center for AIDS Care and Treatment Programs. UCSD will have four major elements in expanding pediatric ART in the uniformed services: (1) increasing access to pediatric ART, (2) ensuring comprehensive care and treatment services for HIV-exposed and HIV-infected infants and children, (3) increasing availability of infant HIV diagnostics using dried-blood spot DNA PCR testing and (4) enhancing pediatric case-finding and referral to care and treatment services. The model pediatric ART center established at one of the defense referral hospitals in FY07 will also be used as center of excellence and will be replicated by phases at the other pediatric treatment centers.

To provide technical support to the country, UCSD will assist the ART health networks to follow standardized clinical procedures and use of tools that have been agreed upon by all partners. In its lead area of training, military-civil alliance in ART delivery, UCSD will coordinate joint planning and implementation.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10426

**Related Activity:** 16617, 16618, 16619, 16620, 16621, 16623, 16624

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10426		HHS/Centers for Disease Control & Prevention	University of California at San Diego	5481	3785.07		\$3,137,500

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16617	5638.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$400,000
16618	10651.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$300,000
16619	5770.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$373,200
16620	5752.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$120,000
16621	5737.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$1,847,259
16623	10622.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$210,000
16624	10427.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$300,000

## Emphasis Areas

### Gender

- \* Addressing male norms and behaviors
- \* Increasing gender equity in HIV/AIDS programs
- \* Increasing women's legal rights
- \* Reducing violence and coercion

### Human Capacity Development

- \* Training
- \*\*\* Pre-Service Training
- \*\*\* In-Service Training
- \* Task-shifting
- \* Retention strategy

### Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	39	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	2,444	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	9,985	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	7,968	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	250	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 8275.08

**Prime Partner:** Regional Procurement Support  
Office/Frankfurt

**Mechanism:** RPSO

**USG Agency:** Department of State / African  
Affairs

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 6456.08

**Planned Funds:** \$7,686,191

**Activity System ID:** 16610

**Activity Narrative:** Renovation of ART hospitals

As part 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, voluntary counseling and testing (VCT), and pharmacy services. CDC Ethiopia has supported renovation of the National HIV Laboratory at the Ethiopian Health and Nutrition Research Institute (EHNRI), hospital laboratories, and VCT, PMTCT and ART clinics through the Regional Procurement Support Office (RPSO). RPSO has more than three years of experience with renovations in Ethiopia and has fostered links with a national architectural and engineering firm (A/E firm) and other local construction companies. RPSO, as a parastatal of the State Department, understands US renovation and construction regulations.

In FY07 and FY06, PEPFAR Ethiopia strengthened the clinical and public health laboratories to increase capability and capacity for care and treatment and ART scale-up. Renovation and furnishing were accomplished in 45 hospitals and three regional reference laboratories. The renovations include major and/or minor constructions that increase work spaces for clinical and laboratory services. Hospital renovations will be comprehensive, to accommodate VCT, ART, PMTCT, pharmacy and laboratory services.

For rapid scale-up of ART and to achieve targets, extensive renovations are still required in most hospitals. The infrastructure for VCT, antenatal clinics (ANC)/PMTCT and ART services is also limited and does not allow rapid expansion of ART. In FY08, major construction and minor renovation works will still be continued. ART hospitals in which construction/renovation works were started will be completed. Additional construction/renovation works will also be initiated at 40 ART hospitals and selected health centers in the emerging regions. RPSO will work at hospital levels in the five major regions (Addis Ababa, Oromiya, Amhara, Tigray, SNNRP), and will be responsible for renovation and construction activities at both health centers and hospitals in emerging regions and uniformed services. All renovated sites will also be fully furnished with required furniture and fixtures. RPSO will be working with Crown Agents and PPD in the national coordination and tracking system for renovation and construction. Together with these partners, it will develop the national renovation guidelines.

Accelerated renovation using simple construction materials (prefabricated materials) will be implemented for construction of ART clinics, VCT, PMTCT and laboratories to expedite ART scale-up at some sites. Such constructions are expected to be completed quickly and available for services in less than a year. CDC Ethiopia will provide technical assistance including follow up and regular supervision of renovation/construction activities; and will coordinate with regional health bureaus and US universities in selecting and determining the need for and the types of renovation. Renovation plans will also be linked and coordinated with the renovations supported by the Global Fund for AIDS, Malaria, and Tuberculosis.

Adding \$2,682,925 in unallocated funding to this activity to raise it to its original level, following the removal of COP08 yellow lights. In addition, added \$356,114, the total amount of money that the PECO office borrowed from CDC. Subtracted \$1,300,000 from this activity to fund Tulane HRH.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10410

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28190	6456.28190.09	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	11547	8275.09	RPSO	\$8,250,000
10410	6456.07	Department of State / African Affairs	US Department of State	5476	116.07		\$0
6456	6456.06	Department of State / African Affairs	US Department of State	3747	116.06		\$0



**Emphasis Areas**

Construction/Renovation

**Food Support****Public Private Partnership****Targets**

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

**Indirect Targets****Table 3.3.11: Activities by Funding Mechanism****Mechanism ID:** 1264.08**Prime Partner:** World Health Organization**Funding Source:** GHCS (State)**Budget Code:** HTXS**Activity ID:** 5681.08**Activity System ID:** 16613**Mechanism:** IMAI**USG Agency:** U.S. Agency for International Development**Program Area:** HIV/AIDS Treatment/ARV Services**Program Area Code:** 11**Planned Funds:** \$1,350,000

## **Activity Narrative:** Integrated Service Strengthening

This is a continuing activity from FY 2007. This activity relates to activities in Prevention, Care, and Support, ARV Drugs, ART and laboratory services.

Currently the Government of Ethiopia (GOE) is scaling-up the decentralization of the ART services to health centers, and to date 139 health centers have started to deliver ART services in the country. To support this scale-up, the World Health Organization (WHO) has conducted trainings on Integrated Management of Adult and Adolescent Illness (IMAI) for 1,384 health professionals from 10 of the 11 regions using USAID, Italian, and Canadian funds.

Critical shortage of human resources, particularly physicians and health officers, is being observed at the health centers. Capable nurses are present in relatively larger numbers, though more personnel of all types are needed. In response to this situation, the Ministry of Health (MOH) has revised the national guideline supporting the nurse-centered HIV/AIDS services, featuring task-shifting, particularly in the area of ART services. The MOH HIV/AIDS Prevention and Control Office (MOH/HAPCO) is working with relevant stakeholders including PEPFAR Ethiopia and WHO on how task-shifting is implemented during ART services expansion to the health-center level without compromising the quality of services.

As part of WHO "Treat, Train and Retain" initiative to address shortage of health workers and the response to AIDS, WHO, with PEPFAR Ethiopia partners, is assisting the Government of Ethiopia on standardization of task shifting and HIV treatment, prevention, care, support services for health workers. On this line, WHO will continue to provide technical assistance to MOH on the implementation phase of the "Treat, Train and Retain".

As per the request of MOH/HAPCO, WHO, with relevant PEPFAR Ethiopia partners, will support creating a national electronic health workforce database (HRIS) which will provide more reliable information on workforce demographics, training needs, migration patterns and workforce capacity. Information such as the number of healthcare workers by cadre, credentials, workforce location, training, and age demographics can assist the country to more accurately assess workforce needs.

This activity will provide technical assistance to the health centers and community-based delivery sites to have more sustainable as well as improved quality of HIV prevention, care, and treatment services. The capacity of healthcare providers working at the first level health facilities and HIV/ART program at region, zonal, and district levels will be strengthened based on the IMCI/IMAI service delivery approach.

Activities will include: adaptation, standardization and dissemination of the IMAI training materials to address tuberculosis care with TB-HIV co-management, PMTCT, reproductive health (RH) and family planning (FP), in partnership with the MOH and other relevant PEPFAR partners. The integrated management approaches to health system using IMAI will improve the case management of HIV and tuberculosis co-management, STI management, improved management of pediatrics ART, improved maternal health services through the expansion of an integrated approach to PMTCT, and RH/FP. This will ensure that Ethiopia continues to benefit from innovative technical approaches supporting the integrated health services across the care continuum for patients.

WHO will work with other key PEPFAR Ethiopia partners, notably the MSH Care and Support Contract, at the health-center and community level on trainings based on service delivery approach. The IMAI clinical training will target the clinical team at the health center (physicians/health officers, nurses, pharmacy technicians, and case managers); Expert Patient Trainers (EPT); data clerks and health extension workers. WHO will closely work with the RHB, local universities and regional nursing colleges to create a pool of trainers in all 11 regions. Intensified training of trainers (TOT) will be conducted for the potential trainers selected from regional health facilities, public, and private local universities/colleges. These will be resource trainers both in pre-service as well as the in-service IMAI trainings in each region. As sustainability of the decentralized ART program is very crucial, WHO in partnership with PEPFAR Ethiopia, regional health bureaus (RHB) and local universities/colleges will focus on the pre-service training. Through this activity, a cumulative total of 450 health center will provide ART services and 650 health centers implementing enhanced palliative care services.

WHO is taking a leading role in development of national clinical mentoring guideline and training materials. With key PEPFAR Ethiopia partners, WHO will continue in supporting the RHB at different levels in development of regional implementation plan for clinical mentoring, building regional capacity to facilitate clinical mentoring and train clinical 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.

WHO will work in improving the quality of the HIV prevention, care, and treatment services at the health center and community level. This will be done by increasing the capacity of the regional, zonal and district HIV program teams on integrated health service management. WHO with relevant PEPFAR Ethiopia partners will link the internationally reputable "Health Service Management and Leadership" short courses with the local universities in order to capacitate the 11 RHB management team at different levels. This will assist to have a sustainable indigenous institutional capacity to sustain public health approaches at these key levels of health system in Ethiopia.

Furthermore, WHO will keep on providing one week HIV program management training to increase the supervisory capacity of zonal and district management teams. In the context of improving the quality of HIV care and treatment services, WHO with key partners will continue providing the necessary technical and logistic support for RHB at different levels to conduct a regular supervisory site visits (at least six times per year) and organize a quarterly review meeting among healthcare providers working at the first-level health facilities and HIV program teams at zonal and district level. The IMAI tools for district HIV coordinators 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.

As Health Network Model is crucial for effective HIV prevention, care, and treatment, WHO with relevant PEPFAR partners will closely work on the continuum of care between the health facilities and the

**Activity Narrative:** community. By appropriate training of the health extension workers (HEW) and community promoters/volunteers, the tracking of ART defaulter cases as well as the referral/back referral linkage between the first level health facilities and community will be improved. With this activity, WHO with relevant PEPFAR partners will provide in-service as well as pre-service (22 out of the total 36 Technical and Vocational Education Training Centers) community IMAI training for Health Extension Workers.

Analysis and routine quality assurance for health center and community work: in order to ensure quality of services, the following activities will be continued. Certification and licensing of the health workers providing HIV care and ART; analysis of the routine use of IMAI acute care guideline module; treatment validation studies of acute care guideline; identification, follow-up and management of HIV-exposed and –positive children through IMCI-HIV approach; opportunistic infection prevention and management for persons with HIV (including routine screening for tuberculosis); and integration of HIV prevention in care and treatment services.

As to the quality of data on patient monitoring, data clerks at the facility level will be trained and the district HIV 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. Strengthening of the non-ART data on-site and establish coordinated linkage of HIV related activities (HCT, OI management, TB management and etc.) is very crucial. This will be done through regular site visits, during which review of recording and reporting forms will take place.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10412

**Related Activity:** 16723

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28088	5681.28088.09	U.S. Agency for International Development	World Health Organization	11505	1264.09	IMAI	\$187,500
28087	5681.28087.09	U.S. Agency for International Development	World Health Organization	11505	1264.09	IMAI	\$1,062,500
10412	5681.07	U.S. Agency for International Development	World Health Organization	5477	1264.07		\$1,125,000
5681	5681.06	U.S. Agency for International Development	World Health Organization	3777	1264.06		\$500,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16723	10624.08	7524	3793.08	WHO-CDC	World Health Organization	\$1,080,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

\* Task-shifting

\* Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

## Target Populations

### Other

Pregnant women

People Living with HIV / AIDS

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 3746.08

**Prime Partner:** JHPIEGO

**Mechanism:** University Technical Assistance Projects in Support of the Global AIDS Program

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 5680.08

**Planned Funds:** \$1,062,000

**Activity System ID:** 16575

**Activity Narrative:** Ethiopia's goals for expanding access to HIV/AIDS prevention, care, and treatment services consistently face common and recurring challenges, particularly when dealing with human resources. These include absolute shortages in terms of numbers, an inadequate knowledge and skills base which require extensive and expensive in-service training, and the poor distribution and low motivation of those healthcare workers in the system. The crisis in human resources for health is most severe in emerging regions, where vacancy and attrition rates are nearly double the national average.

In FY06 and FY07, JHPIEGO worked with seven health professional schools of three major universities (Addis Ababa University, Gondar University, and Jimma University) to integrate and strengthen the teaching of HIV/AIDS in pre service education. Efforts included: consensus-building workshops with stakeholders; an in-depth needs assessment; faculty updates in HIV/AIDS content areas, effective teaching skills, infection prevention, etc.; and the development of educational standards specific to this program and linked with the Higher Education Relevance and Quality Agency (HERQA) standards. Last, but not least, JHPIEGO worked with instructors to develop relevant teaching materials for HIV/AIDS and supported individual departments and schools in introducing these into relevant sections of the curriculum. JHPIEGO also procured teaching equipment, including computers, LCD projectors, screens, TVs and VCRs, printers, overhead projectors, clinical models, teaching charts, DVDs, videos, etc. for distribution to each school. As of July 2007, 87 faculty attended training workshops (with many attending a series involving both HIV/AIDS updates and effective teaching skills), and 349 students received pre-placement training prior to graduation. The effective teaching skills component, in particular, has led faculties to re-think and re-design how they deploy students to clinical practice sites (e.g., Jimma), and to adopt the use of clinical preceptors as a way to maximize mentoring of students in clinical areas.

For FY08, JHPIEGO proposes to consolidate its efforts in the three universities and expand to new cadres within the university. These cadres will include laboratory technicians, pharmacists and others. JHPIEGO proposes to work with PEPFAR partners—Strengthening Pharmaceutical Systems (SPS) and a CDC laboratory partner. The partners will work to update faculty knowledge and skills and revise curricula, and JHPIEGO will provide effective teaching-skills training and teaching equipment. JHPIEGO will also apply the Standards Based Education Management and Recognition (SBEM-R) approach for strengthening the quality of the training.

In addition, JHPIEGO proposes to apply the lessons learned in university settings to a regional health college for diploma-level nursing education. According to the new calibration, Gambella is a high HIV/AIDS prevalence region (2.4% in 2007); it was also found in a follow-up analysis of the Training Information Management System to have the highest attrition of trained staff (64.9% of trained providers were no longer at the facility at the time of the follow-up visit). Benishangul Gumuz, which is adjacent, has an estimated 2007 prevalence of 1.8% and attrition of 48.3%; thus, the college in Pawe could also be targeted if funding allows. With the assumption that nurses recruited from and trained in Gambella are more likely to stay in Gambella for a longer proportion of their career (with the similar assumption for Benishangul), JHPIEGO proposes to strengthen the school and prepare it to accept larger intakes of students. The focus will be on HIV/AIDS content, but the strengthening will include equipping classrooms and clinical skills labs, ensuring good scheduling of clinical attachments so that students learn by doing, upgrading faculty skills, etc, and testing whether the SBEM-R methodology can be effectively applied in such a setting.

Core groups of faculty/tutors will also receive training in effective teaching skills and HIV/AIDS content support, working with PEPFAR partners to carry out the latter as appropriate. Educational development centers will be established in large universities and in all participating schools. JHPIEGO will establish a core team of "Educational Mentors for Health" in an effort to build capacity for internal development of instructors and to overcome the problem of teacher turnover. JHPIEGO will continue to support the development of printed materials, tools (question banks, learning resource packages for faculty, clinical attachment logbooks for students, etc.) and support for other resources, such as teaching supplies/equipment, models, and other supplies for clinical skills labs, as the curriculum development evolves. Where these exist (and we understand that Addis Ababa University is exploring a master's program in medical education), JHPIEGO also proposes to support institutions that have programs to develop educators in the health area. These types of programs are recommended in the draft human resources for health strategy.

Where feasible, JHPIEGO will share other resources that are available to school faculties and leadership, such as the virtual/distance leadership course established by the Leadership and Management Support project, which is funded by the US Agency for International Development.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10611

**Related Activity:**

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10611	5680.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5468	3746.07		\$885,000
5680	5680.06	HHS/Health Resources Services Administration	University of Washington	3786	3786.06		\$800,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	630	False

## Indirect Targets

## Target Populations

### Other

Teachers

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 645.08

**Prime Partner:** Abt Associates

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 6637.08

**Activity System ID:** 16569

**Mechanism:** Private Sector Program

**USG Agency:** U.S. Agency for International Development

**Program Area:** HIV/AIDS Treatment/ARV Services

**Program Area Code:** 11

**Planned Funds:** \$1,200,000

**Activity Narrative:** Private Clinic ART integrated with PMTCT

The Private Sector Program (PSP) led by Abt Associates works with large workplaces and private clinics to improve access to HIV prevention, care, and treatment services for the general population and employees and dependents.

As Ethiopia has increased the number of people on ART, hospital-based services have become increasingly congested. While hospitals which provide ART are overcrowded, the related services in those facilities such as counseling and testing (CT), PMTCT and TB are frequently underused. This activity is designed to assist in identifying and treating HIV-positive adults with specific focus on pregnant women in peri-urban communities who are not served by other entry points to care. Despite greater access to HIV/AIDS services in urban and peri-urban areas, efforts to prevent pediatric HIV infection have been hampered by low PMTCT uptake, clients' perception of poor quality public sector ANC services, low utilization of antenatal care (ANC) services, and lack of awareness of PMTCT and ART services.

Based on recommendations from the USG private sector technical assistance visit of August 2006, PEPFAR Ethiopia expanded its approach to target private sector facilities which may identify HIV-positive persons and link them to ART.

According to the Ethiopia Demographic and Health Survey (EDHS) 2005, approximately 11% of deliveries in Addis Ababa occur in the private sector. Furthermore, 17% of all women (urban and rural) receive family planning services from the private sector. It is likely that this number comes primarily from urban and peri-urban areas. PSP will work in regional capitals and large towns such as Addis Ababa, Bahir Dar, Dessie, and Nazareth to expand the ART health network through private clinics and pharmacies to identify and treat those living with HIV/AIDS who do not attend public facilities.

This activity will build on linkages between health centers and hospitals supported in the FY07 activities.

The following activities are proposed:

- 1) Improve awareness of HIV services among pregnant women and address client perceptions of service quality to increase uptake. The contractor will work with private sector providers to: strengthen their awareness and involvement in HIV/AIDS care for pregnant women; increase counseling and testing for adults and specifically pregnant women receiving CT; improve the quality of care and support for HIV-positive women; strengthen referral linkages for HIV-positive adults specifically pregnant women; strengthen the public-private partnerships to bring HIV-positive adults, specifically pregnant women into the ART network; and integrate HIV/AIDS and TB services, specifically ART clinical management of stable patients into private sector clinics in selected high client flow private facilities.
- 2) Ensure that private facilities which provide integrated TB and HIV services target pregnant women for service. The contractor will prioritize assistance to facilities that reach this audience, such as antenatal care and family planning providers.
- 3) Support outreach to raise community awareness of HIV/AIDS counseling and testing, care during and after pregnancy, and of assisted delivery. Several pre-existing materials were developed with past PEPFAR Ethiopia investments. Low-level mobilization, (i.e. road shows during market days) will be conducted where mass media has little penetration.
- 4) The activity will prioritize identification and enrollment of pregnant women for ART in selected high-volume private facilities.
- 5) This activity will improve data management, supportive supervision, quality assurance and stewardship in the Regional Health Bureau (RHB) and District Health Offices' (DHO) interaction with the private sector. It will accelerate rollout of PMTCT and ART in private facilities, and generate community demand for PMTCT and ART services.
- 6) Work with the Ministry of Health and Regional Health Bureaus to revise national Public Private Mix guidelines for HIV/AIDS services.

This activity is integrated with several Private Sector Program activities proposed for FY08 funding. The activity will be implemented in full collaboration with US government implementing partners at Health Center and Hospitals as well as Pharmacy specific expertise of RPM Plus.

It will also draw strategies, material, and tools from the following activities: IntraHealth International for PMTCT/Health Centers and Communities (104615), JHPIEGO Qualitative Assessment of Women's Attitudes related to PMTCT (10650), the ART treatment activities of US universities which provide technical support for ART scale-up [Johns Hopkins University (10430) Columbia University (10436), and University of Washington (10439)], Johns Hopkins University, Clinically Focused Record Systems (10598), Family Health International ART Service Expansion at Health Center Level (10604), Johns Hopkins University, User Support Center for ART Service Outlets (10606), US Centers for Disease Control and Prevention, Public Awareness on ART (10623).

This initiative targets adults and HIV positive adults who use private sector pharmacies and health facilities for care and treatment services or products. It will reach pregnant women and those planning pregnancy by strengthening and PMTCT counseling services, training, and communication material within those facilities.

PSP will build the capacity of the Regional Health Bureaus, District Health Offices and Town Health Offices to supervise private sector providers through systems-oriented technical assistance and secondment. The result of this activity is expected to build the private sector facilities' capacity for clinical services, referral, reporting, internal quality assurance, and general management.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10379

**Related Activity:** 16566, 16567, 16568



### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10379	6637.07	U.S. Agency for International Development	Abt Associates	5465	645.07	Private Sector Program	\$1,000,000
6637	6637.06	U.S. Agency for International Development	Abt Associates	3767	645.06	Abt Private Sector Partnership	\$1,000,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16566	5603.08	7471	645.08	Private Sector Program	Abt Associates	\$180,000
16567	5604.08	7471	645.08	Private Sector Program	Abt Associates	\$340,000
16568	6452.08	7471	645.08	Private Sector Program	Abt Associates	\$1,627,031

### Emphasis Areas

Local Organization Capacity Building

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	60	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	5,500	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	12,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	150	False

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Pregnant women

## Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Oromiya

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 487.08

**Prime Partner:** Tulane University

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 5687.08

**Activity System ID:** 16561

**Mechanism:** University Technical Assistance Projects in Support of the Global AIDS Program

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** HIV/AIDS Treatment/ARV Services

**Program Area Code:** 11

**Planned Funds:** \$1,200,000

**Activity Narrative:** Health Information Network and Tele-health centers support

This is a continuing activity from FY07. In this continuing activity, Tulane University (TUTAPE) supports the Ethiopian Ministry of Health (MOH) to establish health information networks and telehealth centers. In FY07, a National Computer Resources Mapping Survey, which will map out all districts where the Government of Ethiopia's high-speed communications network exists, human resource capacity, and hardware and software resources will be finalized. This information identifies the Information and Communication Technology (ICT) infrastructure and resources for use of telemedicine and distance-learning technologies that will directly support improved care and treatment throughout the health network. In continuation of this activity, in FY08, the facility mapping survey will be linked to this activity (ID10371, ID10510).

In FY07, TUTAPE, in collaboration with US Army Telemedicine and Advanced Technologies Research Center (TATRC), supported the expansion of tele-medicine and information sharing by establishing network systems in nine institutions: MOH, the Federal HIV/AIDS Prevention and Control Office, the Ethiopian Health and Nutrition Research Institute, the Drug Administration and Control Authority, ALERT, and Defense, Jimma, Mekele, and Debu Universities. These included PEPFAR-supported, technology-assisted learning centers.

In FY08 support will continue and additional technology-assisted learning centers will be established at 20 ART-providing hospitals and two additional universities (Gondar and Harmayia). Depending on connectivity at each site, all the centers will have capacity to support 30 users (for the additional universities) at one time in state-of-the-art, technology-assisted learning centers that include video-conferencing. These centers will enable the institutions to access resources for telemedicine and tele-education. Related hardware and software will be procured, and training will be provided to enhance the use of these resources. The national fiber-optic network, currently under construction, will be tapped. In FY07, TUTAPE completed an initial assessment to form the HealthNet, a virtual network which uses available technologies to connect health institutions throughout Ethiopia.

In FY08, TUTAPE will conduct assessment, evaluation, and deployment of appropriate and cutting-edge technologies for telemedicine and information-sharing. In FY08, TUTAPE will support and strengthen the HealthNet through capacity building and technical assistance. This will enable the hospital sites to have an active connection with nearby hospitals/universities, creating the opportunity for telemedicine, tele-education, and a virtual referral system.

In FY07, based on the assessment conducted on regional health bureau (RHB) ICT capacity, TUTAPE has enabled video-conferencing at RHB to strengthen information-sharing between MOH and ART data-reporting systems at all levels. This has directly supported the MOH's identified need for expansion of efficient telecommunications within regions, with the aim of improving data flow linkages with the data warehouse activity.

In FY08, TUTAPE will also address gaps identified by the National Computer Resources Mapping survey on connectivity of MOH with RHB and health facilities. This activity will leverage Global Fund for AIDS, Malaria, and Tuberculosis resources for hardware distribution for RHB, districts, and health facilities and will supplement any additional gaps identified in the survey.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10601

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10601	5687.07	HHS/Centers for Disease Control & Prevention	Tulane University	5463	487.07		\$1,050,000
5687	5687.06	HHS/Centers for Disease Control & Prevention	Tulane University	3754	487.06		\$775,000

## Targets

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

## Indirect Targets

**Table 3.3.11: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 487.08	<b>Mechanism:</b> University Technical Assistance Projects in Support of the Global AIDS Program
<b>Prime Partner:</b> Tulane University	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> HIV/AIDS Treatment/ARV Services
<b>Budget Code:</b> HTXS	<b>Program Area Code:</b> 11
<b>Activity ID:</b> 10631.08	<b>Planned Funds:</b> \$2,800,462
<b>Activity System ID:</b> 16562	

**Activity Narrative:** Development of Healthcare Data warehousing and Electronic Medical Record System

These are two continuing activities (ID 5724 and ID1095) from FY07. In FY06, the National Computer Resources Mapping Survey mapped the districts where the Government of Ethiopia's (GOE) high-speed communications network (funded by the World Bank) exists, their human resource capacity, hardware, and software resources. The information gathered has identified available information and communication technology (ICT) infrastructure and resources for the implementation of the data warehouse and electronic medical records (EMR).

There are two sub-activities:

- 1) Development of an EMR system to support HIV/AIDS care and treatment. In FY07, this was expanded to include other activities at health facilities, including health management information systems (HMIS).
- 2) Design and development of a data warehouse for the Ethiopian Federal Ministry of Health (MOH) and regional health bureaus (RHB) that included strengthening the geographic information system (GIS) and spatial analysis in health.

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. The relatively new technology of EMR is a complement to the national HMIS, which can record and track the provision of quality medical service at the individual client level. Using EMR, it becomes possible to record and track each individual's care, as well as collective or aggregate patient information for HMIS purposes. For clinics using an EMR system, many HMIS indicators can be produced automatically, without further burden to staff. The system is needed to assure continuity of patient care over time and place, and across types of service and levels of care. It enables: standardization and collection of health information data for decision-making; timely data-capture at a point of care; and data access and reuse at a subsequent point of service, hence improving care quality and reducing costs of repeated tests. Furthermore, it can report in "real-time" indicators such as patient count by sex and age categories, geographic distributions, longitudinal cohort data, health demographics, and adherence and cost statistics, which are accurate, valid, reliable, and timely. It also helps in preventing duplication of patient counts and linking of patient information to currently separate 'vertical' paper systems such as tuberculosis (TB), HIV/ART, antenatal clinics (ANC), PMTCT, voluntary counseling and testing (VCT), and sexually transmitted infections (STI)—thus improving the efficiency of decision-making. Electronic data reduces human error and the burden of manual aggregation for HMIS reporting.

In FY07, EMR implementation began in 35 ART networks; in FY08, it will expand to include 50 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 EMR is used only for those patients who are taking ART. Further TB, family planning, outpatient departments, laboratory departments, in-patient department modules will be included. The program expansion will require investment in hardware, including: computers and monitors; uninterruptible power supplies; printers (for all 50 networks); and consumables, including paper, toner, and cards. Adaptation of the software will continue and will draw technical assistance (TA) from other countries implementing such a system. Related costs include: recruitment and salaries for new software programmers, salaries for data clerks; training on use of the system, and a series of staff sensitization interventions at facilities selected for implementation. The data flow between the EMR system at facilities and the HMIS system at the facility, district, and regional levels will also continue to be implemented. Ongoing support will continue to all sites. Seconded staff to MOH will be a continuing component, including capacity building at MOH for development and expansion of EMR in the country.

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 which will support evidence-informed data analysis and reporting on HIV/AIDS care, treatment, and prevention. Relevant sources for the data warehouse include the national monitoring and evaluation (M&E) program reports, population-based surveys, non-identifiable aggregated data from EMR, and data from routine national HMIS reporting.

In FY07, a data warehouse architecture system study was completed and assistance was provided to redesign the MOH website that links to the data warehouse for data mining, analysis, and reporting. This activity was also extended to regional health bureaus (RHB). MOH and RHB staff were trained to maintain the website. In FY08, MOH and RHB will continue to receive TA on the development of electronic data warehouse systems, using the latest technology available and integrating HMIS, including the HIV/AIDS information system, surveillance, surveys and other related data sources. This system also includes routine and survey information on HIV/AIDS and other related diseases from various government organizations, nongovernmental organizations, research institutions, and the private health sector. This activity also includes integrating the national information and communication technology resource-mapping database, CostET, and district-based planning application database with the MOH intranet. In FY08, support will include human resource capacity building, hardware acquisition, and software licensing and application development to strengthen the data warehouse. In support of this activity, mapping and unique identification of all health institutions will be conducted as outlined in "The Signature Domain and Geographic Coordinates: A Standardized Approach for Uniquely Identifying a Health Facility". This will be in collaboration with the MOH, the Ethiopian Central Statistical Agency, and the National Mapping Authority. The support includes strengthening GIS capacity through human resource capacity building, hardware acquisition, and software licensing. In FY08, all information and communication technologies activities will have continued trainings as part of capacity building.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10631

**Related Activity:** 16563

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10631	10631.07	HHS/Centers for Disease Control & Prevention	Tulane University	5463	487.07		\$2,570,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16563	5582.08	7470	487.08	University Technical Assistance Projects in Support of the Global AIDS Program	Tulane University	\$5,265,000

### Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

### Indirect Targets

**Table 3.3.11: Activities by Funding Mechanism****Mechanism ID:** 655.08**Mechanism:** Expansion of the Wegen National AIDS Talkline and MARCH Model Activities**Prime Partner:** Johns Hopkins University  
Center for Communication Programs**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** HIV/AIDS Treatment/ARV Services**Budget Code:** HTXS**Program Area Code:** 11**Activity ID:** 10606.08**Planned Funds:** \$720,000**Activity System ID:** 16584**Activity Narrative:** User Support Center for ART Service Outlets

Under this ongoing activity, Johns Hopkins Bloomberg School of Public Health\Center for Communication Programs' AIDS Resource Center (CCP/ARC) designed and developed the call-center system, which provides services to ART service sites and hospitals throughout Ethiopia. In FY07, CCP/ARC launched a system that will provide call-center services to 131 ART hospitals and 493 health centers selected to provide ART services. Based on commercial "call center" software, it allows hospitals, clinics, or other service facilities to access technical support by telephone or e-mail. The system routes the request to the appropriate organization/person for resolution. In addition to providing an efficient means for service providers to receive support, this system allows PEPFAR Ethiopia to track accurately issues that arise during rapid scale-up processes and use this information to improve ART service delivery. The main objective of the support center is to provide quick response to problems encountered by healthcare providers. This system would benefit the health sector by improving access to information, reducing cost of transporting healthcare providers for workshop and trainings, and reduce patient costs by avoiding unnecessary referrals. 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. In FY07, the call center was upgraded in terms of hardware, software, and human resources to accommodate all PEPFAR-supported ART hospitals, as well as all health centers selected for ART provision. This activity also supported website development for knowledge and information sharing, as well as piloting teleconferencing technology using existing infrastructure among service outlets and the call center.

In FY08, CCP/ARC will continue to support the development of the provider call center with enhanced logistics and management, as well as expansion to additional hospitals and health centers. As access to HIV/AIDS services grows in Ethiopia, there will likely be an increased need for psychosocial support and burnout prevention among clinicians and counselors working with people living with HIV/AIDS (PLWH) and their caregivers. CCP/ARC has already seen this issue among its hotline counselors. In order to respond to this challenge, CCP/ARC will explore local needs in this area and programmatic strategies that have been used with success elsewhere and develop a framework for psychosocial support that can be shared with partners working in service provision.

To date, CCP/ARC has helped to install dial-up Internet connectivity at 39 hospitals in three regions. At the request of the HIV/AIDS Prevention and Control Office (HAPCO), CCP/ARC will now support hospitals by overseeing the introduction of Internet connectivity at 100 hospitals nationwide, a move which will allow for more effective data collection on HIV/AIDS services, as well potential for enhanced information exchange with, and support to, providers working in HIV/AIDS services. This will also support capacity building at the regional level, through deepened collaboration between regional HIV/AIDS Prevention and Control Offices, hospitals, and regional AIDS Resource Centers.

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10606**Related Activity:**

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27942	10606.2794 2.09	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	11466	655.09	Expansion of the Wege National AIDS Talkline and MARCH Model Activities	\$648,000
10606	10606.07	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	5469	655.07	jhu-ccp	\$600,000

## Emphasis Areas

Human Capacity Development

\* Task-shifting

\* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

## Indirect Targets



## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

People Living with HIV / AIDS

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 2534.08

**Mechanism:** Capacity Building Assistance for Global HIV/AIDS Program Development through Technical Assistance Collaboration with the National Association of State and Territorial AIDS Directors

**Prime Partner:** National Association of State and Territorial AIDS Directors

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 5636.08

**Planned Funds:** \$220,000

**Activity System ID:** 16587

**Activity Narrative:** HIV Community Planning for Community ART Treatment Adherence

According to the Government of Ethiopia (GOE), ART implementation guidelines, program management, and coordination mechanisms should be in effect at all levels, including district and community venues. The Ethiopian National Social Mobilization Strategy also emphasizes the need to promote community ownership of the HIV epidemic. It lays out sequential activities necessary to mobilize the community, including training of trainers (TOT) for regional, zonal, and district representatives, and subsequent community-planning activities.

In FY07, PEPFAR Ethiopia and the National Alliance of State and Territorial AIDS Directors (NASTAD) worked together in response to these national guidelines to promote community support for people living with HIV/AIDS (PLWH) and ART treatment adherence, through refinement of existing HIV community-planning materials and delivery of TOT for all regional HIV/AIDS Prevention and Control Offices (HAPCO). Through such trainings, district- and ward-level AIDS committees learn how to develop action plans for community ART adherence, uptake of services (including PMTCT), and positive living. NASTAD technical assistance (TA) providers are US state AIDS directors and their staff responsible for planning and delivering community-planning training and support in the US; they travel to Ethiopia to provide "real-time" TA to their counterparts in regional HAPCO.

In FY07, NASTAD supported two full-time TA providers in Addis Ababa to ensure delivery of community ART adherence, to provide TOT in five regions for 10,800 people, and to 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 local wards. Also, in FY07, NASTAD initiated twinning relationships between three regional HAPCOs (Oromiya, Amhara, SNNPR) and three US state health department HIV/AIDS programs (Minnesota, New Jersey, and Maryland). Twinning provides the opportunity for one-on-one, ongoing, and tailored TA to support Social Mobilization Strategy implementation and program management, with a focus on community mobilization for ART treatment adherence.

In FY 08, NASTAD proposes to maintain and strengthen existing programming:

- 1) Continue to support two full-time TA providers in Addis Ababa
- 2) Collaborate with Federal HAPCO to harmonize the Community ART-adherence TOT with the national Community Conversations TOT
- 3) Provide three regional community ART-adherence TOT, including representatives from regional and district HAPCO of Gambella, Somali, Benishangul-Gumuz, Oromiya, Dire Dawa, and Harari
- 4) Provide one-on-one follow-up assistance. NASTAD will work with each of the regional HAPCO listed above to assist in developing a plan to cascade the community ART adherence TOT to their districts—and/or assist at least 25% of individual participants attending regional trainings to modify and integrate the training into existing district social-mobilization efforts.
- 5) Maintain existing twinning relationships between Oromiya/Minnesota, Amhara/New Jersey, and SNNPR/Maryland. Assess quality and outcome of twinning relationships, and use findings to direct the establishment of two additional twinning relationships in Dire Dawa and Addis Ababa.
- 6) Through HAPCO mentioned above, work with PLHW associations and include members in the Community ART-adherence TOT to engage their support for ART adherence activities

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10391

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28168	5636.28168.09	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	11536	2534.09	Capacity Building Assistance for Global HIV/AIDS Program Development through Technical Assistance Collaboration with the National Association of State and Territorial AIDS Directors	\$200,000
10391	5636.07	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	5471	2534.07	NASTAD	\$220,000
5636	5636.06	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	3783	2534.06		\$150,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

## Target Populations

### Other

People Living with HIV / AIDS

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 3787.08

**Mechanism:** Support for program implementation through US-based universities in the FDRE

**Prime Partner:** Johns Hopkins University  
Bloomberg School of Public Health

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 18792.08

**Planned Funds:** \$100,000

**Activity System ID:** 18792

**Activity Narrative:** Added 10/21/08

This is approved country specific PHE activity. Reprogramming is taking place to reflect change of Prime Partner and Agency. Prime Partner is changed from To Be Determined to the Ethiopian Public Health Association (EPHA) and agency is changed from State Department/OGAC to HHS/CDC. There will be no change in emphasis, coverage area or target population.

The narrative of this activity remains the same. The only change will be that it was initially proposed as a potential multi country protocol, but now, it is approved and will be undertaken as a country specific Public Health Evaluation (PHE).

-----  
PARTNER: Johns Hopkins University Bloomberg School of Public Health

**Title**

Identifying Groups with Poor Access to ART - potential Multi Country Protocol

**Time and Money Summary:**

Expected timeframe: 1 year, Total projected budget: \$ 100,000

**Local Co-Investigators:** In Ethiopia, this study would be carried out by Johns Hopkins University (JHU) Technical Support For The Ethiopia HIV/AIDS ART Initiative (TSEHA) as a supplement to the JHU/TSEHA Advanced Clinical Monitoring (ACM) of ART in Ethiopia project, which is governed by a Memorandum of Understanding with 10 Ethiopian institutions.

**Primary evaluation question:**

What patient factors affect whether patients initially enroll in the national ART program at an early or late clinical stage of disease?

**Project Description:**

This case-control study is designed to identify target groups with comparatively poor access to enrollment in a country's national ART program. It takes advantage of the insight that hospitalizations for conditions amenable to primary care can be used as indicators of poor access to primary care. The relationship of access to demographic characteristics, risk behaviors, attitudes to HIV and pathways to care will be assessed.

**Programmatic importance:**

Both WHO and the Institute of Medicine report evaluating PEPFAR have expressed great concern about possible inequities in access to care for women, rural populations, the poor, and other vulnerable groups. WHO said in April 2007 that in monitoring progress toward universal access to HIV/AIDS prevention, treatment and care, "Higher priority must be given to promoting, monitoring and evaluating equity in access to services. ...special studies will be needed in order to help to understand uptake patterns, factors which inhibit or facilitate access to services for men and women, and potential differences in clinical outcomes." After these factors are identified, interventions targeting them can be developed.

**Population of interest:**

This study uses case-control methodology to compare the characteristics of three groups: (1) Cases: Patients with "late" access to care, who are admitted to hospital wards with HIV disease without ever having received outpatient HIV care. (2) Control group A: patients who enroll in ART "timely," become eligible due to a CD4<200 without ever having developed WHO stage III or IV clinical disease, and (3) Control group B: patients with "intermediate" access, who enroll in ART after developing WHO stage III or IV conditions but without ever having been hospitalized for HIV disease. Cases will be sampled from hospital ward logs. Controls will be identified from ART clinic registers. They will be matched by facility and month of case admission matched to month of control ART enrollment. 900 participants per country will be selected: 180 cases, 360 from control group A and 360 from control group B.

**Methods:**

The exposures shown in the table below will be abstracted from hospital and clinic records. Not all exposures may be available for analysis in all countries or sites; they are available in Ethiopian nationally standard ART clinic forms, and staff at ACM sites ensures that these data elements are captured. A subset may be available in hospital charts. Conditional and ordinal logistic regression techniques will be used to assess the association between each exposure and different levels of access to ART. To assess the direct effect of demographic factors on access, it is necessary to control for the fact that different demographic groups (e.g. men and women) may have been infected with HIV at different periods of the HIV epidemic in a given country. Therefore multivariate regressions will be conducted including and excluding proxy variables for length of infection: CD4 count and time since first positive HIV test.

**Exposures:**

**Demographic:** Gender, age, urban/rural residence, income/poverty status, level of education, religion, employment, marital status, household composition

**Behavior:** Sex risk behavior, drug use behavior

**Attitudes:** Disclosure of HIV status, perceived stigma, depression, attitudes toward ART

**Pathways to care:** referral source, HIV support group member

**Sample size calculation:**

The sample size was based on the number of cases required to detect a 15% point difference between cases and controls with rural residence (Power= 0.9, alpha=0.05, 1 case: 2 controls). Based on these calculations, the total number of cases required was rounded up to 180. They would be matched at a ratio of 1 case: 2 timely access controls: 2 intermediate access controls; therefore the number in each control

**Activity Narrative:** group was set at 360 and the total number of participants in Ethiopia at 900. The cases would be divided evenly among participating facilities that serve both rural and urban patients. If the ACM sites are used for this study in Ethiopia, there are 5 such sites; 36 cases, 72 timely access controls and 72 intermediate access controls would be enrolled per site.

Dissemination plan:

The study will be cleared by CDC and the ACM steering committee for publication in professional journals.

Budget justification:

Ethiopian personnel - \$ 24,400

Statistical support - \$ 12,000

International travel - \$ 7,000

Domestic travel - \$ 2,250

Computers - \$4,000

Supplies/Communications - \$5,000

Total - \$54,650

Total including indirect costs - \$67,470

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16633, 16636

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16633	5618.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$469,836
16636	10430.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$7,000,000

**Emphasis Areas**

PHE/Targeted Evaluation

**Food Support**

**Public Private Partnership**

**Table 3.3.11: Activities by Funding Mechansim**

**Mechanism ID:** 5522.08

**Mechanism:** pc

**Prime Partner:** US Peace Corps

**USG Agency:** Peace Corps

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 18810.08

**Planned Funds:** \$0

**Activity System ID:** 18810

**Activity Narrative:** This Peace Corps Ethiopia (PC/ET) activity relates to HIV-related Treatment (10591 and Prevention (10582 ?).

PEPFAR resources allow PC/ET to strengthen the HIV/AIDS expertise of both Peace Corps volunteers' (PCV) and the communities they serve. Those resources also augment PCV's ability to serve host communities effectively. In its 2007 HIV/AIDS health program, PC/ET received PEPFAR funding to participate in the treatment pillar. As such, PCV will engage in treatment-related activities and these activity targets will be reported on both 2007 and 2008 PEPFAR semiannual reports.

However, recognizing Peace Corps' comparative advantage of having PCV living and working with host organizations and counterparts at the community level, and in coordination with the USG PEPFAR office, PC/ET will shift its focus away from treatment in 2007 and into prevention in 2008 and beyond. Additional rationale for the 2008 prevention focus is that, as articulated by Ministry of Health (MOH) representatives, it is believed there is a significant gap in prevention activities in semi-urban and rural areas. This comparative advantage—coupled with the urgent need for prevention activities to respond to data revealing a concentrated epidemic, and the on-the-ground reality of low coverage of services for high-risk groups—means that PCV will shift the focus of their activities primarily towards meeting prevention needs.

To maintain continuity as PC/ET is moving out of treatment and into prevention, in FY07 PCV will continue to work on linking prevention and care services to ART services and training health workers and lay-health workers on ART service delivery.

As reflected in the targets for FY07 and FY08, PCV's roles were originally envisioned to have a significant focus on treatment-related activities, such as building the organizational capacity of treatment facilities, forming networks and linkages between treatment facilities and other services, and providing training to treatment-service providers. However, after further analysis and discussions with stakeholders on how Peace Corps can best contribute to the strategy of the USG Mission and priorities of the MOH, PC/ET has determined that PCV can play a significant role in meeting the need to scale up targeted prevention activities. The MOH has identified an urgent need for prevention activities for high-risk groups in low-coverage areas to respond to data revealing a concentrated epidemic with high HIV prevalence in the Amhara and Oromiya regions. In addition, the USG Mission's prevention strategy targets high-risk groups along transport corridors. The placement of PCV along or near the major transport corridors in the Amhara and Oromiya regions, coupled with Peace Corps' extensive experience in the area of prevention, makes this an ideal area for PC/ET to support. While PCV will still work with treatment facilities to build referral networks and form linkages with prevention and care services, PC/ET will shift funding from HIV/AIDS Treatment (HXTS) to Other Prevention (HVOP) in FY08 to reflect the significant role PCV will play in meeting the need to scale up prevention services in the identified priority areas.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 655.08

**Mechanism:** Expansion of the Wegen National AIDS Talkline and MARCH Model Activities

**Prime Partner:** Johns Hopkins University Center for Communication Programs

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 18872.08

**Planned Funds:** \$600,000

**Activity System ID:** 18872

**Activity Narrative:** Public Awareness on ART

The Johns Hopkins University—Center for Communications Programs' (JHU-CCP) AIDS Resource Centers (ARC), together with other ART-implementing partners, will undertake national and regional public awareness activities. With the scale-up of ART services in Ethiopia, and rapid decentralization of the national program, it is critical to generate awareness among both the general public and high-risk groups in order to enhance and optimize uptake of services.

In FY07, in concert with the Federal HIV/AIDS Prevention and Control Office's (HAPCO) Millennium AIDS campaigns, print media about ART have been produced and successfully disseminated. The print materials were distributed to all regions to enhance the public's awareness level.

In FY08, public-awareness activities will be consolidated and scaled up to a greater degree to enhance demand for ART services, as well as to increase ART service uptake, with particular emphasis on rural settings. This will contribute immensely to national and regional efforts to prevent the expansion of the epidemic from urban and semi-urban areas to rural areas, where 85% of the Ethiopian population resides. In addition to ART for adults, there will be an increased focus on promoting pediatric ART, allowing for a more holistic communication initiative that truly reflects the treatment options now available in Ethiopia.

Experience gained in generating general awareness about HIV and AIDS in major cities across the country will be used to organize campaigns and events (e.g., workshops, symposia) to generate awareness about the ART program. The scale-up of service expansion will require a concomitant increase in awareness among providers and clients across the country and—most important—among the rural population. Along with the expansion of ART, intensive work will be done to increase the use of HIV/AIDS services. In collaboration with the ARC and others, JHU-CCP will continue to develop materials to meet regional needs, taking cultural and language differences into consideration. In support of this, 2-3 of the most popular ART promotion materials will be adapted for use in the regions, including translating them into local languages. JHU-CCP will also develop new tools to support community conversation around ART, including a documentary video and an accompanying discussion guide. In addition, there are plans to continue work to reach low-literacy audiences in rural and urban areas by printing and distributing "speaking books" that address a variety of HIV/AIDS treatment themes. ART communication will also play a larger role in both the national and regional ARC's user-driven services.

The activity will be linked with different USG and non-USG partners, particularly those working in different regions of the country. It will involve local organizations with proven experience of developing and disseminating awareness generation activities, including mass media campaigns. They will collaborate with the US universities and other implementing partners to organize and implement public awareness campaigns on ART. Awareness campaigns will involve national and local media, mini-media, and other forms of promotional activities, and will be conducted using various local languages. MOH and HAPCO will be actively supported to lead activities related to this project in order to build the country's capacity to meet immediate implementation needs, as well as to sustain the activities in the long term. This will be done in collaboration with the Community Planning Project and other partners on the ground, and will build leadership capacity at various levels, including community leaders and associations for people living with HIV/AIDS, to support activities enhancing ART access and uptake. Technical support will 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.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16579, 16580, 16581, 16582,  
16583, 16584



**Related Activity**

<b>System Activity ID</b>	<b>Activity ID</b>	<b>System Mechanism ID</b>	<b>Mechanism ID</b>	<b>Mechanism Name</b>	<b>Prime Partner</b>	<b>Planned Funds</b>
16579	10386.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$975,000
16580	10592.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$1,300,000
16581	5777.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$828,750
16582	5793.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$950,000
16583	10585.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$160,000
16584	10606.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$720,000

**Emphasis Areas**

Local Organization Capacity Building

Wraparound Programs (Health-related)

\* Family Planning

\* TB

**Food Support****Public Private Partnership**

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 3787.08

**Prime Partner:** Johns Hopkins University  
Bloomberg School of Public  
Health

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 18834.08

**Activity System ID:** 18834

**Mechanism:** Support for program  
implementation through US-  
based universities in the FDRE

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** HIV/AIDS Treatment/ARV  
Services

**Program Area Code:** 11

**Planned Funds:** \$90,000

**Activity Narrative:** PARTNER: Johns Hopkins University Bloomberg School of Public Health

**Title of Study:**

Effectiveness of food by prescription programs for severely malnourished HIV+ patients

**Time and Money Summary:**

Expected timeframe: 1 year, Budget Year 1: \$90,000

**Local Co-Investigator:**

Dr. Solomon Gashu, Medical Director, St. Peter's Specialized Tuberculosis Hospital

**Project Description:**

Nutritional support is considered an essential part of a comprehensive HIV/AIDS package. Data indicate that nutrient intake can improve ART absorption and is associated with medication adherence among ART patients. Studies have shown that moderate to severe malnutrition (Body Mass Index, or BMI<17) at the time of starting ART and severe anemia are independent predictors of mortality and likewise screening and managing malnutrition among PLWH starting ART has survival benefits. USG partner Johns Hopkins University (JHU) Technical Support For The Ethiopia HIV/AIDS ART Initiative has developed a plan to introduce a food by prescription program (FBP) at the ART clinic at St. Peter's Specialized Tuberculosis (TB) Hospital in Addis Ababa. Food by Prescription provides therapeutic and supplemental food to patients on ART, pregnant or lactating HIV+ women, and HIV exposed children. A baseline nutritional assessment of ART clients and then follow-up assessment after 6 months of nutritional support will be undertaken. Change in body mass index, CD4 count, functional status, opportunistic infections and mortality, will be compared to a historical cohort of patients that did not receive nutritional interventions.

**Evaluation Question:**

This proposal will address the following questions:

- 1) What are the baseline nutritional indices for patients about to start ART?
- 2) How do these indices vary by TB/HIV co-infection?
- 3) Does an intensive six month FBP intervention for severely malnourished patients improve patient outcomes as measured by decreased mortality and morbidity?
- 4) What is the cost-effectiveness and sustainability of the FBP program?

**Programmatic Importance:**

Achieving food security and appropriate nutritional support is difficult in environments such as Ethiopia that have been long plagued by food insecurity. This problem is especially evident among patients who are co-infected with HIV and tuberculosis. For example, registry data of ART patients at St. Peter's Specialized TB hospital indicate that 19% of patients weigh less than 40 kilograms (kg) at the start of ART and 3% of adults weigh less than 30 kg. In an analysis of survival, underweight patients had an increased risk of dying in the first year of follow-up after initiating ART.

The currently measured early mortality rate among the Ethiopia national program is close to 10%; however rates are as high as 14% among TB/HIV infected patients. Follow-up data indicate that this mortality occurs usually within the first three months; however, a second peak occurs between 8-12 months and is likely due to immune reconstitution. We believe much of this early mortality may be associated with severe malnutrition, anemia and co-infections with subclinical opportunistic infections. Once patients start ART, many report poor adherence due to the lack of consistent food and subsequent gastro-intestinal distress with the medications. Providing patients with food supplementation and therapeutic feeding during this early phase of ART initiation is likely to reduce this early mortality rate and will hopefully lead to improved medication adherence. This is important for the overall program to reduce the development of resistance from poor adherence and to encourage more patients to accept ART even when severely debilitated. It will, as well, lead to patients who more quickly return to a functional status and have improved quality of life.

**Methods:**

1) Baseline nutritional assessment among pre-ART patients ready to start ART at St. Peter's: A standard nutritional questionnaire and nutritional screening tool (including BMI, mid-upper arm circumference and diet review) will be developed and administered to all patients found eligible for ART, pregnant and lactating HIV+ women and HIV+ and exposed children. Patients will be coded according to level of malnutrition with severe malnutrition defined as BMI < 17. For children, standard z-scores will be used to assess malnutrition. Any person with severe malnutrition will be offered the FBP intervention at the time of initiating ART. A sample size of 200 is expected over the 12 month period of intervention; however all consecutive patients who qualify will be enrolled into the study.

2) Food By Prescription Intervention: JHU will partner with the Ethiopian national FBP program with other PEPFAR partners, UNICEF and other partners. This program will provide intensive therapeutic and supplemental nutritional support, including ready to use therapeutic foods (RUTF) such as fortified flours (e.g. First foods, Advantage or Foundation plus), prepared feeding (e.g. F75, F100), and biscuits and PlumpyNut for children. Additionally, safe water will be secured for all patients in the program to avoid diarrheal diseases. Counseling and education regarding local foods and nutrition will be conducted.

3) Evaluation of outcomes: After the patients have received 6 months of the food intervention and ART, and evaluation of outcomes will be made. Comparison of change in weight, BMI, z-scores, CD4, and number of opportunistic infections, loss to follow-up and death will be made between the patients receiving the FBP support and a historical cohort at St. Peter's with similar low weight who did not receive nutritional intervention. Likewise, comparisons can be made with other ART programs that have not yet initiated the FBP program. Factors associated with the outcomes of interest will be compared between the intervention and comparison groups and independent risks measured using the chi-square and t-test analyses. Multivariate analyses will be performed to identify independent risk factors while controlling for confounders, such as TB/HIV co-infection or immune reconstitution inflammatory syndrome (IRIS).

4) Cost effectiveness: Costs for the FBP program will be compared to costs related to early mortality and morbidity avoided with the intervention program.

**Activity Narrative:** Population of Interest:

The populations of interest are HIV+ clients, pregnant and lactating HIV+ women, HIV+ and exposed children attending ART clinic who are severely malnourished and/or eligible for food by prescription

## Information Dissemination Plan:

Stakeholders include the Ministry of Health (MOH), Addis Ababa Regional Health Bureau, local non-governmental organizations and faith-based organizations working in these communities, health care providers, PEPFAR and other entities involved in the support of health care delivery. In the planning phase of the evaluation, stakeholders meetings will be organized to describe the goals of the evaluation. Stakeholders will be involved in review of the assessment form and the indicators to measure malnutrition. MOH personnel will be involved in the gathering of data and review of findings. Results will be disseminated in a review meeting for the region and findings will be shared with PEPFAR and other partners.

## Budget Justification for Year One Budget:

## Baseline &amp; follow-up survey

Coordinator (responsible for developing assessment, training assistants, standardization)\$10,000

Dietary and nutritional assessment survey assistants - \$15,000

Materials - \$1,500

Transportation (to and from evaluation site) - \$1,500

Data collection, management and analysis - \$15,000

## Intervention

Materials (includes educational and training materials) - \$10,000

FBP program covered by other PEPFAR partners

On-site Training (on FBP) - \$5,000

Office supplies and forms - \$2,500

Transportation (Coordinator to travel to site weekly) - \$6,750

Miscellaneous costs, telecommunications - \$1,000

Review and stakeholders meetings- \$10,000

Subtotal - \$75,290

Indirect Costs - 18.8%

Total – \$90,000

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16681, 16597, 16633, 16636

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16633	5618.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$469,836
16681	5774.08	7503	3794.08	Urban HIV/AIDS Program	World Food Program	\$4,000,000
16636	10430.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$7,000,000

**Emphasis Areas**

PHE/Targeted Evaluation

**Food Support****Public Private Partnership**

## Target Populations

### Other

People Living with HIV / AIDS

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 8141.08

**Prime Partner:** University of Connecticut

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 18704.08

**Activity System ID:** 18704

**Mechanism:** DOD-UConn-PWP

**USG Agency:** Department of Defense

**Program Area:** HIV/AIDS Treatment/ARV  
Services

**Program Area Code:** 11

**Planned Funds:** \$225,000

## Activity Narrative: Adherence Support for HIV Positives

The current proposal aims to develop, implement, and evaluate an ARV adherence-support program for HIV-infected military members and spouses who attend military clinics in Ethiopia. The University of Connecticut's Center for Health, Intervention, and Prevention (CHIP) will work collaboratively with representatives from the National Defense Forces of Ethiopia (NDFE), the University of California, San Diego (UCSD), and the US Department of Defense HIV/AIDS Prevention Program (DHAPP) to develop an ARV adherence-support program that is acceptable to staff and patients. This program is feasible to implement in the clinical care setting, can be delivered with fidelity, and is effective at increasing the ARV adherence of HIV-positive soldiers and spouses. This theory-based, ARV adherence-support program will be adapted and tailored to the socioeconomic, cultural, and healthcare context of Ethiopia and the Ethiopian military, and will be implemented in multiple military healthcare sites.

There is no doubt that maintaining optimal ARV adherence is challenging for people living with HIV/AIDS (PLWH), but it is likely even more challenging for PLWH in the NDFE. They face ARV adherence barriers that are unique to military life, such as combat and other deployment situations that make it particularly difficult to access, store, and take medications as prescribed. In addition, because soldiers live and work in such close quarters, they may be more likely to skip doses of their medications because of fears that they will be observed taking their medications and thus reveal their HIV status and be exposed to HIV-related stigma. These additional barriers increase the probability that members of the NDFE will be unable to achieve and maintain optimal levels of ARV adherence necessary for reaping the health benefits of treatment. Military PLWH who are unable to maintain high rates of adherence over time may not only exhaust their options for treatment through the development of ARV resistance, but may also pose a larger public health threat if they fail to consistently practice safer sex behaviors and transmit their drug-resistant strain of HIV to others. With over 3,500 troops and family members in Ethiopia receiving ARV treatment (DHAPP Country Report, 2006), it is therefore critical that programs be developed that provide PLWH in the NDFE with the tools that they need to properly adhere to their ARV medications.

### GOALS and OBJECTIVES

- (1) Conduct a needs assessment to identify the dynamics of non-adherent behavior among HIV-positive soldiers and spouses, and to determine what is feasible and practical to do in military healthcare settings. We will conduct a minimum of five focus groups (two female PLWH, two male PLWH, and one staff focus group) at each military hospital site in Ethiopia that participates in this project. The specific goals of the needs assessment work are to: (a) explore the dynamics of non-adherence among Ethiopian military PLWH; (b) identify culturally appropriate strategies that Ethiopian military PLWH can use to increase their adherence to ART; (c) determine whether the adherence-support program should be delivered in a group or one-on-one format; (d) determine which individuals (e.g., doctors, nurses, counselors, pharmacists, and/or peer educators) are most appropriate for implementing the adherence-support program and what their specific training needs are; and (e) assess how to most effectively and efficiently integrate the adherence-support program into the daily clinic routine. There will be 6-10 participants in each focus group.
- (2) Based on the findings from the needs assessment, develop a tailored ARV adherence-support program that addresses the specific adherence needs of HIV-positive military and spouses in Ethiopia. Once the focus groups are completed, the findings will be compiled and analyzed, and an adherence-support program developed. Our Ethiopian collaborators (representatives of the NDFE and DHAPP) will play a central role in the framing, conduct, and analysis of the needs assessment and its integration into the final adherence-support program. The needs assessment and multidisciplinary collaboration will allow us to tailor the adherence-support program to the clinic site and the particular needs of its HIV-positive patients.
- (3) Train Ethiopian military interveners in the ARV adherence-support program. The content of the adherence-support program and the training protocol will be based upon: (1) the findings from the needs assessment; (2) the US team's extensive experience developing adherence-support programs in Uganda and the US, and training interveners to deliver them; and (3) extensive input and feedback from the multidisciplinary Ethiopian team. Intervenors (e.g., doctors, nurses, psychologists, counselors, pharmacists, and/or peer educators) will be jointly trained by the US team and at least one medical provider (preferably someone from the NDFE) with expertise in ARV medications and adherence issues. One of the intervenors will eventually be selected and trained as a master trainer in the program protocol. This individual will continue to provide training once the US-led portion of the project is completed.
- (4) Implement the ARV adherence-support program at multiple military healthcare sites within Ethiopia. At all sites, trained intervenors will implement the adherence-support program on an ongoing basis when patients come in for their routine clinical care visits. Depending on the format of the adherence-support program (which will be determined as a function of the needs assessment and in collaboration with the Ethiopian-DHAPP team), patients will either participate in group adherence-support sessions or in one-on-one discussions with an intervener. If the adherence-support program is offered in a group format, different adherence-related topics will be presented each month (e.g., how ARV medications work in the body, strategies for remembering to take one's medications, managing side effects, learning from a missed dose, effective communication with one's healthcare providers, disclosing one's HIV status, dealing with HIV-related stigma, and managing one's stress levels). Each group session will include an interactive component to encourage active participation in the group.

If instead, the format of the program is one-on-one, patients will meet individually with an intervener at each routine clinical care visit. Each session will consist of a patient-centered discussion in which the intervener works collaboratively with the patient to identify and understand the dynamics of the patient's ARV non-adherence and to develop strategies to help him/her consistently adhere to his/her ARV medication regimen. Specifically, these discussions will: identify patients' informational, motivational, and behavioral skills barriers to taking their ARV medications as prescribed; provide critical ARV adherence information, motivation, and behavioral skills to overcome the barriers; and set specific adherence-related goals for PLWH to accomplish between clinical care visits as a means of enhancing their adherence. Subsequent discussions between HIV-positive patients and their intervenors will focus on: monitoring progress toward their goals; providing additional information, motivation, and behavioral skills training as needed; and negotiating a new goal, when appropriate.

- (5) Evaluate the effectiveness of the adherence-support program by comparing the pre-program ARV adherence to the post-program adherence of 150 to 200 PLWH. An in-country project assistant will recruit a randomly selected sample of 75-100 HIV-positive NDFE military personnel on ARVs, and 75-100 HIV-positive military members' spouses on ARVs to complete the program-evaluation measures. The project

**Activity Narrative:** assistant will administer measures of ARV adherence to these patient participants prior to the first adherence support session (at baseline) and then again at four-month and eight-month intervals following the patients' first adherence support sessions. The project assistant will also review each enrolled patient's medical chart to obtain any available CD4 and pill count data. Baseline levels of self-reported adherence behavior, pill counts, and CD4 counts will be compared to follow-up levels taken at four and eight months, respectively. This will allow us to evaluate the effectiveness of the program at improving ARV adherence behavior using three different indicators. We will also evaluate whether the adherence-support program is differentially effective with soldiers and soldiers' spouses.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,500	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

## Target Populations

### General population

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Military Populations

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 8269.08

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

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 21670.08

**Activity System ID:** 21670

**Mechanism:** CDC-CSCS

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** HIV/AIDS Treatment/ARV  
Services

**Program Area Code:** 11

**Planned Funds:** \$500,000



Evaluation of Interventions to Reduce Early Mortality among Adults Initiating ART in Emergency Plan Countries

**Background:**

Several reports of HIV-infected adults initiated on ART in resource-limited settings suggest that 10-15% of patients die within 12-18 months of starting therapy, and a high proportion of these deaths occur within the first 90 days of initiating therapy (let's use 12 month data – need source). Little information is available about what causes early deaths of patients on ART in resource-limited settings, however TB and cryptococcal infections are the probable etiology in a substantial proportion these deaths (source).

This is a multiyear protocol designed to allow interested countries to join on an ongoing basis. Similarly, the protocol infrastructure will allow for additional interventions to be added over time.

**Primary Objectives:**

- 1) Establish an infrastructure to monitor the extent and causes of early mortality among patients eligible for and initiating ART. This will be a platform that provides the opportunity for multiple countries and sites to participate,
- 2) Evaluate interventions to reduce early mortality among patients initiating ART, with a focus on the first 3 months following ART initiation.

**Secondary Objectives:**

- 1) Evaluate the impact of enhanced TB case finding and treatment on early mortality
- 2) Evaluate the impact of enhanced screening and treatment for cryptococcal disease on early mortality
- 3) Compare cost-effectiveness of interventions

A subset of the participating sites will be eligible for participation in addressing these secondary objectives, based on minimum criteria, including laboratory services, retention in care, as specified in each of the substudies.

Countries will provide estimates of 6 and 12 month mortality.

**Clinical Sites and Study Population:**

Patients eligible for ART or on ART in programs are eligible for this PHE; sites should be selected to reflect the range of HIV care sites within a country, considering regional, urban/rural settings, and level of clinical and laboratory services. Participating sites should have been treating ART patients for at least 1 year and should be actively enrolling at least 10-20 new ART patients per month. Patients should be followed up monthly for the first 3 months, and then at least quarterly thereafter.

Sites will be randomized to be intervention or control sites. Intervention and control sites should be matched by country, region, urban/rural location, level of laboratory services, and patient volume.

**Inclusion Criteria:**

Participating countries will consent, enroll, and follow for at least 1 year adult patients as defined by the country but expected to be >15 years of age, who are ART-naïve with a CD4 count <350 and/or stage III disease, and who are ART eligible or initiating ART.

Patients need to be followed at the same medical facilities, or mechanisms need to be in place to follow patients at facilities to which they are referred, for the 12 month period of follow-up.

The sites will record information on patient visits and follow-up, record routine testing performed (e.g., Hg, CD4, VL, and chest x-ray), specific ART drugs provided, and other site-specific interventions (e.g., provision of nutritional supplementation for patients with low BMI).

The sites will follow a standard procedure for ascertaining and recording key outcomes (mortality, loss to follow-up, transfer out, default).

**Exclusion Criteria:**

Patients who have received ART previously will be excluded except in the case of women who have received short-course therapy only for PMTCT. Additional exclusion criteria may apply to the specific substudies.

**Endpoints:**

The primary endpoint will be mortality during the first year of ART. A secondary endpoint will be treatment failure, using AIDS-defining illness and WHO criteria.

**Staffing needs and responsibilities:**

- 1) Site coordination
- 2) Country-level data management
- 3) Laboratory coordination
- 4) Country coordination

**Steering Committee:**

Each participating country will organize a country steering committee, including representatives from the MOH, clinical partners, and USG staff.

Each country will designate a representative to the overall steering committee. The overall steering committee will also include technical experts from the USG agencies.

The overall steering committee will develop principles for collaboration, including procedures for decision making, data storage and access, and authorship.

**Data Safety and Monitoring Board (DSMB):**

**Activity Narrative:** A plan for review by a PEPFAR-organized DSMB of baseline data and at 3, 6 and 12 months of follow-up.

Budget:

\$ 500,000 will be allocated for this multi country PHE which will be centrally coordinated and managed. The number of sites and the sample size Ethiopia will have for this PHE will be determined based on the number and extent of other countries' participation as well as guidance from the OGAC team involved in coordinating and managing this multi country PHE.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.11: Activities by Funding Mechansim**

**Mechanism ID:** 7609.08

**Prime Partner:** Management Sciences for Health

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 18703.08

**Activity System ID:** 18703

**Mechanism:** Care and Support Project

**USG Agency:** U.S. Agency for International Development

**Program Area:** HIV/AIDS Treatment/ARV Services

**Program Area Code:** 11

**Planned Funds:** \$9,500,000

**Activity Narrative:** The Care and Support Program (CSP) is a three-year effort to focus on HIV/AIDS at health centers and communities in partnership with PEPFAR Ethiopia partners and the Government of Ethiopia (GOE). CSP is PEPFAR's lead health network care and support activity at primary healthcare unit level, health center and satellite health post, in Ethiopia and provides coverage nationwide. This project will support the GOE to provide HIV/AIDS prevention, care, and treatment services at health centers and at the community and household levels through provision of technical assistance, training in strengthening of systems and services, and expansion of best practice HIV-prevention interventions.

This is a continuing activity from FY07 previously conducted by FHI. It continues the expansion of ART decentralization to health centers. FHI coordinated the assessment of 120 health centers for ART- site readiness and trained 402 health professionals in seven regions, in close collaboration with World Health Organization (WHO). This activity is linked to care and support, ARV Services, and technical support for ART scale-up, allowing PEPFAR Ethiopia to meet ART targets and to ensure quality of care through fully functional HIV service networks. The fund increase from FY07 funding is attributable to the gross underestimate for the activity in FY07, and the further decentralization of ART services to 120 additional health centers in FY08. Experience from FHI ART decentralization service support revealed that coordination of services at facility level, organizing regional and catchment meetings, capacity building, refurbishing facilities to provide the minimum clinical services, and coordinating clinical mentoring and supportive supervision cost much more than originally planned.

The GOE recently rapidly expanded access to ART at health centers. 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. Health-center ART readiness is hampered by basic infrastructure inadequacies in human resources, and by limited administrative capacity of district health offices and regional health bureaus (RHB).

The GOE remains committed to implementing HIV care and treatment services, including ART, at health centers. Without adequate investment in operational readiness, the quality of ART care for patients will be compromised. This activity increases operational capacity to manage ART services, including integration into the health network. ART services will be supported with the following activities: operational site readiness; commodities; health management information system (HMIS); refurbishing of facilities and provision of equipment; network implementation; and support to nurse-centered ART service delivery at the health-center level.

Operational site readiness will increase through human resource development. Human resources will be strengthened through training in multiple program areas and supportive supervision in conjunction with GOE 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 district health offices, standard operating procedures 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 experience will be organized based on the national clinical mentoring guidelines. This will help to build provider capacity to manage patients and improve patient care.

The activity will complement the focused activities of USG partners in supply chain and pharmacy management, collaborating with RPM Plus and the Supply Chain Management System (SCMS) 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 grants, complementing their efforts to strengthen laboratory services at 240 ART sites.

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. Tulane will train data clerks in this paper-based system. 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.

Infrastructure and equipment need to be available and adequately maintained. 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 be a needs assessment to look at what basic medical equipment is required to support delivery of a minimum ART service package. In addition, procurement coordination with district health offices and USG partners will leverage Global Fund resources.

Network implementation will be a patient-centered approach. 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 CSP activities, linking households and community members to the health networks through outreach efforts by USG and GOE supported community outreach workers, community-based organizations, private providers and case managers.

This activity will support ART services at 240 health centers. By the end of FY08, through linked activities within palliative care, services will be extended to support 500 health centers and community-based care. The CSP 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 voluntary counseling and testing (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. This activity will facilitate patient receipt of critical lab results. By leveraging previous PEPFAR investments at the hospital level, laboratory linkages to hospitals will be maximized to ensure that patients who present with complicated diagnoses will receive further laboratory services, with specialized equipment at hospitals functioning optimally through effective health network implementation.

This activity also provides 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

**Activity Narrative:** assessment showed that highly capable nurses are present in larger numbers at the health centers assessed, though more personnel of all types are needed. The MOH is supporting the initiation of nurse-centered HIV/AIDS services, featuring task-shifting, particularly in the area of ART services. The Hadassah University AIDS Center (HAC), supported ART service delivery at the hospital level for the last two years in collaboration with I-TECH, has implemented training of trainer (TOT) courses in integrated HIV/AIDS patient care. Forty Ethiopian physicians, nurses and laboratory staff have been trained in Israel. To support the decentralization of ART services, MSH will collaborate with the HAC, WHO, and the four US universities supported by PEPFAR Ethiopia. MSH will support Hadassah in identifying nurses to be trainers supporting nurse-initiated ART, and will coordinate with these personnel to support follow-up activities in Ethiopia. MSH 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.

The CSP will collaborate with existing treatment partners so as not to duplicate ongoing PEPFAR Ethiopia and Government of Ethiopia activities. This activity will expand on the delivery of treatment services, access to care and human resource development.

The expansion of ART services through 240 health clinics throughout Ethiopia will allow for greater access to care and services for PLWH. Project linkages through other program activities will enable a reach into 500 health centers. Expansion of facilities for service provision will allow the activity to provide testing, treatment, care, and prevention messages to the larger population.

The emphasis on in-service training, task-shifting, and a greater retention strategy is integral to this activity. These areas will be addressed through provision of training for healthcare workers and the strengthening of systems and infrastructure at the health-center level.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16569, 16672, 16722, 16636,  
17755, 16593, 16596, 16598,  
16602, 16604, 16587, 16622,  
16644, 16613

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17755	17755.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$840,000
16593	5791.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$240,000
16596	10647.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$1,690,411
16598	5749.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$1,534,500
16602	5654.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$2,340,000
16636	10430.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$7,000,000
16613	5681.08	7481	1264.08	IMAI	World Health Organization	\$1,350,000
16587	5636.08	7476	2534.08	Capacity Building Assistance for Global HIV/AIDS Program Development through Technical Assistance Collaboration with the National Association of State and Territorial AIDS Directors	National Association of State and Territorial AIDS Directors	\$220,000
16622	10426.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$4,300,000
16672	10436.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$8,400,000
16569	6637.08	7471	645.08	Private Sector Program	Abt Associates	\$1,200,000
16644	10439.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$9,116,200
16722	5688.08	7523	593.08	Capacity Project (HCD)	IntraHealth International, Inc	\$800,000
16604	10442.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$800,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

\* Task-shifting

\* Retention strategy

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	240	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	6,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	9,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	1,440	False

## Target Populations

### Other

People Living with HIV / AIDS

## Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Oromiya

Southern Nations, Nationalities and Peoples

Tigray

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 118.08

**Mechanism:** USAID M&S

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 18734.08

**Planned Funds:** \$154,086

**Activity System ID:** 18734

**Activity Narrative:** USAID staff supporting the ARV Treatment Services Program Area include two Foreign Service National (FSN) ART Network Monitors (Filled), and one FSN HIV/AIDS Health Network Monitor. No new positions are proposed for COP08. The field-based HIV/AIDS Health Network Monitor supports the implementation of PEPFAR's programs through the health network model, and provides additional support for Ethiopia's Pharmaceutical Logistics Master Plan (PLMP), critical for the successful functioning of all PEPFAR programs which depend on commodities. Functional responsibilities for the USAID staff in the ARV Services Program Area are as follows:

**ART Network Monitors (2: FSN/Filled)**

ART Network Monitors based at USAID will support the effective implementation of health networks through support for national and regional level processes such as prioritization, costing, and work planning. They will also support regional processes through attendance at national, regional, zonal and woreda (district) level meetings, catchment area meetings, and other pertinent events. They will provide key support to the five HIV/AIDS Health Network Monitors based regionally, accompanying this staff at times on field visits. They will liaise closely with all PEPFAR partners, Regional Health Bureaus (RHBs), zones and woredas, and will work closely with other regionally based USAID and PEPFAR staff, including Supply Chain Management Monitors, Nutritionists and Health Resources Capacity Advisors.

**HIV/AIDS Health Network Monitor (1: Regional Support/FSN)**

The field-based PEPFAR HIV/AIDS Health Network Monitors will contribute to ensuring the health of the functioning networks by working on-site with all relevant partners at hospitals and health centers and in communities. The HIV/AIDS Monitors will examine on-site operations, procedures, and performance of partners and GOE staff, and provide critical feedback to the PEPFAR technical working groups. The Monitors will address all activities in the ART supply chain, sharing findings and coordinating follow-up activities with the Supply Chain Management Monitors, and will promote linkages and referrals within and across facilities, and to the broader community, ensuring that these occur. Through written reports, the Monitors will define needed follow-up activities at existing sites to ensure problems are addressed in a timely fashion. They will liaise closely with all PEPFAR partners, RHBs, zones and woredas (districts), and will work closely with other regionally based USAID and PEPFAR staff, including Supply Chain Management Monitors, Nutritionists and Health Resources Capacity Advisors.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 8181.08

**Mechanism:** CDC-M&S

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

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GAP

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 18735.08

**Planned Funds:** \$77,300

**Activity System ID:** 18735

**Activity Narrative:** This activity represents the direct technical assistance which is provided to partners by CDC staff. The amount represents the salary and benefit costs for CDC Ethiopia local technical staff. Detailed narrative of CDC-Ethiopia Management and Staffing is included in Program Area 15 – Management and Staffing HVMS.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 496.08

**Mechanism:** Improving HIV/AIDS  
Prevention and Control  
Activities in the FDRE MOH

**Prime Partner:** Federal Ministry of Health,  
Ethiopia

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV  
Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 18060.08

**Planned Funds:** \$500,000

**Activity System ID:** 18060



**Activity Narrative: ALERT National HIV/AIDS Training Centre**

This is a continuing activity started in FY07 with plus-up funding.

One of the major challenges in the implementation of the national HIV/AIDS program in Ethiopia is the lack of trained health workers who can provide the required services with acceptable quality. This has become more and more critical as the program is being scaled up across the country and in numerous health facilities. There is an urgent need to train health workers on a large scale and to follow this up with continuing medical education (CME). This becomes more important when we consider the high attrition rate of health workers from public health facilities, which leaves a vacuum in the delivery of services, severely affecting scale-up and compromising quality.

The Ethiopian Federal Ministry of Health (MOH) has made a strong commitment to the process of establishing a national center of excellence for CME, combining training, research, and health services. Building the capacity of the Ethiopian health service is essential in order to address the multiple health crises affecting the country. In particular, sustainable human resource development is an MOH priority. Based on these facts, MOH plans to establish a national HIV/AIDS training center at ALERT Hospital, which will provide training on HIV/AIDS to a wide range of health workers. This would build on ALERT's comparative advantages of being an integrated hospital with longstanding community links, and a research center and training division with solid managerial capacities and technical expertise in various medical arenas.

ALERT is widely recognised as having an excellent reputation in research, training, and services, both in the Ethiopian health sector and at international levels. The existing in-and out-patient hospital care with a community outreach program, CME, and a research institute, among others, make it an ideal site for a high-quality training center, which will be a national Center of Excellence for continuing medical and public health education.

Currently, Ethiopia's short-term medical and public health training is conducted in a piecemeal fashion. No single institution is responsible for delivery, so training is insufficiently coordinated, standardized and certified. Necessary changes in terms of service expansion and improved quality have not been made. There is high and urgent need for standardized, evidence-informed training packages for CME and a massive scale-up of training programs in the regions, which makes establishing a national Center of Excellence for CME at ALERT a priority.

The institute will serve as a quality control institution, so that effective and efficient training is guaranteed, and will serve as a model for other national health trainings. It will be able to develop standards, models, curricula, manuals, and guidelines for different training programs, based on in-depth needs assessment, best practices and operational research. In addition, the experience of this national training center will be replicated in three selected satellite regions.

The proposed national institute would standardise and strengthen evidence-informed training and provide trainees with the opportunity to combine training with clinical practice.

In addition, the national training center will rollout training capacity to other regions. This will involve:

- 1) Providing technical assistance to establish accredited, satellite training-of-trainers (TOT) centers in the regions, in collaboration with relevant regional, national, and international stakeholders, and support for monitoring and evaluation of the satellite centers
- 2) Develop models for community care and area-appropriate HIV care, treatment, and support, based on the experiences of satellite centers in different areas of the country
- 3) Provide training for the health professionals in the satellite TOT centers in the regions, using the models developed
- 4) Monitoring the progress of the training services provided at the satellite sites

In order to upgrade the ALERT site for the purpose of providing all aspects of HIV/ AIDS training, considerable financial, technical, and material assistance is required. Considerable capacity building needs to take place in order for ALERT hospital to be ready to shoulder the task. Infrastructure, human resources, and information technology equipment, among others, need to be significantly increased in order for ALERT to provide practical and high-quality TOT. Meanwhile, the existing resources at ALERT alone are not adequate to transform the training division into a national training center, and additional resources are necessary.

PEPFAR Ethiopia, along with other partners like the World Bank and the Global Fund for AIDS, Malaria, and Tuberculosis, supports the MOH in the effort to develop human capacity, as this helps to build momentum and contributes significantly to meeting targets. Establishing a national HIV/AIDS training center will also be vital to ensuring the sustainability of the HIV/AIDS program by creating an indigenous institutional capacity to overcome a major constraint in its implementation. In FY07, PEPFAR Ethiopia has supported this plan through the plus-up funds. In FY08, this support will continue to ensure the effective realization of the National Training Center.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 7600.08

**Prime Partner:** African network for Care of Children Affected by HIV/AIDS

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 18062.08

**Activity System ID:** 18062

**Mechanism:** N/A

**USG Agency:** U.S. Agency for International Development

**Program Area:** HIV/AIDS Treatment/ARV Services

**Program Area Code:** 11

**Planned Funds:** \$400,000

**Activity Narrative:** Strengthening Pediatric Case Finding Utilizing Community and Facility Approaches

This is a continuing activity from FY07. The African Network for Care of Children Affected by HIV/AIDS (ANECCA) is a network of pediatric HIV experts with extensive experience in pediatric HIV care and treatment throughout Africa.

The number of children on ART in Ethiopia is extremely low compared to the estimates of children infected and as a percentage of all people on antiretroviral treatment (ART). An important activity that will increase these numbers is identification and referral of HIV-positive children at health centers.

ANECCA will provide site-level technical assistance to primary healthcare units (i.e. health posts and health centers) in selected health networks. ANECCA will build human resource capacity through the following activities, including training of health providers:

- (a) Formal training of various categories of healthcare 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-positive children (through routine counseling and testing, etc.), provision of care and treatment services for HIV-positive children, and utilization of referral networks to close gaps in the continuum of care for exposed and infected children and their families
- (b) On-the-job training of healthcare 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 preceptorship at specialized higher levels of care (e.g., hospital pediatric ART sites) – once a year for each team

ANECCA will promote the 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 less than 18 months of age, HIV antibody testing to identify HIV-positive children at age 18 months, and DNA PCR testing using dried-blood spot (DBS) to identify HIV-positive infants less than 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 IntraHealth in providing a comprehensive basic pediatric care package to HIV-positive children.

ANECCA will provide professional development activities for health providers which are necessary to provide a basic service package to HIV-positive 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 (CPT), 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/positive infants/children: routine immunizations; use of insecticide-treated mosquito nets; safe water use, screening for tuberculosis (TB) and provision of isoniazid prophylaxis for those exposed to active pulmonary TB;
- (d) Routine HIV testing (antibody test and/or DNA PCR DBS – as appropriate) for infants and children accessing care for poor 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-positive 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/caregivers and expectant mothers' 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 in children who present to the health center with these conditions
- (j) Provision of psychosocial support services to infected children and their families
- (k) Provision of HIV infection-prevention services to caregivers and parents as well as HIV-positive children, specifically addressing adolescent issues.

ANECCA will also strengthen 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-positive children from health centers to higher levels of care where they will access pediatric ART services;
- (c) Strengthening cooperation 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.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

### Emphasis Areas

Human Capacity Development

- \* Training

- \*\*\* In-Service Training

Wraparound Programs (Health-related)

- \* Child Survival Activities

- \* Safe Motherhood

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

### Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 593.08

**Prime Partner:** IntraHealth International, Inc

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 5688.08

**Activity System ID:** 16722

**Mechanism:** Capacity Project (HCD)

**USG Agency:** U.S. Agency for International Development

**Program Area:** HIV/AIDS Treatment/ARV Services

**Program Area Code:** 11

**Planned Funds:** \$800,000

## **Activity Narrative:** Linking Pediatric Clients to Treatment

This is a continuing activity from FY07.

The continuum of care during and after the postpartum period is an important time to keep a watchful eye on the newborn's growth and development, ensuring the prevention, early detection and enrollment in treatment of HIV. As the vulnerability of the child begins earlier than previously recognized, early detection of HIV and initiation of ART and OI prophylaxis improves the chance for long-term survival in the youngest children with HIV.

PEPFAR Ethiopia believes that prevention is only a half the battle, and that a full spectrum of HIV/AIDS services is needed to effectively fight the pandemic. Prevention services must link to treatment and care programs in order to keep families healthy, strong and together. Only 10% of pregnant women have access to PMTCT services program in Ethiopia and only six percent deliver in a health institution. Children (under 15 years of age) born to HIV-positive mothers and children symptomatic with HIV infection are left without access to testing or ART. Health extension workers and health providers at health centers and health posts can play a central role, once they have received instruction/training to identify and diagnose infants who have not been tested and/or are considered vulnerable.

In an effort to keep pace with the estimated 13% of new HIV infections occurring in children annually, at least 15% of patients receiving treatment are expected to be children. During FY06, IntraHealth initiated a comprehensive pediatric HIV/AIDS care and support (CPCS) activity. In the first six months of implementation, the project covered 70 health centers and their respective three satellite health posts reaching 210 health posts. IntraHealth and local partners trained 884 health providers at health centers and health extension workers/community resource volunteers (HEW/CRV) to identify and refer children to access testing and treatment. As a result, 1,378 children were identified and referred for testing from the community and through provider initiated activity. Two hundred forty eight children tested positive among whom, 157 were referred to hospitals for ART. Eighty-five HIV-positive children were referred back from hospitals to health centers for chronic follow-up care. Pediatric HIV/AIDS referrals have improved from almost null at the health-center level to over 1,000.

Building on the successful lessons and experience drawn from the pilot CPCS project, IntraHealth proposes to scale up access of CPCS to communities around 50 health centers and the respective five satellite health posts. IntraHealth will continue to strengthen the 90 existing sites from FY06 and the 40 additional sites and respective five health posts that will be picked up under COP 07. As of the end of September 2009, this partner would be supporting pediatric case follow-up in 180 health centers and 900 health posts in Addis Ababa, Amhara, Oromiya, SNNPR, Dire Dawa, and Tigray.

Expansion will be carried out through five steps that will be well coordinated and will improve the quality of services.

**Step one – Orientation:** IntraHealth will conduct decentralized orientation, baseline assessment and resource mapping in the new sites. This step will only take one day and includes the participation of about 30 personnel from different levels of health structure.

**Step two-- Training:** The activity will provide a six day centralized training for health workers working in pediatric units on integrated management of neonatal and childhood illnesses (IMNCI) and chronic HIV/AIDS follow-up care using standard manuals. Other training will include decentralized one day training for MCH entry unit health providers on case detection and referral, and a two days training for the respective HEW/CRV on active case detection and referral, adherence to treatment and defaulter tracing. Five days after the training, IntraHealth will undertake follow-up, which includes supportive supervision for health managers at woreda level. Lastly, a two day refresher course for existing sites and respective health posts will be conducted.

**Step three-- Service implementation and reinforcement:** Reinforcement of skills and knowledge learned will be provided to each trained health worker post-training, to ensure that the quality of service delivery conforms to established standards.

**Step four-- Collaboration and harmonization of activities:** At all steps of implementation, IntraHealth will assure that its activities are harmonized with those of its partners to ensure the continuum of care. IntraHealth will collaborate with partners by organizing and attending stakeholders meetings and working together on complementary activities, as well as creating joint forums for discussion. Such advocacy will be an important step to ensure the right of HIV-positive child for attending school without stigma and discrimination and to benefit from inheritance.

**Step five-- Monitoring and evaluation:** IntraHealth will ensure the quality of reports and incorporate additional indicators, to be consistent with the national HMIS and will harmonize the indicators of pediatric follow-up with those of PMTCT to avoid duplications. This activity focuses on gather more strategic information to inform PMTCT and ART efforts in Ethiopia. It also aims to shift tasks to HEW/CRV in order to lessen the burden on clinic-based health providers and increase community outreach for pediatric case-finding.

A practice of monthly meetings of referring units, particularly the health centers, the Woreda's and the community (HEW/CRV) is well established in some areas, but needs strengthening in many places to improve coordination between all levels of care. Strong work relationships are recognized between the IntraHealth team and the personnel throughout the health structure. Effective information and data exchange now exists between IntraHealth, government and PEPFAR Ethiopia partners. IntraHealth and its collaborating partners jointly monitor progress and undertake supportive supervision visits with the respective health managers, an outcome which is positively viewed by the officials of Ministry of Health. IntraHealth will continue to collaborate with the US universities (Columbia, Washington and John Hopkins) to link HIV exposed children 0-18 months for Dried Blood Spot analyses, and HIV positive children above 18 months to 14 years for CD4 counts and ART initiation. The activity will also continue to work with Save the Children's PC3 Orphans and Vulnerable Children project (10396) to link clinically malnourished infants to nutritional support and other community services. The ESHE project will also work to identify chronically ill,

**Activity Narrative:** malnourished, and/or HIV-exposed infants and children in order to refer them for testing and appropriate treatment.

The targets for this activity will be counted by other PEPFAR clinical partners providing ART. IntraHealth will 590 health providers on identifying and providing pediatric ART. This program aims to help initiate ART for 2,000 infants and children.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10616

**Related Activity:** 16725, 16589, 16678, 16644, 16672, 16613

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10616	5688.07	U.S. Agency for International Development	IntraHealth International, Inc	5549	593.07		\$400,000
5688	5688.06	U.S. Agency for International Development	IntraHealth International, Inc	3757	593.06		\$500,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16725	12238.08	7526	6125.08	ACQUIRE	Engender Health	\$0
16589	5578.08	7477	298.08	*Positive Change: Communities and Care (PC3)	Save the Children US	\$4,500,000
16678	10534.08	7500	3798.08	RPM Plus	Management Sciences for Health	\$4,130,000
16613	5681.08	7481	1264.08	IMAI	World Health Organization	\$1,350,000
16672	10436.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$8,400,000
16644	10439.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$9,116,200

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

\* Task-shifting

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

\* Child Survival Activities

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	590	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

### Other

Orphans and vulnerable children



## Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Dire Dawa

Oromiya

Southern Nations, Nationalities and Peoples

Tigray

**Table 3.3.11: Activities by Funding Mechanism**

**Mechanism ID:** 3793.08

**Prime Partner:** World Health Organization

**Funding Source:** GHCS (State)

**Budget Code:** HTXS

**Activity ID:** 10624.08

**Activity System ID:** 16723

**Mechanism:** WHO-CDC

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** HIV/AIDS Treatment/ARV Services

**Program Area Code:** 11

**Planned Funds:** \$1,080,000

## **Activity Narrative:** Integrated Service Strengthening

This is a continuing activity from FY07. This is a hospital-level activity related to strengthening integrated services at health centers. Integrated health service strengthening—which builds capacity for decentralized HIV services, including chronic disease management, ART, and prevention—requires good coordination of clinical care within the health network model and appropriate back-up from zonal, regional, and university hospitals. The health network model consists of hospitals, health centers, health posts, and community-based health workers. Health center scale-up of HIV prevention, care, and ART is proceeding very rapidly, along with efforts to link hospitals and health centers through clinical mentoring programs.

Doctors and health officers at hospital level need preparation for their mentoring role with compatible training materials, and continued support through an ongoing learning program.

Scaling up HIV care and ART requires decentralization and active strengthening of the health network model, 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 interventions and the simplified, operationalized, Ethiopia-adapted guidelines for integrated management of adolescent and adult illness (IMAI) and training materials used at hospital, health center, and community levels. Inconsistencies in approaches will confuse and undermine attempts to extend HIV prevention, care, and ART. Doctors and health officers will also need empowering to introduce any new guidelines or interventions, as HIV global normative guidelines and national policies change.

The World Health Organization's (WHO) IMAI/ Integrated Management of Childhood Illness (IMCI) Second Level HIV Clinical Learning Program consists of an introductory training course and materials to support follow-up learning, supporting individual progressive expertise while accommodating new updates.

In this activity WHO will: 1) Continue providing technical assistance (TA) to work with Ethiopian and US universities to support the IMAI/IMCI Second Level HIV Clinical Learning Program by supporting adaptation and further development of training programs. 2) Continue working with Ethiopia and US universities on training of trainers, pre-service and in-service training of IMCI/IMAI Second Level HIV Clinical Learning Program and clinical mentoring. WHO will focus on building the capacity of the local institutions to have a big role in both pre-service and in-service training. 3) Provide TA with career development, including continuing medical education, certification and licensing, and non-financial schemes for retention of clinical mentors. 4) Continue development and update of clinical videos to support improved initial and ongoing learning. 5) Provide TA for supervision of the clinical mentoring program to assure quality development of functional health network models. Standardized, periodic on-site supportive supervision and regular clinical mentoring program reviews will be an integral part of this activity. 6) Develop a case library of actual cases from hospitals and health centers for the training and ongoing learning process. 7) Provide in-depth opportunities for professional exchanges for government and university senior clinician mentors, in collaboration with other WHO programs in Africa and elsewhere.

The learning program begins with the second-level in-service course, as well as pre-service training, based on initial IMAI basic course training. The program then covers material designed specifically for district doctors. The initial training will be in ART and opportunistic infections (OI), through an interactive approach with expert patient trainers and hospital and health center 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 tuberculosis/HIV co-infection in adults and children, and their common complications. The course focuses on the most common conditions requiring management at district-hospital level.

The second-level learning program is framed in the public health approach for scaling up access to high-quality HIV care and treatment. There are already more than 30 organizations and 15 countries involved in the interactive development process, including the US universities working at hospitals in Ethiopia (e.g., Washington University/I-TECH, Johns Hopkins University, Columbia University, and the University of California, San Diego).

Mentoring and follow-up training are integral to the IMAI approach in doctor training. WHO will work with HIV/AIDS Prevention and Control Offices to standardize the mentoring activity according to recommendations from the Ethiopian Ministry of Health. Other components of the learning program include follow-up short courses, preparation for clinical mentoring, ongoing support for mentors, clinical casebook exercises, and video case presentations. These support doctors to further develop their HIV care skills and expand their knowledge. The follow-up courses help to solidify existing experience and training, as well as to expand knowledge about a particular topic, such as pediatric ART or TB/HIV. This will harmonize with the national approach to training, with substantial benefits for the zonal/district network and the speed and efficiency of scale-up. This will lead to wider access to higher quality, sustainable HIV care.

Each potential mentor will undergo training on: effective mentoring; adult participatory education skills (communication skills, active listening, giving nonjudgmental feedback); and effective case review and care by the clinical team. They will also receive 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-center 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 be collected easily 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.

In light of the emphasis on accelerated, decentralized HIV care and ART, the HIV care and treatment scale-up in Ethiopia will follow the guiding principle of "high impact and high yield." For FY08, WHO will increase TA to a total of 100 hospitals and 450 health centers, found in all 11 regions of the country. The TA will focus on referral/back-referral linkages, on-going learning programs through clinical mentoring, and routine on-site supportive supervision based on the existing health network model. As care and treatment programs expand, and the number of patients on treatment increases, attention must be given to the quality of the ART services being provided. WHO will work with other relevant PEPFAR Ethiopia partners to strengthen

**Activity Narrative:** the zonal and district health networks' abilities to monitor and evaluate programs using the standardized program indicators.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10624

**Related Activity:**

#### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10624	10624.07	HHS/Centers for Disease Control & Prevention	World Health Organization	5550	3793.07	WHO-CDC*	\$900,000

#### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

\* Task-shifting

\* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

#### Food Support

#### Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

## Target Populations

### Other

Pregnant women

People Living with HIV / AIDS

**Table 3.3.11: Activities by Funding Mechansim**

**Mechanism ID:** 3801.08

**Mechanism:** Implementation Support for HIV/AIDS Anti-Retroviral Therapy Program through Local Universities in the Federal Democratic Republic of Ethiopia under the President's Emergency Plan for AIDS Relief

**Prime Partner:** Jimma University

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 5672.08

**Planned Funds:** \$90,000

**Activity System ID:** 16719

**Activity Narrative:** HIV/AIDS (ART) Program Implementation Support

This is a continuing activity from FY06 and FY07.

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 JU Teaching Hospital has been a major partner in the implementation of 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. JU has also initiated highly acclaimed diploma and degree HIV/AIDS monitoring and evaluation (M&E) training programs, with support from PEPFAR Ethiopia. The teaching hospital is serving as a site for in-service training of the health workers required to rollout HIV/AIDS program activities in Oromiya, the largest and most populated region.

In FY06, JU has strengthened HIV/AIDS prevention activities among university students and staff on different campuses. Currently, the university is rapidly scaling up ART services at the teaching hospital, assisted by USG implementing partners. In FY05, FY06, and FY07, 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 Oromiya 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 hospital. It will enable the university to provide effective support to the in-service training of health workers in Oromiya 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 FY07, in collaboration with the Ethiopian Ministry of Health (MOH) 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 FY08. There is a need for deliberate action to establish managerial and technical capabilities by offering the university the opportunity as well as the 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 FY08, the university will strengthen its support to in-service training and direct technical assistance (TA) to Oromiya RHB and carry out pre-service training on HIV/AIDS, including ART. JU 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. JU will collaborate with Columbia University (CU) and Management Sciences for Health, and will also undertake review meetings with other local universities and stakeholders. 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 through a cooperative agreement with CDC Ethiopia. This arrangement will allow JU 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, when the latter pulls out its support.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10595

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28117	5672.28117.09	HHS/Centers for Disease Control & Prevention	Jimma University	11514	3801.09	Implementation Support for HIV/AIDS Anti-Retroviral Therapy Program through Local Universities in the Federal Democratic Republic of Ethiopia under the President's Emergency Plan for AIDS Relief	\$81,000
10595	5672.07	HHS/Centers for Disease Control & Prevention	Jimma University	5546	3801.07		\$100,000
5672	5672.06	HHS/Centers for Disease Control & Prevention	Jimma University	3801	3801.06		\$100,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

Local Organization Capacity Building

**Food Support****Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

**Indirect Targets**

**Coverage Areas**

- Oromiya
- Dire Dawa
- Hareri Hizb
- Sumale (Somali)

**Table 3.3.11: Activities by Funding Mechansim**

**Mechanism ID:** 3804.08

**Mechanism:** Implementation Support for HIV/AIDS Anti-Retroviral Therapy Program through Local Universities in the Federal Democratic Republic of Ethiopia under the President's Emergency Plan for AIDS Relief

**Prime Partner:** Mekele University

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** HIV/AIDS Treatment/ARV Services

**Budget Code:** HTXS

**Program Area Code:** 11

**Activity ID:** 5675.08

**Planned Funds:** \$90,000

**Activity System ID:** 16720

**Activity Narrative:** This is a continuing activity from FY06 and FY07.

Mekele University (MU), 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, public health, nursing, and other mid-level training courses for different cadres of health professionals.

MU is working closely with the Tigray Regional Health Bureau (RHB) 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 in building capacity that will enable them to 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, MU is rapidly building its capacities. As a result, various anti-HIV/AIDS activities have been started to mainstream HIV/AIDS interventions in an array of training programs .

In FY05, FY06, and FY07, through technical support from PEPFAR Ethiopia's implementing partners, MU and its teaching hospitals have initiated anti-HIV/AIDS activities and services among the university community and hospital clients. The university is implementing plans it had developed to institutionalize HIV/AIDS-related initiatives, and has currently established a structure and is putting systems in place to initiate the implementation of a strong and broad-based HIV/AIDS program.

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 these activities in a major way. Mechanisms to strengthen the working relationships with Tigray RHB and the Ethiopian Federal Ministry on Health have been put in place to support rapid scaling up of HIV/AIDS program activities. The university is currently involved in discussions with different agencies, including PEPFAR partners, to speed up planning, preparatory, and implementation activities. As a result, MU 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.

Through the support of Washington University/I-TECH, MU 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 Tigray, Amhara, and Afar regions. The university will strengthen its networking with the regional HIV/AIDS Prevention and Control Office (HAPCO), RHB, nongovernmental and faith-based organizations operating in the region, and will support involvement of private hospitals in the HIV/AIDS response. It will take the lead to strengthen local partners to work towards achieving the targets set. The university will have a strong working relationship with its USG counterpart. MU will be in a good position to scale up its HIV/AIDS activities in a comprehensive manner, with due emphasis on prevention, care, and treatment and on 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 long-term technical support center, it needs to build its managerial and leadership capacities in FY07 and FY08. In FY08, 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, receive direct financial and technical support that will enable it to establish the required experience through a cooperative agreement with CDC Ethiopia. MU will collaborate with I-TECH and Management Sciences for Health, and will also undertake review meetings with other local universities and stakeholders. 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.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10596

**Related Activity:** 16656, 16642, 16643, 16657,  
16658, 16644, 16711, 16645



**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28164	5675.28164.09	HHS/Centers for Disease Control & Prevention	Mekele University	11534	3804.09	Implementation Support for HIV/AIDS Anti-Retroviral Therapy Program through Local Universities in the Federal Democratic Republic of Ethiopia under the President's Emergency Plan for AIDS Relief	\$81,000
10596	5675.07	HHS/Centers for Disease Control & Prevention	Mekele University	5547	3804.07		\$100,000
5675	5675.06	HHS/Centers for Disease Control & Prevention	Mekele University	3804	3804.06		\$100,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16656	5639.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$1,100,000
16642	10648.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$420,000
16643	5767.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$550,000
16657	5751.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$441,750
16658	5725.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$561,000
16711	5678.08	7517	3806.08	Twinning Initiative	American International Health Alliance Twinning Center	\$2,756,000
16644	10439.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$9,116,200
16645	10613.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$1,000,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
Number of pregnant women who have received HIV counseling and testing for PMTCT and received their tests	N/A	True
Number of health workers trained or retrained in the provision of PMTCT services	N/A	True
Number of service outlets providing the minimum package of PMTCT services	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Pregnant women

People Living with HIV / AIDS

Teachers

## Coverage Areas

Tigray

Afar

Amhara

**Table 3.3.11: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 5486.08	<b>Mechanism:</b> MOH-USAID
<b>Prime Partner:</b> Federal Ministry of Health, Ethiopia	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> HIV/AIDS Treatment/ARV Services
<b>Budget Code:</b> HTXS	<b>Program Area Code:</b> 11
<b>Activity ID:</b> 17715.08	<b>Planned Funds:</b> \$18,000,000

**Activity System ID:** 17715

**Activity Narrative:** Strengthening HIV Infrastructure to Increase Service Delivery Access

This is a new activity that relates to the Renovation of ART Hospitals (10410), the Renovations - Health Facility ART (10485) activity, as well as to two new activities, Renovations to Strengthen Quality of ANC/PMTCT Services (at hospitals and health centers, respectively).

Health service utilization in Ethiopia is a low 36%, and 50% of the population live more than 10 kilometers from a health center. In response to the lack of access to services, the Government of Ethiopia (GOE) has launched an ambitious program, the Health Service Delivery Program III (HSDP III) to provide universal primary healthcare to the population by 2010. The plan is also being supported through the Ministry of Health's Road Map 2007-2008: Accelerated Access to HIV/AIDS Prevention, care, and Treatment in Ethiopia, an ambitious plan to bring the population universal access to HIV services, also by 2010.

While PEPFAR is unable to support the very large resources required to reach the targets of these ambitious plans, it will provide, in support of these important efforts, financial resources to support infrastructure development alleviating a portion of the serious access gaps that the population currently suffers. PEPFAR will provide \$18 million to the Federal Government of Ethiopia through the Fixed Amount Reimbursement method for local cost financing, pursuant to the USAID Automated Directives System 317, and the pertinent Supplemental Reference, "Use of Fixed Amount Reimbursement Method for Local Cost Financing".

PEPFAR is currently supporting two other construction activities with the Regional Procurement Service Organization (RPSO) and with Crown Agents. These activities support services at the tertiary care level, improving hospital infrastructure, and at the health-center level, supporting safe, quality services and helping preserve existing infrastructure, currently at risk due to lack of preventive maintenance and budget to support this critical function.

This activity would extend PEPFAR's efforts to bring HIV services to at risk groups in Ethiopia. Up to 95 health stations (existing facilities smaller than health centers) would be renovated, expanded and equipped at a cost of approximately \$178,000 each. The sites would be selected to focus on areas with high HIV prevalence and potentially high patient volume. Extension of the financing to additional sites will be contingent on the GOE demonstrating that sites are fully staffed and fully functional, a concern given the serious human resource crisis facing Ethiopia.

Additionally, up to \$1 million of the funds may be used by the GOE to construct housing for physicians and other pertinent staff at hospitals, particularly in the city of Addis Ababa where housing costs and the resulting shortage, particularly for low paid public sector employees, is one of the factors resulting in high personnel turnover and shortages.

This activity will complement the almost \$19 million PEPFAR plans to spend supporting improvement of existing health infrastructure under FY08, and will support a major GOE priority, increasing access to all services for the Ethiopian population.

Based on COP08 approval funds for renovations of health centers in high prevalence areas along the high risk corridors funding levels were restored to initial COP08 levels after discussion with OGAC.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16664

**Emphasis Areas**

Construction/Renovation

**Food Support**

**Public Private Partnership**

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### HLAB - Laboratory Infrastructure

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

**Total Planned Funding for Program Area: \$28,106,553**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

### Program Area Context:

Laboratory organizational and physical infrastructure, procurement systems, supply availability, equipment, and trained staff are critical for PEPFAR Ethiopia's program implementation. We need to strengthen the laboratory infrastructure at all levels to improve service quality and achieve targets. PEPFAR Ethiopia, in collaboration with the Ethiopian Ministry of Health (MOH), is strengthening regional and hospital laboratories to support HIV/AIDS prevention, care, and treatment programs. Accordingly, PEPFAR Ethiopia supported the comprehensive renovation of Ethiopian Health and Nutrition Research Institute's (EHNRI) reference laboratory and five hospital and regional laboratories. These laboratories have been furnished with standard laboratory furniture. Six regional laboratories have been renovated and furnished for establishment of DNA Polymerase Chain Reaction (PCR) testing, set up in FY07.

PEPFAR Ethiopia supported the development of standardized curricula for in-service training on: chemistry, hematology, CD4, laboratory management, facility-level laboratory management, health center-level laboratory technicians training, opportunistic infections (OI) diagnosis, HIV rapid-testing, early infant diagnosis, and quality systems. In addition, we supported the development of guidelines, operational plans, log sheets, standard operating procedures (SOP), test requests, and record forms. We trained more than 1,400 laboratory technicians, technologists, supervisors, and directors on: laboratory diagnosis of HIV, TB, and STI; laboratory management and quality systems; and laboratory monitoring of ART.

We used a decentralized approach to conduct most of the trainings at regional and site levels. We established external quality assurance (EQA) for CD4, chemistry, hematology, and HIV rapid-testing at 20 ART sites. We are preparing to decentralize the EQA to regional level. For ease of management, quality of laboratory data, and to improve efficiency, PEPFAR Ethiopia supported pilot implementation of the Laboratory Information System (LIS) at selected hospitals and national referral and regional laboratories. As part of the LIS implementation, we have networked more than 250 working stations with broadband Internet service at EHNRI's new HIV reference laboratory.

We purchased and distributed essential laboratory equipment to regional and hospital laboratories, including automated clinical chemistry; hematology analyzers; FACS-Count machine; PCR machines, and accessories for early infant diagnosis for six regional labs. PEPFAR Ethiopia supported the maintenance of all the equipment through EHNRI, and provided technical and logistic support for transportation and installation of laboratory equipment for 63 ART hospitals that was purchased through the Global Fund and MOH. In response to the rapid scale-up and decentralization of ART, effective referral testing has been provided to more than 240 health centers for CD4 and ART monitoring tests.

PEPFAR Ethiopia supports laboratory-based targeted evaluation of laboratory diagnosis and disease monitoring. We have standardized laboratory requisition, documentation, and reporting forms. Early infant HIV diagnosis has been established at the national HIV reference laboratory and six regional laboratories. Procedures for HIV pro-viral DNA PCR detection from dried blood spots has been validated and implemented nationwide at ART sites. We are preparing to setup testing centers at seven other sub-regional reference or hospital laboratories and scale up diagnostic services to all regions through dried blood spot sample referral linkage. In the area of logistics supply-chain management, PEPFAR has seconded an advisor to EHNRI to support quantification for laboratory reagent and supply procurement, and has also placed five Regional Laboratory Logistics Associates (RLLAs) in key regions to support supply distribution.

In FY08, PEPFAR Ethiopia will continue to implement a quality assurance (QA) program. We will strengthen tiered, quality-assured laboratory networks and implement nationally developed policies and strategic plans across the network. Integrated laboratory services and referral linkages will be implemented to connect health centers to district hospitals, district hospitals to regional hospitals/regional laboratories, and regional laboratories to the national reference laboratory. This network will provide an efficient mechanism for providing integrated services to expand ART programs. PEPFAR Ethiopia will also continue to support and coordinate all laboratory trainings, EQA, and site supervision at 138 ART health networks (138 hospitals and 281 health centers). We will train more than 1,800 laboratory professionals on: HIV rapid-testing; diagnosis of TB/OI; laboratory monitoring of ART and laboratory quality; and information and logistic management systems. EHNRI will conduct national training-of-trainers sessions, in collaboration with the CDC, the American Society of Clinical Pathologists (ASCP), and the Association of Public Health Laboratories (APHL). Regional laboratories, US universities and Management Science for Health (MSH) will be involved in regional and site-level trainings. ASCP, APHL, and Clinical Laboratory Standards Institute (CLSI) will assist in developing, customizing, and standardizing different training modules.

PEPFAR Ethiopia will support implementation of the national master plans for laboratory services and logistics management. Supply Chain Management System (SCMS) will provide logistics support for transportation and distribution of all laboratory commodities to all 138 ART hospital networks. We will support reagent management needs, inventory, and forecasting of supplies through technical assistance, and we will coordinate these efforts with other governmental and donor stakeholders. We will continue to develop the capacity of personnel at all levels to implement an efficient supply-chain management system for laboratories commodities. SCMS will work to develop capacity of PHARMID (the national medical-stores logistics system) to strengthen its central and regional hub capacity to handle the special logistics needs for laboratory supplies, including cold chain requirements. We will deploy three additional RLLAs. We will supply commodities per the National HIV Commodity Quantification Exercise and in coordination with EHNRI and Clinton HIV/AIDS Initiative staff undertaking quantification.

With CDC support, EHNRI will provide national leadership for strategic planning, laboratory policies and guidelines, integrating services and testing, and ensuring implementation of laboratory standards. With EHNRI support, regional reference laboratories will coordinate activities, including regional training, reference testing, EQA services, and early infant diagnosis. APHL, ASCP, and CLSI will provide technical assistance at several levels for: quality improvement; networking; referral linkages; development and standardization of training modules and SOP; development of lab policies and guidelines; guidance toward lab accreditation; and assistance toward certification of clinical laboratory services.

For standard clinical regional laboratory services for HIV/AIDS prevention, care, and treatment programs, regional laboratories will work closely with US universities involved in site-level support. The 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 providing technical assistance for referral linkages between hospital and health centers, including specimen management and transport, sample tracking, and recording and reporting systems. They will work in close collaboration with, and under the leadership of, EHNRI and regional labs. They will work to integrate OI diagnoses with the existing HIV/AIDS laboratory support. MSH will support health-center laboratories in: training; implementing quality assurance based on national plans; minor renovation and furnishing; coordinating referral testing in collaboration with University partners; establishing simple diagnostic techniques for OI at facilities; and providing comprehensive, laboratory site-level support at health centers in major regions.

By the end of FY08, diagnosis of HIV/TB/OI and laboratory monitoring services (hematology, biochemical, and CD4 profiles) will be provided to more than 450,000 pre-ART patients on care and 210,000 patients on ART as per the National Guidelines for Use of ARV Drugs. We will provide DNA-PCR based early virologic tests to approximately 48,800 infants. The revised, national rapid-

HIV-testing algorithm and QA/QC program will be operational at all VCT sites. 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 and monitoring and evaluation of services. With PEPFAR Ethiopia partners, CDC Ethiopia will coordinate and follow up laboratory-related services for HIV/AIDS care, treatment, and prevention activities. We will also coordinate the services with GF/MOH, including providing technical and logistic support.

As part of local capacity development and sustainability, ASCP and APHL will work closely with local organizations, including the National Reference and regional laboratories. APHL will support the Ethiopian Public Health Laboratory Association and regional reference laboratories. ASCP will work with the Ethiopian Medical Laboratory Association and laboratory schools. SCMS will also work closely with the national SCMS and ensure local capacity is developed to take over the services.

**Program Area Downstream Targets:**

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	445
12.2 Number of individuals trained in the provision of laboratory-related activities	2312
12.3 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	5979690

**Custom Targets:**

**Table 3.3.12: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 673.08	<b>Mechanism:</b> Expansion of HIV/AIDS/STI/TB Surveillance and Laboratory Activities in the FDRE
<b>Prime Partner:</b> Ethiopian Health and Nutrition Research Institute	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Laboratory Infrastructure
<b>Budget Code:</b> HLAB	<b>Program Area Code:</b> 12
<b>Activity ID:</b> 17828.08	<b>Planned Funds:</b> \$350,000

**Activity System ID:** 17828

**Activity Narrative:** Expansion of Laboratory Information System  
 Information, in the form of test results and clinical investigation, is the primary product of the clinical laboratory. To meet the needs of the laboratory's consumers, it is essential that this information be accurate, available, and timely. Laboratory Information System (LIS) supports workflow and information flow in all steps of the laboratory testing process, including patient registration, test ordering, sample collection, testing, and reporting. LIS enables laboratories to manage their data, to maintain quality, and to improve efficiency. In developing countries, almost all laboratories meet these needs with a manual information system, but the scale-up of ART and monitoring programs forces these laboratories to implement a computer-based LIS to handle the ever-increasing volume of data that they receive and report out.

In FY06, Laboratory Information System (LIS) support was piloted at selected PEPFAR-supported hospitals and regional laboratories with a laboratory Information Management System, computer hardware, and accessories. In FY07, this activity was expanded to 26 sites to support operations and quality-assurance activities at the Ethiopian Health and Nutrition Research Institute (EHNRI), regional laboratories, and PEPFAR-supported ART hospital laboratories. LIS also enabled sites to have efficient data and report exchanges. To achieve this, the following expansion work was accomplished: (1) procured an additional 78 LIS software site licenses for 26 sites; (2) procured 26 barcode printers, 78 barcode readers, and 52 barcode printer papers; (3) trained 52 laboratory technicians and 26 receptionists in LIS; (4) procured and provided 78 computers and accessories; (5) designed and implemented peer-to-peer network for selected regional and hospital laboratories; (6) installed and configured LIS in selected regional and hospital laboratories and linked the hospital laboratories via dial-up with their respective regional laboratories, and regional laboratories with the EHNRI reference laboratory; (7) installed telephone lines into regional and hospital laboratories for successful implementation of LIS; (8) provided technical support to FY07 funded LIS sites; and (9) local travel for technical support and international travel for experience sharing with Association of Public Health Laboratories (APHL) facilities on LIS.

Strengthening and expansion of activities started in FY07 will be continued in FY08 at EHNRI and other facilities. The planned activities will include: strengthening of peer-to-peer networks for all hospital laboratories selected; continuing to install and configure LIS in all hospital laboratories and link the hospital laboratories via dial-up with their respective regional laboratories and regional laboratories with the EHNRI reference laboratory; continuing to provide training for PEPFAR-supported hospitals and to provide technical support to FY07 funded LIS sites.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	38	False
12.2 Number of individuals trained in the provision of laboratory-related activities	30	False
12.3 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	N/A	True

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 7609.08

**Prime Partner:** Management Sciences for Health

**Funding Source:** GHCS (State)

**Budget Code:** HLAB

**Activity ID:** 18099.08

**Activity System ID:** 18099

**Mechanism:** Care and Support Project

**USG Agency:** U.S. Agency for International Development

**Program Area:** Laboratory Infrastructure

**Program Area Code:** 12

**Planned Funds:** \$2,000,000



## Activity Narrative: HIV Care and Support Project

The HIV Care and Support Project (CSP) is a three-year effort to focus on HIV/AIDS at health centers and communities in partnership with PEPFAR Ethiopia partners and the Government of Ethiopia (GOE). CSP is PEPFAR's lead health-network care-and-support activity in Ethiopia at the primary healthcare-unit level and at health centers and satellite health posts; it provides coverage nationwide. This program will support the GOE to provide HIV/AIDS prevention, care, and treatment services at health centers and at the community and household levels through technical assistance, training in strengthening of systems and services, and expansion of best practice HIV-prevention interventions.

The CSP laboratory component will involve site-level laboratory support in 240 health centers. The program complements other PEPFAR Ethiopia efforts to strengthen laboratory capacity nationally by working through the Ethiopian Health and Nutrition Research Institute (EHNRI). The focus of PEPFAR Ethiopia activities has been to strengthen central and regional laboratories and install an external quality assurance (EQA) program. There are encouraging results in some regions in institutionalizing EQA, and efforts should be strengthened to expand the program at health-center level. The proposed CSP laboratory component at the 240 health centers in which CSP is also providing comprehensive HIV/AIDS services, including ART, is designed to complement and strengthen the national EQA work with respective regional reference laboratories (RRL) and EHNRI.

The facility-level, comprehensive, laboratory-support activities have been conducted in collaboration with EHNRI, RRL, CDC, and US universities. They include:

- 1) Organizing training for lab staff at health-center level on laboratory diagnosis of integrated diseases (including common opportunistic infection (OI) diagnosis using centrally developed and standardized training modules)
- 2) Making standard operational procedures (SOP) available at individual labs and providing the necessary mentorship and supportive supervision to ensure staff abide by the SOP
- 3) Working with EHNRI, RRL, the Partnership for Supply Chain Management (PFSCM) and Rational Pharmaceutical Management Plus (RPM+) to have an uninterrupted supply of laboratory commodities, including rapid test kits, reagents and equipment
- 4) Working with EHNRI, RRL and relevant partners to have a functional recording and reporting system, including establishing/strengthening a tracking system for samples and results
- 5) Facilitating the collection of samples for transport through RRL/EHNRI funding for tests at higher level; and ensuring that results of samples sent to higher level are received on time.

Management Science for Health/Community Support Program is also expected to be engaged in improving laboratory layout, work flow, gap identification, and system strengthening.

MSH/CSP will facilitate the renovation of health center laboratories to expand the uptake and improve quality of the services. As stated above, MSH/CSP will also support integration of OI diagnosis, including improvement of TB microscopy.

The CSP laboratory component is part of CSP's overall health-systems-strengthening component. The CSP implementing partner, MSH, will recruit and hire a lab strengthening advisor with intimate knowledge and experience within the Ethiopian health system and with an advanced degree in laboratory services. The advisor's primary responsibility will be to coordinate and supervise all laboratory-strengthening activities at the health centers. Working together with the PEPFAR Ethiopia and EHNRI staff, this advisor will take existing laboratory standards for regional labs and adapt them to meet the situation of the health-center labs (if these standards already exist, CSP will use those). The laboratory standards will be incorporated into CSP's standards-based-management performance-quality-improvement tool for health centers, called the Fully Functional Service Delivery Point (FFSDP) tool. The FFSDP contains nine standards in various functions critical for high-quality health-center services, with appropriate criteria for each. The new health-center lab standards will be incorporated into the FFSDP as one of the critical standards.

During FY08, MSH/CSP will train regional health bureau (RHB) and district health office (DHO) staff in the application of this tool to the health centers selected to provide ART. In collaboration with RHB and DHO staff, CSP will undertake an FFSDP baseline evaluation which will identify any laboratory deficiencies for the health center. CSP will then collaborate with those staff to develop an intervention plan to address the deficiencies. The FFSDP will be applied twice more over a 12-month period to assist the health center to improve standards compliance and to assist the RHB/WHB personnel to monitor progress.

CSP will use performance-based contracting to provide technical assistance and support to assist the laboratories to meet the standards. CSP plans to use a competitive process to outsource laboratory training and support to a local organization with the capacity to train lab staff, help install the EQA programs, develop preventive maintenance and replacement programs for lab equipment, and assist with the supply of reagents and other supplies locally. Once in place, the contract with this local organization will support the health centers to achieve 80% or greater of the lab standards. That will be the performance standard included in the contract. CSP will award another set of performance-based contracts to the RHB and DHO to improve health-center adherence to the standards. Through the contracts, the RHB and DHO will have the responsibility and the resources to improve health-center operating conditions, including staff shortages, renovations, equipment, or other structural issues.

In addition, CSP will establish standards for handling of laboratory specimens in the facilities in which it works, and safe transport to RRL for tests not available in the health centers, such as CD4 counts and viral load. Specimen transport is currently the responsibility of the university PEPFAR partners. CSP plans to work closely with these PEPFAR partners to ensure health centers adhere to the appropriate standards for specimen preparation and transfer—this will also be incorporated into the lab standards.

Through application of the FFSEP standards at the health-center level, coupled with performance-based contracting with both private and public local organizations and collaboration with other PEPFAR partners (such as EHNRI, PFSCM, and the universities), CSP expects to show and measure significant improvement in health-center laboratory capabilities over time. This high-quality laboratory support to the health centers is essential to the provision of high-quality, comprehensive HIV/AIDS services, including ART, throughout the health network.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 17755, 16593, 16596, 16598,  
16623, 16645, 16673, 16653,  
16655, 16604

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17755	17755.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$840,000
16593	5791.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$240,000
16596	10647.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$1,690,411
16598	5749.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$1,534,500
16653	10612.08	7490	673.08	Expansion of HIV/AIDS/STI/TB Surveillance and Laboratory Activities in the FDRE	Ethiopian Health and Nutrition Research Institute	\$1,900,000
16655	10607.08	7490	673.08	Expansion of HIV/AIDS/STI/TB Surveillance and Laboratory Activities in the FDRE	Ethiopian Health and Nutrition Research Institute	\$1,500,000
16623	10622.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$210,000
16673	10619.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$1,100,000
16645	10613.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$1,000,000
16604	10442.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$800,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

\* Task-shifting

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	250	False
12.2 Number of individuals trained in the provision of laboratory-related activities	255	False
12.3 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	N/A	True

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 677.08

**Mechanism:** Supporting Laboratory Training and Quality Improvement for Diagnosis and Monitoring of HIV/AIDS Patients in Resource Limited Countries through Collaboration with ASCP

**Prime Partner:** American Society of Clinical Pathology

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Area Code:** 12

**Activity ID:** 24149.08

**Planned Funds:** \$75,000

**Activity System ID:** 24149

**Activity Narrative:** PEPFAR Ethiopia in partnership with Ethiopian Health and Nutrition Research Institute (EHNRI), a significant progress has been made in improving the laboratory services supporting HIV/AIDS care and treatment program and strengthening of the national laboratory system. There are still gaps in standardization of clinical microbiology laboratory service including diagnosis of opportunistic infection, sexually transmitted infection, tuberculosis and malaria, testing and laboratory biosafety. American Society for Microbiology (ASM), a prime partner in many PEPFAR focus countries has been providing technical assistance in these areas. As of 2008, ASM will also provide technical assistance in improving clinical microbiology laboratory services. ASM will assess the status of the services, provide assistance in developing standards in simple diagnostic testing, development of training modules and mentoring, ASM will work closely with CDC Ethiopia and Ethiopian Health and Nutrition Research Institute (EHNRI) to establish the national clinical and public health microbiology laboratory at the national and regional labs. The support is gap filling and critical in Ethiopia and will start preliminary activity with the reprogrammed budget and the activities will continue widely in COP09.

In COP08, the following activities will be covered by ASM

- conduct an assessment of clinical microbiology laboratories in Ethiopia, identify gaps, and develop work plan based on the priorities
- Preparation of protocols and guidelines for improvement of Clinical Microbiology laboratory services including, STI, Malaria and other OI diagnosis, QA, development training modules, etc
- Development training modules in clinical microbiology laboratory services (STI and malaria and OIs)

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.12: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 8273.08	<b>Mechanism:</b> Laboratory Standards Improvement
<b>Prime Partner:</b> Clinical and Laboratory Standards Institute	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Laboratory Infrastructure
<b>Budget Code:</b> HLAB	<b>Program Area Code:</b> 12
<b>Activity ID:</b> 18840.08	<b>Planned Funds:</b> \$300,000
<b>Activity System ID:</b> 18840	

**Activity Narrative:** Clinical Laboratory Standards

PEPFAR Ethiopia, in collaboration with the Ethiopian Health and Nutrition Research Institute (EHNRI), has established and enhanced the nation laboratory testing services. The RT program has expanded to district hospitals and health centers.

In FY07, support has been provided for training and for improvement of quality laboratory services. Tiered laboratory services and referral linkages and networking were implemented to meet the rapid scale up of the ART program and decentralization of services to the health center levels.

There are still major gaps in clinical laboratory layout design and work flow, and in maintenance of bio-safety levels. Most of the laboratories at the regional and hospital level do not have uniform, standard operating procedures (SOP), and, as such, are not organized because laboratories are not properly designed. Design and introduction of appropriate laboratory layout is critical for ensuring the efficiency of each facility and proper management of it.

Clinical Laboratory Standards Institute (CLSI) writes, distributes, educates, and trains on standards and guidelines for best practices in the field of medical laboratory testing. CLSI has an inventory of over 170 different standards, guidelines, job aides, and tool kits in a range of areas, including: specimen collection; general laboratory practices; chemistry, hematology, infectious diseases and microbiology; and quality systems essentials and the reduction of errors. CLSI is based in the US, but has organizational members from over 35 countries on five continents. CLSI is the convener for the committee of the International Standardization Organization (the acknowledged standards-setting organization). CLSI has expertise and experience in implementing laboratory standards in different PEPFAR-supported countries and will also implement the activities initiated in FY07 in Ethiopia.

As a continuation of FY07, CLSI will provide technical assistance to Ethiopia to further assist in developing and harmonizing SOP and to ensure they are being used properly.

Laboratory layout will be assessed and standard layout and designs will be developed for regional, hospital, and health center laboratories. These layouts and designs will also be used in construction/renovation of clinical laboratories to fit into the tiered health services

Laboratory trainings are provided at different levels, but trainees have not been assessed on how they apply the acquired skills and knowledge from the trainings. Competency assessments of laboratory personnel are poorly done. To have quality laboratory testing services at each clinical laboratory, the standard of each laboratory should meet basic requirements. Training modules on bio-safety and implementation will be developed and training-of-trainers programs will be provided.

Competency assessment tools will be developed and used following the provision of training at different levels. CLSI will provide training on the development and use of SOPs, referral linkages, and competency assessments.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	25	False
12.3 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	N/A	True

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 3792.08

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

**Funding Source:** GHCS (State)

**Mechanism:** Rapid expansion of successful and innovative treatment programs

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Area Code:** 12

**Activity ID:** 5628.08

**Planned Funds:** \$898,000

**Activity System ID:** 16615

**Activity Narrative:** Addition: 10/7/08

PEPFAR Ethiopia in partnership with Ethiopian Health and Nutrition Research Institute (EHNRI), a significant progress has been made in improving the laboratory services supporting HIV/AIDS care and treatment program and strengthening of the national laboratory system. There are still gaps in standardization of clinical microbiology laboratory service including diagnosis of opportunistic infection, sexually transmitted infection, tuberculosis and malaria, testing and laboratory biosafety. American Society for Microbiology (ASM), a prime partner in many PEPFAR focus countries has been providing technical assistance in these areas. As of 2008, ASM will also provide technical assistance in improving clinical microbiology laboratory services. ASM will assess the status of the services, provide assistance in developing standards in simple diagnostic testing, development of training modules and mentoring, ASM will work closely with CDC Ethiopia and Ethiopian Health and Nutrition Research Institute (EHNRI) to establish the national clinical and public health microbiology laboratory at the national and regional labs. The support is gap filling and critical in Ethiopia and will start preliminary activity with the reprogrammed budget and the activities will continue widely in COP09.

In COP08, the following activities will be covered by ASM

- conduct an assessment of clinical microbiology laboratories in Ethiopia, identify gaps, and develop work plan based on the priorities
- Preparation of protocols and guidelines for improvement of Clinical Microbiology laboratory services including, STI, Malaria and other OI diagnosis, QA, development training modules, etc
- Development training modules in clinical microbiology laboratory services (STI and malaria and OIs)

#### Laboratory Infrastructure

PEPFAR Ethiopia, in collaboration with the Ministry of Health (MOH), is strengthening regional, hospital, and health center laboratories to support HIV/AIDS prevention, care, and treatment programs. CDC Ethiopia coordinated and led all laboratory-related services implemented by PEPFAR partners, including training, laboratory diagnosis and monitoring tests at hospital and health center levels, and referral diagnostic services (CD4, infant diagnosis, and viral load tests).

In FY07, CDC Ethiopia supported the establishment of a national HIV referral laboratory at Ethiopian Health and Nutrition Research Institute (EHNRI) to meet national standards. The national referral lab has been fully networked with information technology equipment and broadband Internet connectivity. This national laboratory is used as a model facility for training and coordinating laboratory quality assurance in the country. All ART monitoring analyzers are installed and hence the referral lab was supporting the referral testing for the ART program. Early infant diagnosis equipment was provided and assisted the referral laboratory to provide referral infant diagnosis of HIV. The new rapid testing algorithms for HIV have been made available for use, and training of trainers on rapid HIV testing using the new algorithm has been conducted.

In FY07, technical assistance was provided for regional rollout and decentralization of laboratory training in HIV rapid testing, integrated laboratory training, laboratory management and lab quality system. The trainings were successful and more than 1,000 laboratory professionals were trained. PEPFAR Ethiopia also supported the national referral laboratory to conduct the following targeted evaluations: HIV-drug resistance threshold survey, microscopic-observation of drug susceptibility test for TB, percentage of infant CD4 determination, single-tube use for CD4 count, and defining the reference ranges of hematology/chemistry profile.

All the activities started in FY07 will also continue in FY08. The activities include:

- (1) Continuing to support all laboratory trainings and implementation of national quality assurance program at all levels
- (2) CDC Ethiopia will lead and coordinate all laboratory activities under PEPFAR support. Technical assistance will be provided to EHNRI to strengthen the tiered quality laboratory services in the country and implement the "Master Plan for National HIV/AIDS Laboratory System in Ethiopia".
- (3) Support the National HIV laboratory to upgrade the facility to Biosafety Level Three to improve the containment for some specialized tests as referral center for country
- (4) Providing support, including furnishing with basic equipment, to six additional regional laboratories to serve as regional referral hubs and providing necessary equipment for establishing DNA PCR set-ups at sub-regional or referral hospital laboratories renovated by university partners at different regions
- (5) Supporting the development and printing of laboratory guidelines and standard operating procedures
- (6) Facilitating and supporting national and regional laboratory review meetings for PEPFAR-supported programs and coordinating periodic site-level supportive supervision and mentoring
- (7) Providing technical assistance in strengthening tiered laboratory services, referral networking, and expansion of the LIS to hospital and health center facilities
- (8) Supporting monitoring and evaluation of laboratory services, including: standardization of lab forms; record keeping; and reporting support tools to include laboratory test requests, referral forms, and reporting forms. Supporting the national and regional database system for laboratory reporting system for laboratory-based surveillance and detection, typing, and drug susceptibility surveys

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10599

**Related Activity:**

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28006	5628.28006.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11481	3792.09	Rapid expansion of successful and innovative treatment programs	\$1,545,000
10599	5628.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5480	3792.07		\$750,000
5628	5628.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3792	3792.06		\$700,000

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	445	False
12.2 Number of individuals trained in the provision of laboratory-related activities	60	False
12.3 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	N/A	True

### Indirect Targets



## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 3785.08

**Prime Partner:** University of California at San Diego

**Funding Source:** GHCS (State)

**Budget Code:** HLAB

**Activity ID:** 10622.08

**Activity System ID:** 16623

**Mechanism:** Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Laboratory Infrastructure

**Program Area Code:** 12

**Planned Funds:** \$210,000

**Activity Narrative:** Site-level laboratory Support

This is a continuing activity which was handled by CDC in FY06; University of California, San Diego (UCSD) continued to work on it in FY07.

In FY07, UCSD was funded to support nine hospitals, but UCSD increased support to 24 ART hospitals and performed a number of activities, including direct laboratory support for the six hospitals with ART-monitoring machines and support of referral testing for 18 sites without the machines.

Site-level laboratory support in FY07 included renovation of physical space to improve infrastructure; on-site as well as off-site trainings on laboratory monitoring tests of ART, rapid testing of HIV, tuberculosis (TB) and other opportunistic infection (OI) diagnosis; preventive maintenance and repair of equipment; specimen management; sample transport; and implementation of laboratory quality assurance (QA) through preparing and disseminating laboratory standard operating procedures (SOP) for different activities, which were all done through regular follow-up and supportive supervision activities.

The collaboration between UCSD and Columbia University's International Center for AIDS Care and Treatment (ICAP-CU) continued in FY07 to strengthen early infant diagnosis (EID) using dried-blood-spot (DBS) and DNA PCR tests at the 24 ART sites. They offered on-site training on sample collection and transport, site renovation, and material and furniture support for the sites.

Infection prevention was also implemented in all the 24 laboratories through a number of activities including supply of infection-prevention materials like gloves, face shields, and exhaust fans, as well as preparation and follow-up for implementation of safety manual and regular on-the-job trainings on infection prevention in the laboratory.

As part of the effort in improving site-level TB diagnostic capacities, UCSD has scaled-up the pilot project of TB diagnosis using fluorescence microscopy from one military hospital to three more uniformed-service ART hospitals. UCSD did so by supplying the fluorescence microscope objective lens that helps change an ordinary microscope into a fluorescent microscope, as well as by training lab personnel on the use of the microscope.

UCSD, in collaboration with CDC Ethiopia, also established a model laboratory at one of the military central-referral hospitals, which will be used as center of excellence and training center especially for practical attachments of the different lab trainings. This will be replicated by phases to the other uniformed-service laboratories in FY08.

Scale up of quality ART depends on quality laboratory services. UCSD's FY08 activity encompasses laboratory-support activities needed at 39 (24 existing and 15 new) sites for scaling-up of ART, voluntary counseling and testing, PMTCT, and TB services.

In 2008 UCSD will support the following activities:

(1) Strengthening of site-level laboratory quality systems, with emphasis on initiation and enhancement of QA programs, in partnership with the Ethiopian Health and Nutrition Research Institute (EHNRI). These activities will include: the preparation, revision, and implementation of standard operating procedures (SOP) for HIV-disease monitoring (hematology, clinical chemistry, and CD4); specimen management; laboratory safety; and QA/QC programs. UCSD will also support the preparation and provision of standard documentation and recording formats, including QC forms, lab request forms, and registers. UCSD will provide ongoing supportive supervision and mentorship at all sites, ensuring the delivery of high-quality laboratory services as well as systems strengthening, skills transfer, and capacity development.

(2) Technical support for uninterrupted laboratory services at all 39 ART site networks. This includes: assisting with the development, implementation, and enhancement of laboratory inventory systems in the ART site networks and ensuring availability of continued and sufficient reagent supplies; supporting timely preventive and troubleshooting maintenance services; building regional capacity for essential laboratory equipment maintenance capability; and supporting human resources by facilitating the availability of adequately trained laboratory personnel at all sites. These activities will be coordinated with the Supply Chain Management System and EHNRI

(3) Capacity building and minor renovation of facility-level laboratories:

UCSD will provide regular mentorship of site-level staff, focusing on improving laboratory management, laboratory organization, layout and work flow, specimen management, testing procedures, standard documentation, record keeping and reporting, and stock and inventory management. UCSD will also conduct periodic site assessments and will provide necessary and appropriate support including minor renovations and refurbishing of site labs and laboratory accessories needed for the day-to-day delivery of HIV-related laboratory services. UCSD will support: preventive maintenance of essential HIV-related equipment, as well as equipment care and management at the facilities. UCSD will also facilitate major equipment maintenance and provide support for national laboratory reporting systems. UCSD will technically assist in laboratory services and instrument calibration (i.e. centrifuges, pipettes, Timers and Thermometers).

(4) Provision of standardized trainings using nationally approved curricula, in collaboration with CDC, PEPFAR implementing partners, EHNRI, and regional laboratories. These site-level and regional-level trainings will include: HIV diagnostics (HIV serology testing, rapid testing); HIV disease monitoring (hematology, clinical chemistry, and CD4); laboratory training on integrated diseases including common OI diagnosis. UCSD will provide on-site training on the new algorithm and monitor and evaluate use of the new algorithm. A total of 120 laboratory personnel will be trained and UCSD, in collaboration with EHNRI, will evaluate the quality of services rendered by lab personnel after training in different disciplines.

(5) UCSD will continue to provide technical assistance and implementation support to referral laboratory services. This will strengthen the functioning of the reference labs as they supervise QA activities at lower-tier labs and provide access to more sophisticated diagnostic assays. UCSD will also support EHNRI to establish systems for: specimen collection at uniformed-services health facilities and/or peripheral hospitals;

**Activity Narrative:** transportation to appropriate hospital and regional laboratories; tracking of patient samples; reporting of results; and implementing and ensuring that standard guidelines and procedures are followed. UCSD will also support the expansion of the TB fluorescence microscope study from three to six sites to improve TB diagnostic capacities of laboratories. UCSD will support EHNRI in expanding the laboratory information system (LIS) at selected sites.

(6) UCSD, in collaboration with ICAP-CU, will continue to provide key technical assistance to the EID program at uniformed-services health facilities by facilitating DBS sample collection and referral. UCSD, working at site levels, will support not only HIV DNA PCR testing capacity in the laboratory, but the clinical systems, health-management information systems, and linkages needed to provide high-quality services to infants and families. UCSD will support access to EID services at all 39 ART sites through facilitation and coordination of referral linkages.

(7). Integration of OI diagnosis in the HIV/AIDS laboratory support: UCSD in collaboration with other stakeholders working in the laboratory area will establish common OI and sexually transmitted infections (STI) diagnostic testing services at regional labs and hospitals. This includes training of lab personnel on common OI and STI diagnosis, providing TA in setting up of the test services, and providing some critical reagents and diagnostic kits.

The significant increase in budget was necessary to expand the comprehensive laboratory support to the more than 15 sites, for the integration of OI diagnosis in HIV/AIDS laboratory support and introduction of fluorescent microscope in some selected sites.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10622

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28222	10622.2822 2.09	HHS/Centers for Disease Control & Prevention	University of California at San Diego	11555	3785.09	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	\$400,000
10622	10622.07	HHS/Centers for Disease Control & Prevention	University of California at San Diego	5481	3785.07		\$75,000

**Emphasis Areas**

Construction/Renovation

Human Capacity Development

\* Training

\*\*\* In-Service Training

\* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

\* TB

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	39	False
12.2 Number of individuals trained in the provision of laboratory-related activities	120	False
12.3 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	N/A	True

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

### Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 8181.08

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

**Funding Source:** GAP

**Budget Code:** HLAB

**Activity ID:** 18741.08

**Activity System ID:** 18741

**Mechanism:** CDC-M&S

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Laboratory Infrastructure

**Program Area Code:** 12

**Planned Funds:** \$215,051

**Activity Narrative:** This activity represents the direct technical assistance which is provided to partners by CDC staff. The amount represents the salary and benefit costs for CDC Ethiopia local technical staff and benefit cost for direct hire staff. Detailed narrative of CDC-Ethiopia Management and Staffing is included in Program Area 15 – Management and Staffing HVMS.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.12: Activities by Funding Mechansim**

**Mechanism ID:** 7887.08

**Mechanism:** CDC-Management and Staffing

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

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Area Code:** 12

**Activity ID:** 18744.08

**Planned Funds:** \$181,400

**Activity System ID:** 18744

**Activity Narrative:** This activity represents the direct technical assistance which is provided to partners by CDC staff. The amount represents the salary cost for CDC Ethiopia direct hire technical staff. Detailed narrative of CDC-Ethiopia Management and Staffing is included in Program Area 15 – Management and Staffing HVMS.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.12: Activities by Funding Mechansim**

**Mechanism ID:** 3786.08

**Mechanism:** Rapid expansion of successful and innovative treatment programs

**Prime Partner:** University of Washington

**USG Agency:** HHS/Health Resources Services Administration

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Area Code:** 12

**Activity ID:** 10613.08

**Planned Funds:** \$1,000,000

**Activity System ID:** 16645

**Activity Narrative:** Site-level laboratory Support

In FY07, I-TECH (Washington University) provided comprehensive high-quality HIV/AIDS services, including ART, at public and private hospital networks in the Amhara, Tigray, and Afar regions. Comprehensive technical assistance (TA) and implementation support has strengthened essential elements of the laboratory system, and improved service quality and consistency. I-TECH has helped to conduct assessment of laboratory services and train laboratory staff (via offsite and on-site trainings on equipment operation, preventive maintenance, and HIV-related laboratory test procedures). I-TECH has also helped to establish and strengthen quality assurance (QA) programs via on-site mentorship and by developing and implementing standard operating procedures (SOP), developing log books and improving documentation and recording; and providing technical and logistic support for specimen referral linkages between testing hospitals and referring hospitals and health centers.

In FY07, I-TECH provided major infrastructure support to hospital laboratories, including: improving space in the rooms within existing footage; epoxy painting of floors and walls in testing rooms; standard furnishing of labs; and improving electric lines and drainage systems. In addition, I-TECH, in collaboration with the International Center for AIDS Care and Treatment Programs at Columbia University, has provided key technical and implementation support to Early Infant Diagnosis (EID) programs at regional and site levels. I-TECH supported 393 blood sample transfers from health centers to nearby hospitals in Tigray and 1,643 samples in Amhara regions in FY07.

In FY08, I-TECH will expand its support to 32 hospital networks (30 government and two private) in the Amhara, Tigray, and Afar regions, enabling each to provide comprehensive, high-quality HIV/AIDS services. In addition, I-TECH will support six health centers in Afar region. Intensive site-level laboratory support is an essential component of I-TECH's plans, as the availability of consistent and reliable laboratory services will ensure quality HIV prevention, care, and treatment services. Ongoing training, supervision, and mentoring of laboratory staff and hands-on implementation support will be provided to all 38 sites. I-TECH will work directly with the regional labs, hospital labs, and health center personnel to implement and monitor QA programs at the 38 sites. Procurement and distribution of laboratory equipment and supplies for these sites will be handled by the CDC, the Ethiopian Ministry of Health, the Ethiopian Health and Nutrition Research Institute (EHNRI), and the Supply Chain Management System (SCMS), as will equipment maintenance. I-TECH will continue to provide TA for the rollout of HIV-1 DNA PCR tests for infant diagnosis at regional levels.

I-TECH's laboratory support activities in FY08 will include:

(1) Strengthening site-level laboratory quality systems, with emphasis on initiating and enhancing QA programs in partnership with EHNRI and Amhara, Tigray, and Afar regional reference laboratories. These activities will include: the preparation, revision, and implementation of standard operating procedures (SOP) for HIV disease monitoring (hematology, clinical chemistry, and CD4); specimen management; laboratory safety; and QA and Quality Control (QC) programs. I-TECH will also support the preparation and provision of standard documentation and recording formats, including QC forms, lab request forms, and registers. I-TECH technical advisors will provide ongoing supportive supervision and mentorship at all sites, ensuring the delivery of high-quality laboratory services, as well as systems strengthening, skills transfer, and capacity development.

(2) Technical support for uninterrupted laboratory services at all 38 ART site networks. This includes: assisting with the development, implementation, and enhancement of laboratory inventory systems in the hospital networks and ensuring availability of continued and sufficient reagent supplies; supporting timely preventive and troubleshooting maintenance services; building regional capacity for essential laboratory equipment maintenance capability, and supporting human resources by facilitating the availability of adequately trained laboratory personnel at all sites. These activities will be coordinated with SCMS and regional laboratories, and I-TECH regional laboratory advisors will work closely with the regional lab associates of SCMS.

(3) Capacity building and minor renovation of facility-level laboratories:

I-TECH will provide regular mentorship of site-level staff, focusing on improving laboratory management, laboratory organization, layout and work flow, specimen management, testing procedures, standard documentation, record keeping and reporting, and stock and inventory management. I-TECH will also conduct periodic site assessments and will provide necessary and appropriate support, including minor renovations and refurbishing of site labs and laboratory accessories needed for the day-to-day delivery of HIV-related laboratory services. I-TECH will support preventive maintenance of essential HIV-related equipment and equipment care and management at the facilities and facilitate the major equipment maintenance; and support for national laboratory reporting systems. In FY08, I-TECH will continue to facilitate upgrading laboratory infrastructure to improve the service in ten selected high-patient-burden hospital laboratories. This will help to improve the capacity to support more patients, to maintain quality, and to provide standard laboratory service at ART facility laboratories supported by PEPFAR.

(4) Providing standardized trainings using nationally approved curricula, in collaboration with CDC, PEPFAR implementing partners, EHNRI, and regional laboratories. These site-level and regional-level trainings will include: HIV diagnostics (HIV serology testing, rapid testing); HIV disease monitoring (hematology, clinical chemistry, and CD4); and laboratory training on integrated diseases, including diagnosis of common opportunistic infections (OI). I-TECH will provide continued on-site training on the new HIV rapid-testing algorithm and monitor and evaluate the use of the algorithm at facilities. A total of 300 laboratory personnel will be trained, and I-TECH, in collaboration with regional labs, will evaluate the quality of services rendered by lab personnel after training in different disciplines.

(5) I-TECH will continue to provide TA and implementation support to referral laboratory services. This will strengthen the functioning of the reference labs as they supervise QA activities at lower-tier labs and provide access to more sophisticated diagnostic assays. I-TECH will also support: EHNRI/regional labs to establish systems for specimen collection at health centers and/or peripheral hospitals; transportation to appropriate hospital and regional laboratories; tracking of patient samples; reporting of results; and implementing and ensuring that standard guidelines and procedures are followed. I-TECH will facilitate EHNRI's expansion of the Laboratory Information System (LIS) to the sites.

**Activity Narrative:** (6) I-TECH will continue to provide key TA to EID programs in the region. Working at the national, regional, and site levels, I-TECH will support not only HIV DNA PCR testing capacity in laboratories, but the clinical systems, health management information systems, and linkages needed to provide high-quality services to infants and families. Support will be given to establish HIV DNA PCR testing capacity at three more I-TECH-supported sub-regional and hospital laboratories (Dessie and Afar regional labs and Gondar University hospital laboratory). This will include minor renovations, epoxy painting of floors, and furnishing with standard laboratory furniture.

(7). Integration of OI diagnosis in the HIV/AIDS laboratory support: I-TECH, in collaboration with other stakeholders working in the laboratory area, will establish common OI and sexually transmitted infection (STI) diagnostic testing services at regional labs and hospitals. This includes training of lab personnel on common OI and STI diagnosis, providing TA in setting up of the test services, and providing some critical reagents and diagnostic kits.

The significant increase of budget was necessary to support: upgrading of the three regional laboratories and hospital laboratories for EID; support for health center laboratories in emerging regions; and integration of OI diagnosis.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10613

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27920	10613.27920.09	HHS/Health Resources Services Administration	University of Washington	11464	3786.09	Rapid expansion of successful and innovative treatment programs	\$850,000
10613	10613.07	HHS/Health Resources Services Administration	University of Washington	5488	3786.07		\$300,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**



## Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	38	False
12.2 Number of individuals trained in the provision of laboratory-related activities	300	False
12.3 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	N/A	True

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Pregnant women

People Living with HIV / AIDS

## Coverage Areas

Afar

Amhara

Tigray

**Table 3.3.12: Activities by Funding Mechansim**

**Mechanism ID:** 674.08

**Mechanism:** Improving HIV/AIDS/STD/TB Related Public Health Practice and Service Delivery

**Prime Partner:** Ethiopian Public Health Association

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Area Code:** 12

**Activity ID:** 5612.08

**Planned Funds:** \$90,000

**Activity System ID:** 16650

**Activity Narrative:** Laboratory Capacity Development

This is a continuing expanding activity implanted by the Ethiopian Public Health Laboratory Association (EPHLA), established and supported by PEPFAR Ethiopia to achieve its objectives with an efficient laboratory system and professional diagnostic skills, as well as quality assurances in enhancing capacity of laboratory professionals needed for high laboratory standards. These will contribute to optimal provision of laboratory services and influence a high quality of ART services in Ethiopia.

Starting in FY08, EPHLA will contribute to national laboratory services by providing technical support to National Technical Working Groups on drafting national laboratory policy and assist with developing qualitative assessments, drafting, and finalizing the national laboratory policy and its guidelines.

With PEPFAR/Ethiopia support, EPHLA will continue supporting local organizational capacity development through laboratory education, workplace HIV/AIDS interventions, publications, dissemination of research findings, and strengthening of public health laboratory systems in Ethiopia. In partnership with the Ethiopian Public Health Association and the Associations of Public Health Laboratories/USA, EPHLA will continue its activities to: strengthen the capacity of public health laboratory facilities to support the HIV/AIDS program; provide in-service trainings to 60 lab professionals in private health institutions (the public sector is covered by the government); and support five Masters theses in Laboratory Science. The Ethiopian Health and Nutrition Research Institute will assist trainings with the national standard guidelines. Continuing education to upgrade and accredit laboratory professionals will be provided to 100 members.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10593

**Related Activity:**

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27982	5612.27982.09	HHS/Centers for Disease Control & Prevention	Ethiopian Public Health Association	11477	674.09	Improving HIV/AIDS/STD/TB Related Public Health Practice and Service Delivery	\$50,000
10593	5612.07	HHS/Centers for Disease Control & Prevention	Ethiopian Public Health Association	5491	674.07		\$75,000
5612	5612.06	HHS/Centers for Disease Control & Prevention	Ethiopian Public Health Association	3772	674.06		\$50,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	25	False
12.3 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	N/A	True

**Indirect Targets**

**Table 3.3.12: Activities by Funding Mechansim**

**Mechanism ID:** 3787.08

**Mechanism:** Support for program implementation through US-based universities in the FDRE

**Prime Partner:** Johns Hopkins University  
Bloomberg School of Public Health

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Area Code:** 12

**Activity ID:** 10620.08

**Planned Funds:** \$800,000

**Activity System ID:** 16638

**Activity Narrative:** Site-Level Laboratory Support

In FY07, Johns Hopkins University 's Technical Support for the Ethiopia HIV/AIDS ART Initiative (JHU-TSEHA) supported comprehensive high-quality HIV/AIDS services at 44 public and private hospital networks in Addis Ababa, SNNPR, Gambella, and Benishangul-Gumuz regions which built on previous activities of FY06. JHU provided on-site and comprehensive HIV laboratory training, developed and implemented standard operating procedures (SOP) for all HIV laboratory services, and internal quality assurance (QA) training and recording formats. In FY08, JHU will expand the service to 50 sites (hospitals and emerging region health centers).

In FY07, JHU expanded these activities by regionalizing national laboratory support to 39 laboratory-sample transport networks, working closely with national, regional, and site levels to ensure the highest quality of laboratory diagnostic services. For this, JHU worked with the Ethiopian Health and Nutrition Research Institute (EHNRI) and regional labs to: deploy sample transport couriers; arrange SOP, registers, and reports to document sample transport; and provide training for sample handlers. JHU supported development and dissemination of SOP for all nationally purchased machines (CD4, hematology and chemistry). In collaboration with EHNRI, CDC, and other laboratory partners, JHU also trained personnel at national and regional levels. JHU regional lab-support staff also provided regular refresher and on-site trainings for HIV serology-rapid testing, CD4, chemistry/ hematology, tuberculosis (TB) smear microscopy; and opportunistic infection (OI) diagnosis. In collaboration with ICAP, JHU supported early infant diagnosis (EID) services at Addis Ababa and Southern Nation, Nationalities and Peoples Region using dried-blood-sample (DBS) referral to sites with DNA PCR testing facilities.

In FY08, JHU will continue to implement the strong laboratory support plan initiated in FY07 in collaboration with EHNRI, CDC, the American Society of Clinical Pathologists, the Clinical and Laboratory Standards Institute, the Association of Public Health Laboratories, and other laboratory partners. The plan will ensure regional implementation of national laboratory training and develop on-site training and mentoring for lab technicians. All training will require practical components and on-going follow-up to ensure adequate technology transfer and capacity development. Trainings will cover: site and regional trainings on HIV diagnosis (HIV serology testing, rapid testing); HIV disease monitoring (hematology, clinical chemistry, and CD4); facility-level lab management; laboratory training on integrated diseases including diagnosis of common OI. JHU, in collaboration with regional labs, will evaluate the quality of services delivered by lab personnel after training in different disciplines.

JHU will continue to provide technical assistance and implementation support to referral laboratory services. This will strengthen the functioning of the reference labs as they supervise QA activities at lower-tier labs and provide access to more sophisticated diagnostic assays. JHU will also support EHNRI/regional labs to establish systems for: specimen collection at health centers and/or peripheral hospitals; transportation to appropriate hospital and regional laboratories; tracking patient samples; reporting of results; and implementing and ensuring that standard guidelines and procedures are followed.

EHNRI will expand the pilot external quality control (QC) systems, and JHU will work directly with the regional and hospital labs and with health center personnel to implement and monitor these programs. QA/QC guidelines will be distributed to additional sites. JHU will continue to support the national QA programs for blood safety, voluntary counseling and testing, PMTCT, TB prevention, and HIV and OI surveillance by disseminating guidelines to the regional level and assuring uninterrupted links between health center, hospital, regional, and national laboratories.

JHU will continue to improve OI diagnostics by introducing simple laboratory diagnostic techniques for OI such as cryptococcosis, isospora, microsporidia, and cryptosporidiosis. JHU will support the regional capacity building in different laboratory issues. JHU will provide supportive site supervision and mentoring to all ART laboratories to improve quality of laboratory management, laboratory safety, lab set-up, specimen management, test procedures, documentation, reporting, inventory, and stock management of laboratory supplies at each facility in collaboration with the Supply Chain Management System (SCMS). JHU will closely work with regional laboratory associates of SCMS and will support the national laboratory reporting systems and conduct regular mentoring on standard record-keeping and timely and accurate reporting (including QC forms, lab request forms, and registers) to facilitate monitoring of quality. JHU will work with partners to ensure uninterrupted quality laboratory services at all 50 hospital networks through: continuous and sufficient reagent supply; timely provision of preventive and troubleshooting maintenance; regional capacity building to institutionalize laboratory equipment maintenance capability; develop laboratory inventory systems at the hospital networks; and ensure availability of adequately trained laboratory personnel.

In FY08, JHU will continue to provide the comprehensive laboratory support previously outlined, and, as a new activity, will renovate two regional labs to establish DNA PCR testing for scale-up of EID. JHU will work to strengthen TB laboratories with concentrated acid-fast bacilli methods, and fluorescent microscopy methods, treatment monitoring for adults and children. JHUS will continue supporting the establishment of external quality control and quality assurance at regional and hospital levels. JHU will support the training rollout of HIV rapid testing and the QA program. JHU will work to improve infection-prevention practice in labs and access to post-exposure prevention. JHU will support the expansion of the laboratory information systems (LIS) by EHNRI at the pilot ART laboratory sites, strengthen laboratory layout (process design flow), and laboratory technician training on laboratory management in collaboration with regional laboratories. In collaboration with EHNRI, regional labs, and ART laboratories, JHU will also expand on-site lab training on new HIV-testing algorithms and strengthen the monitoring and site evaluation for implementation of the new algorithms.

The significant increase of budget was necessary to support upgrading two regional laboratories and hospital laboratories in the three regions and health center laboratories in emerging regions and to support integration of OI diagnosis.

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10620

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27933	10620.2793 3.09	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	11465	3787.09	Support for program implementation through US-based universities in the FDRE	\$750,000
10620	10620.07	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	5484	3787.07	FMOH	\$300,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	50	False
12.2 Number of individuals trained in the provision of laboratory-related activities	200	False
12.3 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	N/A	True

**Indirect Targets**

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

## Coverage Areas

Adis Abeba (Addis Ababa)

Binshangul Gumuz

Gambela Hizboch

Southern Nations, Nationalities and Peoples

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 3784.08

**Prime Partner:** Columbia University

**Funding Source:** GHCS (State)

**Mechanism:** Rapid Expansion of ART for HIV Infected Persons in Selected Countries

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Area Code:** 12

**Activity ID:** 10619.08

**Planned Funds:** \$1,100,000

**Activity System ID:** 16673

**Activity Narrative:** Site-level laboratory Support

In FY07, the International Center for AIDS Care and Treatment Programs, Columbia University (ICAP-CU) is providing comprehensive high-quality HIV/AIDS services, including ART, at 42 public and private hospital networks in the Oromiya, Somali, Harari, and Dire Dawa regions. Comprehensive technical assistance (TA) and implementation support has strengthened essential elements of the laboratory system, and improved service quality and consistency.

ICAP-CU has helped to: conduct assessments of laboratory services; train laboratory staff (both offsite and on-site) on equipment operation, preventive maintenance, and HIV-related laboratory test procedures; establish and strengthen quality assurance (QA) programs via on-site mentorship and by developing and implementing 29 standard operating procedures (SOP); develop log books and improve documentation and recording; and provide technical and logistic support for specimen-referral linkage between 17 testing hospitals and 48 referring hospitals and health centers.

In FY07, ICAP-CU is doing major infrastructure support to six hospital laboratories, including: improvement of space in the rooms within existing footage; epoxy painting of floors and walls in testing rooms; standard furnishing of labs; and improving electric lines and drainage systems. In addition, ICAP-CU has provided key technical and implementation support to Ethiopia's Early Infant Diagnosis (EID) program at the national, regional, and site levels. ICAP-CU has helped to: lead the "technology transfer" of HIV-1 DNA PCR testing services to the national laboratory at the Ethiopian Health and Nutrition Research Institute (EHNRI); supported decentralization by providing capacity building for HIV-1 molecular testing at two regional laboratories; and spearheaded the first phase of facility-level implementation.

In FY08, ICAP-CU will extend its support to 52 hospital networks in the Oromiya, Somali, Harari, and Dire Dawa regions, enabling each to provide comprehensive high-quality HIV/AIDS services. These networks will include 50 public and two private facilities and health centers at emerging regions. Intensive site-level laboratory support is an essential component of ICAP-CU's plans, as the availability of consistent and reliable laboratory services will ensure quality HIV prevention, care, and treatment services. Ongoing training, supervision, and mentoring of laboratory staff and hands-on implementation support will be provided to all 52 sites. ICAP-CU will work directly with the regional labs, hospital labs, and health center personnel to implement and monitor the quality assurance programs at the 52 sites. Procurement and distribution of laboratory equipment and supplies for these sites will be handled by CDC, the Ethiopian Ministry of Health, EHNRI, and the Supply Chain Management System (SCMS), as will equipment maintenance. ICAP-CU will continue to provide TA to the rollout of HIV-1 DNA PCR tests for infant diagnosis at national and regional levels.

ICAP-CU's laboratory support activities in FY08 will include:

(1) Strengthening site-level, laboratory-quality systems, with an emphasis on initiation and enhancement of QA programs in partnership with EHNRI and Oromiya, Harari, and Somali regional reference laboratories. These activities will include the preparation, revision, and implementation of standard operating procedures (SOP) for HIV disease monitoring (hematology, clinical chemistry, and CD4), specimen management, laboratory safety, and QA and quality control (QC) programs. ICAP-CU will also support the preparation and provision of standard documentation and recording formats, including QC forms, lab request forms, and registers. ICAP-CU technical advisors will provide ongoing supportive supervision and mentorship at all sites, ensuring the delivery of high-quality laboratory services, as well as systems strengthening, skills transfer, and capacity development.

(2) Technical support for uninterrupted laboratory services at all 52 hospital networks. This includes: assisting with the development, implementation, and enhancement of laboratory inventory systems in the hospital networks and ensuring availability of continued and sufficient reagent supplies; supporting timely preventive and troubleshooting maintenance services; building regional capacity for essential laboratory equipment maintenance; and supporting human resources by facilitating the availability of adequately trained laboratory personnel at all sites. These activities will be coordinated with SCMS and regional laboratories, and ICAP-CU regional laboratory advisors will work closely with the regional lab associates of SCMS.

(3) Capacity building and minor renovation of facility-level laboratories. ICAP-CU will provide regular mentorship of site-level staff, focusing on improving laboratory management, laboratory organization, layout and work flow, specimen management, testing procedures, standard documentation, record keeping and reporting, and stock and inventory management. ICAP-CU will also conduct periodic site assessments and will provide necessary and appropriate support, including minor renovations and refurbishing of site labs and laboratory accessories needed for the day-to-day delivery of HIV-related laboratory services. ICAP-CU will support preventive maintenance of essential HIV-related equipment and equipment care and management at the facilities. ICAP-CU will also facilitate major equipment maintenance; and support for national laboratory reporting systems. In FY08, ICAP-CU will continue to facilitate the upgrading of the infrastructure of the laboratories to improve the service in 15 selected high-patient-burden hospital laboratories. This will help to improve the capacity to support more patients, to maintain quality, and to provide standard laboratory service at ART facility laboratories supported by PEPFAR.

(4) Standardized trainings using nationally approved curricula, in collaboration with CDC, PEPFAR implementing partners, EHNRI, and regional laboratories. These site-level and regional-level trainings will include: HIV diagnostics (HIV serology testing, rapid testing); HIV disease monitoring (hematology, clinical chemistry, and CD4); and laboratory training on integrated diseases, including common opportunistic infections (OI) diagnosis. ICAP-CU will provide continued on-site training on the new HIV rapid-testing algorithm and monitor and evaluate the use of the algorithm at facilities. A total of 300 laboratory personnel will be trained, and ICAP-CU, in collaboration with regional labs, will evaluate the quality of services rendered by lab personnel after training in different disciplines.

(5) TA and implementation support to referral laboratory services. This will strengthen the functioning of the reference labs as they supervise QA activities at lower-tier labs and provide access to more sophisticated diagnostic assays. ICAP-CU will also provide support for: EHNRI/regional labs to establish: systems for specimen collection at health centers and/or peripheral hospitals; transportation to appropriate hospital and regional laboratories; tracking of patient samples; reporting of results; and implementing and ensuring that



**Activity Narrative:** standard guidelines and procedures are followed. ICAP-CU will support EHNRI's expansion of the Laboratory Information System (LIS) at facilities.

(6) Key TA to the nationwide EID program. Working at the national, regional, and site levels, ICAP-CU will support not only HIV DNA PCR testing capacity in the laboratory, but the clinical systems, health-management information systems, and linkages needed to provide high-quality services to infants and families. ICAP-CU will continue to support the national EID program by providing TA to the national EID Technical Working Group and to EHNRI. Support will be given to establish HIV DNA PCR testing capacity at two more ICAP-CU-supported, sub-regional laboratories, and 52 ICAP-CU-supported ART facilities will offer access to EID services through dried-blood-spot sample transfer.

(7). Integration of OI diagnosis in the HIV/AIDS laboratory support. ICAP-CU, in collaboration with other stakeholders working in the laboratory area, will establish common OI and sexually transmitted infections (STI) diagnostic-testing services at regional labs and hospitals. This includes training of lab personnel on common OI and STI diagnosis, providing TA in setting up of the test services, and providing some critical reagents and diagnostic kits.

The significant increase of budget was necessary to support: upgrading the two sub-regional laboratories for EID; hospital laboratories in the three regions and health-center laboratories in emerging regions; and integration of OI diagnosis.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10619

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27905	10619.2790 5.09	HHS/Centers for Disease Control & Prevention	Columbia University	11460	3784.09	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	\$900,000
10619	10619.07	HHS/Centers for Disease Control & Prevention	Columbia University	5506	3784.07		\$400,000

**Emphasis Areas**

Human Capacity Development

- \* Training
- \*\*\* Pre-Service Training
- \*\*\* In-Service Training

**Food Support**

**Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	52	False
12.2 Number of individuals trained in the provision of laboratory-related activities	300	False
12.3 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	N/A	True

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Pregnant women

People Living with HIV / AIDS

## Coverage Areas

Dire Dawa

Hareri Hizb

Oromiya

Sumale (Somali)

**Table 3.3.12: Activities by Funding Mechansim**

**Mechanism ID:** 5499.08

**Prime Partner:** Partnership for Supply Chain Management

**Funding Source:** GHCS (State)

**Budget Code:** HLAB

**Activity ID:** 5655.08

**Activity System ID:** 16661

**Mechanism:** PSCMS

**USG Agency:** U.S. Agency for International Development

**Program Area:** Laboratory Infrastructure

**Program Area Code:** 12

**Planned Funds:** \$14,437,102

**Activity Narrative:** Laboratory Reagents, Supplies, Equipment and Logistics Management

This is a continuing activity from FY07. In FY08, it is expected that the demand and cost of laboratory monitoring will continue to increase. This is due both to the scale-up of Ethiopia's prevention, care, and treatment (including ART) programs as it strives to reach universal access goals, as well as the PEPFAR Ethiopia focus on increasing the quality of services in FY08. To meet the demand and provide quality laboratory services to all sites, substantial investments will be necessary.

The main focus of this activity is to ensure that laboratory supplies procured by the USG and the Government of Ethiopia (GOE) with Global Fund for AIDS, Tuberculosis and Malaria (Global Fund) and PEPFAR monies are in sufficient supply, of superior quality, and are moving efficiently through a supply chain that will support the scale-up of ART. The PEPFAR Partnership for Supply Chain Management/Supply Chain Management Systems (PFSCM/SCMS) will procure laboratory supplies, including reagents, consumables, and limited equipment, and develop the capacity of personnel at the national, regional, and local levels to implement an efficient supply-chain management system for laboratory commodities. These commodities, in conjunction with the supplies procured by the Ethiopian Ministry of Health (MOH) and complemented by SCMS technical assistance in supply-chain management, will improve the capacity of laboratories nationally to support ART services. SCMS will procure reagents at optimal prices, and will collaborate with PHARMID, Ethiopia's public-sector, central medical store, on storage, inventory, monitoring, and support distribution of reagents for CD4, hematology, and chemistry testing. SCMS technical assistance and supplies procured with SCMS support will reach at least 131 hospital networks, including national, regional, hospital, and health center laboratories throughout Ethiopia.

In FY07, SCMS supported the Ethiopian Health and Nutrition Research Institute (EHNRI), the national reference laboratory, in designing and beginning implementation of a laboratory logistics-management system. This work was carried out in close collaboration with PHARMID, as well as with the Management Sciences for Health/Rational Pharmaceutical Management Plus (MSH/RPM+) team (ID 10534), the Clinton HIV/AIDS Initiative (CHAI), and USG and other relevant partners. SCMS supported a senior laboratory logistics advisor seconded to EHNRI and five regional laboratory associates (RLA) seconded to regional laboratories. All activities were done in close collaboration with all relevant stakeholders, to ensure that the laboratory logistics-management system functions smoothly. During FY07, SCMS worked with PHARMID to strengthen its capacity to handle the special logistics needs for laboratory supplies, including cold chain requirements, at the central and regional hubs. In FY08, SCMS will continue to support PHARMID in the integration of cutting-edge logistics for lab commodities and distribution-management practices and technologies in its standard logistics system.

In FY07, PEPFAR Ethiopia supported the national ART program by purchasing large quantities of laboratory equipment and test reagents for diagnosis and treatment monitoring of HIV/AIDS patients. A total of \$9,403,323 million in lab monitoring supplies (CD4, hematology, and chemistry profiles) was procured and distributed by SCMS. In addition, funds were allocated to support the expansion of the hospital networks to cover 131 hospital networks (131 hospitals and 240 health centers); this included budgeting for related equipment and semi-durable supplies and consumables. PEPFAR Ethiopia in FY08 has allocated \$9,500,000 to procure the following laboratory reagents, test kits and supplies through SCMS: (1) Chemistry test reagents for monitoring patients on treatment: alanine aminotransferase/glutamate pyruvate transaminase (ALT/GPT), creatinine, cholesterol, blood urea nitrogen (BUN), and glucose; (2) Hematology test reagents for monitoring patients on treatment; (3) CD4 (cluster of differentiation-4) test reagents for monitoring patients on ART treatment and pre-ART patients, including pregnant women; (4) Pregnancy test kits; (5) Syphilis tests; (6) Deoxyribonucleic acid (DNA) polymerase chain reaction (PCR) test kits for diagnosis of pediatric patients less than 18 months of age; (7) HIV rapid-test kits, as an emergency stock; (8) Reagents and staining solutions of microscopic diagnosis of opportunistic infections (Acid-fast bacillus smear, culture, and sensitivity, malaria, stool parasites); (9) Other supplies, including gloves, tubes, pipette tips, and disinfectants.

SCMS will continue to support an integrated approach to procurement and distribution of laboratory commodities in FY08, working with appropriate national, regional, and sub-regional counterparts and partners. SCMS will work with laboratory and GOE stakeholders to support the implementation of the national laboratory logistics systems, under the auspices of PHARMID and with technical input as appropriate from EHNRI. SCMS will work closely to support the system for distribution of supplies direct to testing and other service-delivery sites, in line with a national standardized system for supply-chain management. Supportive supervision will be provided to ensure reporting through a robust, laboratory-logistics management-information system (LMIS), which will be substantially strengthened. A system for reporting and using the laboratory LMIS to support appropriate inventory control systems, proper quantification, forecasting, and timely procurement, as well as responsive distribution of supplies, will be developed. RLA will continue to contribute to capacity development at the site-level to carry out laboratory LMIS functions, and to ensure sustainability of services. In these ways, SCMS will assist in strengthening of the national and local supply-chain management system.

To ensure long-term sustainability of interventions, SCMS will assist in improving national capacity through training and skills transfer to EHNRI, the Federal MOH, PHARMID and nongovernmental organization (NGO) partner staff, and will ensure that the interventions are consistent with the vision and capacity of the MOH and the Pharmaceutical Logistics Master Plan (PLMP). SCMS will continue to use training as an important means of achieving the above objectives.

This activity will support a unified approach to procurement and distribution of laboratory commodities, coordinating with its support for availability of other critical HIV/AIDS commodities to support the prevention, care, and treatment program. Sustainable lab-commodity management systems will be developed through integration into, and strengthening of, in-country systems for managing these commodities.

This activity is linked to other donor and partner resources to coordinate the implementation of a national PLMP. Close integration with the SCMS and RPM+ ART drugs activities (ID 10532, ID 10534) as well as other PEPFAR laboratory-support partners will be continued and strengthened. Other linkages include the Global Fund, CHAI, and the World Health Organization (WHO).

PFSCM/SCMS will ensure consistent and timely delivery of laboratory commodities to public-sector sites

**Activity Narrative:** providing prevention, care, and treatment services to patients who need them throughout Ethiopia. PLWH will be among the beneficiaries.

The primary emphasis of this activity will be to ensure robust logistics for lab commodities. Capacity of sites and Ethiopian organizations such as PHARMID will be strengthened to ensure the sustainability of a national supply-chain system for lab commodities. EHNRI's ability to provide the necessary technical input to inform planning for the procurement of laboratory commodities will also be strengthened. Based on COP08 approval SCMS levels are restored to \$14,437,102 as originally submitted in COP08.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10602

**Related Activity:** 16660, 16678, 16623, 16703, 16673, 16615, 16655, 16650

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28183	5655.28183.09	U.S. Agency for International Development	Partnership for Supply Chain Management	11543	5499.09	PSCMS	\$14,437,102
10602	5655.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5499	5499.07	PSCMS	\$11,030,919
5655	5655.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3792	3792.06		\$2,550,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16678	10534.08	7500	3798.08	RPM Plus	Management Sciences for Health	\$4,130,000
16660	10532.08	7493	5499.08	PSCMS	Partnership for Supply Chain Management	\$39,684,200
16703	5614.08	7512	678.08	HIV/AIDS ART prevention and TA collaboration for public health laboratory science	Association of Public Health Laboratories	\$600,000
16650	5612.08	7489	674.08	Improving HIV/AIDS/STD/TB Related Public Health Practice and Service Delivery	Ethiopian Public Health Association	\$90,000
16655	10607.08	7490	673.08	Expansion of HIV/AIDS/STI/TB Surveillance and Laboratory Activities in the FDRE	Ethiopian Health and Nutrition Research Institute	\$1,500,000
16615	5628.08	7482	3792.08	Rapid expansion of successful and innovative treatment programs	US Centers for Disease Control and Prevention	\$898,000
16623	10622.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$210,000
16673	10619.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$1,100,000

## Emphasis Areas

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	445	False
12.2 Number of individuals trained in the provision of laboratory-related activities	237	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	5,028,070	False

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 673.08

**Mechanism:** Expansion of HIV/AIDS/STI/TB Surveillance and Laboratory Activities in the FDRE

**Prime Partner:** Ethiopian Health and Nutrition Research Institute

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Area Code:** 12

**Activity ID:** 10612.08

**Planned Funds:** \$1,900,000

**Activity System ID:** 16653

**Activity Narrative:** Specimen Management and Transport Services

Because most health facilities in Ethiopia lack basic equipment, referral-testing services are extremely important. In order to offer laboratory-monitoring services (CD4 and other basic tests) for people living with HIV/AIDS (PLWH), including children and pregnant women, a sample referral system was established by EHNRI in partnership with US university implementing partners. Clinical samples were transported from outlying clinics to referral laboratories where equipment and human resources are available. 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. However, most of the health centers and some peripheral hospitals involved in ART implementation do not have a capacity to support laboratory services. For example, Flow Cytometry 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, and clinical chemistry tests.

In FY07, specimen transport and referral testing services were provided to peripheral hospitals and health centers. The Ethiopian Health and Nutrition Research Institute (EHNRI), along with regional reference laboratories, provided sample transport and referral testing services. In addition, EHNRI provided technical assistance to quantify and purchase laboratory supplies, including diagnosis and monitoring reagents, and to distribute diagnostic and monitoring tests for referral and facility-based tests to laboratories.

In FY08, EHNRI will continue its FY07 work by providing specific training on specimen management, transport and storage, and recording and reporting. The specimen-management, transport, and referral system will be followed using the strict guidelines and standard operating procedures (SOP) developed by the National Reference laboratory and PEPFAR Ethiopia. The National HIV Laboratory will continue providing referral diagnostic services for HIV/TB/STI drug resistance and external quality assurance (EQA), including HIV DNA polymerase chain reaction (PCR) for infant diagnosis, CD4, hematology, and chemistry tests. EHNRI will also support the regional laboratories to provide referral-testing services (CD4, hematology, chemistry, viral load, and DNA PCR-based HIV infant diagnosis) and EQA services to hospital and health center laboratories. EHNRI supported eight regional laboratories (Addis Ababa, Adama, Nekmet, Bahir-Dar, Dessie, Awassa, Mekele and Harar) to support sample transport and referral services.

The logistic support for referral testing services is a major undertaking. The specimen transport and transfer system continued to be supported through courier system. This activity will be contracted to a nongovernmental 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. University partners, Supply Chain Management System, and Management Sciences for Health will provide technical support to EHNRI and regional laboratories for effective coordination and implementation of the referral testing services.

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 and back to the clinic will be 2-3 days. Samples are collected in test-specific containers that already contain any necessary preparation reagents. After the samples are collected, the laboratory request form is included in the collection container and the sample is placed in a cooler and transported. All the regular samples are transported in cool gel packs, and local samples are delivered within a day using cargo or courier mode to maintain integrity of samples.

The responsible contractor or agent receives the samples from the peripheral clinics and transports them to the nearby hospital and/or regional laboratories, following guidelines and regulation on specimen management and transport. The sample transfer for testing CD4, chemistry, and hematology tests will be coordinated at a regular time interval.

Clinical samples are transported from 281 health centers and 25 peripheral hospitals once or twice a week and transported to the testing site (zonal or regional hospital laboratories). The results are returned within two days of the test. Turnaround time is 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.

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10612**Related Activity:**

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27972	10612.2797 2.09	HHS/Centers for Disease Control & Prevention	Ethiopian Health and Nutrition Research Institute	11475	673.09	Expansion of HIV/AIDS/STI/TB Surveillance and Laboratory Activities in the FDRE	\$1,800,000
10612	10612.07	HHS/Centers for Disease Control & Prevention	Ethiopian Health and Nutrition Research Institute	5493	673.07		\$1,565,550

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	445	False
12.2 Number of individuals trained in the provision of laboratory-related activities	100	False
12.3 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	926,760	False

### Indirect Targets

### Target Populations

#### Other

People Living with HIV / AIDS



**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 673.08

**Mechanism:** Expansion of HIV/AIDS/STI/TB Surveillance and Laboratory Activities in the FDRE

**Prime Partner:** Ethiopian Health and Nutrition Research Institute

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Area Code:** 12

**Activity ID:** 5610.08

**Planned Funds:** \$2,100,000

**Activity System ID:** 16654

**Activity Narrative:** Laboratory Quality Assurance Program

The Ethiopian Health and Nutrition Research Institute (EHNRI) is the technical arm of the Ethiopian Ministry of Health (MOH) responsible for providing guidance to laboratory services. It is the lead institution in coordinating laboratory programs in Ethiopia, and has a national plan to support HIV laboratory services. It also serves as the National Reference Laboratory for the country.

In 2007, EHNRI provided national leadership in strategic planning, laboratory policies, guidelines, standard operating procedures (SOPs), training, integrated services and testing. EHNRI also implemented laboratory quality assurance, including the National External Quality Assurance Scheme program to specialized general referral hospital laboratories, regional laboratories (RL), and regional hospital laboratories (RHL). EHNRI worked to implement tiered laboratory services for accreditation and certification of clinical laboratories. The 2007 activities were focused on quality assurance programs, training, diagnosis, establishing tiered laboratory services, and referral linkages. EHNRI focused also 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 operational research on TB/STI/HIV drug resistances, and evaluating diagnostic technologies. These activities have been implemented in collaboration with MOH, CDC, the Association of Public Health Laboratories, and the American Society of Clinical Pathologists (ASCP). EHNRI played a major role in improving the quality of the 2007 National HIV Surveillance in antenatal clinics. Implementation of the quality assurance program for HIV serological screening was a further success.

Early infant diagnosis of HIV was established at the National HIV Laboratory at EHNRI. Procedures for HIV pro-viral DNA polymerase chain reaction (PCR) detection from dried blood spots has been validated and piloted at selected ART sites. The DNA PCR-based infant diagnosis was expanded to six regional reference laboratories and regional reference testing services were initiated.

The National HIV Laboratory renovated by PEPFAR Ethiopia is intended to serve as the national model and center of excellence, and has started preliminary laboratory work. EHNRI worked closely with CDC Ethiopia to maximize support and implement the national quality assurance program, including a training-of-trainers (TOT) program.

EHNRI supported eight regional laboratories (Addis Ababa, Adama, Nekmet, Bahir-Dar, Dessie, Awassa, Mekele and Harar) to strengthen overall quality of laboratory services. With EHNRI support, the regional laboratories continue to support complex tests that hospital laboratories cannot perform, and to provide suitable referral-based test results.

The FY08 activity plan will focus mainly on the continuation and expansion of FY07 programmatic areas: quality assurance programs, training, diagnosis, and establishing tiered laboratory services.

EHNRI will continue supporting the establishment and strengthening of laboratory standards and work closely 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, and then to reference laboratories.

Regional laboratories will support routine quality assurance and control plan for voluntary counseling and testing (VCT), diagnosis of opportunistic infections (OI), and laboratory monitoring of ART at hospitals and health centers. The regional laboratories will have the capacity to develop their own PT panels for rapid HIV testing. The regional laboratories will report on all hospitals 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 continue reporting their activities to EHNRI quarterly. In collaboration with the CDC's Atlanta laboratory, EHNRI will continue establishing external quality assurance for early infant diagnosis of HIV.

EHNRI will continue its training activities, with more emphasis on TOT of laboratory personnel in: rapid HIV diagnosis; monitoring of ARV therapy; maintenance of laboratory equipment; laboratory quality management systems; tuberculosis (TB) and OI diagnosis; and HIV surveillance. EHNRI will work on simple diagnostic techniques for sexually transmitted infections (STI), such as HSV2 serology, and compare with the syndromic approach. EHNRI will also conduct a study on the prevalence and causes of urethral discharge and genital ulcer syndromes among HIV-positive subjects. The information collected from this study will help to update the STI Syndromic Management Approach algorithm. In addition to the abovementioned activity, EHNRI will also conduct chemo-sensitivity studies of N.gonorrhea among HIV-positive and negative subjects throughout the country. EHNRI will ensure that standardized training modules are used for regional and site-level training programs supported by Regional Reference laboratories and U.S. universities.

With technical assistance from PEPFAR Ethiopia, EHNRI will support and ensure accreditation of clinical laboratories that support HIV/AIDS, TB, STI, OI, and related services. EHNRI will closely work with the Clinical Laboratory Standards Institute and ASCP to strengthen the laboratory system per the national laboratory plan and to improve the standards of clinical laboratories.

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10459**Related Activity:**

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27974	5610.27974.09	HHS/Centers for Disease Control & Prevention	Ethiopian Health and Nutrition Research Institute	11475	673.09	Expansion of HIV/AIDS/STI/TB Surveillance and Laboratory Activities in the FDRE	\$1,800,000
10459	5610.07	HHS/Centers for Disease Control & Prevention	Ethiopian Health and Nutrition Research Institute	5493	673.07		\$1,500,000
5610	5610.06	HHS/Centers for Disease Control & Prevention	Ethiopian Health and Nutrition Research Institute	3771	673.06		\$800,000

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	445	False
12.2 Number of individuals trained in the provision of laboratory-related activities	450	False
12.3 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	24,860	False

### Target Populations

#### Other

People Living with HIV / AIDS

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 673.08

**Mechanism:** Expansion of HIV/AIDS/STI/TB Surveillance and Laboratory Activities in the FDRE

**Prime Partner:** Ethiopian Health and Nutrition Research Institute

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Area Code:** 12

**Activity ID:** 10607.08

**Planned Funds:** \$1,500,000

**Activity System ID:** 16655

**Activity Narrative:** Equipment Maintenance and Technical support for Laboratory services

The Ethiopian Health and Nutrition Research Institute (EHNRI) is the technical arm of the Ethiopian Ministry of Health (MOH) responsible for providing guidance to laboratory services. It is the lead institution in coordinating laboratory programs in Ethiopia, and has a national plan to support HIV laboratory services.

EHNRI provided technical assistance to strengthen the quality of laboratory service at all levels. Technical assistance included preventive and curative maintenance services of equipment, inventory laboratory management, and on-site practical trainings. EHNRI also provided follow-up and supportive supervision to all ART hospital laboratories.

In FY07, EHNRI provided preventive and curative maintenance service for major laboratory equipment at all expanded 131 hospitals, 240 health centers, and ten regional laboratories. Included in the quarterly preventive maintenance and calibration of major equipment were centrifuges, FACS counters, and hematology and chemistry analyzers at all sites. Broken machines were repaired and spare parts changed to prevent or minimize service interruption. Technical assistance included maintenance and troubleshooting of laboratory equipment (e.g., refrigerators, freezers, microscopes, incubators, autoclaves, chemistry analyzers, hematology analyzers, and FACS count machines) at all ART hospitals and health centers. EHNRI contracted out maintenance services for major diagnostic and monitoring equipment.

In FY08, all activities, including the performance contract services, will continue and will be expanded to additional ART sites. Support will be provided for purchase of critical spare parts and establishment of an Equipment Maintenance Center at EHNRI. Technical support will continue and expand to new sites which initiate ART services, including all health center laboratories. In collaboration with other partners like Supply Chain Management System (SCMS), Rational Pharmaceutical Management Plus (RPM+), MSH and university partners Technical assistance, including curative and preventative maintenance of equipment, and functional and structural organization of laboratory, on-the-job-training in test procedures, specimen management, data recording, and reporting, inventory laboratory management, on-site practical trainings and follow up and supportive supervision. 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 voluntary counseling and testing (VCT) laboratories. Reviewing existing laboratory operating procedures, recording and reporting at facility levels will be performed. Technical assistance will continue to be provided for production of laboratory stock management tools, disseminate 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. The contracts will be technically reviewed and there will be periodic evaluation of services provided and the laboratory technical working group will be represented in this process.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10607

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27973	10607.2797 3.09	HHS/Centers for Disease Control & Prevention	Ethiopian Health and Nutrition Research Institute	11475	673.09	Expansion of HIV/AIDS/STI/TB Surveillance and Laboratory Activities in the FDRE	\$1,100,000
10607	10607.07	HHS/Centers for Disease Control & Prevention	Ethiopian Health and Nutrition Research Institute	5493	673.07		\$1,021,300

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	445	False
12.2 Number of individuals trained in the provision of laboratory-related activities	50	False
12.3 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	N/A	True

**Indirect Targets**

**Target Populations**

**Other**

People Living with HIV / AIDS

**Table 3.3.12: Activities by Funding Mechansim**

**Mechanism ID:** 677.08

**Mechanism:** Supporting Laboratory Training and Quality Improvement for Diagnosis and Monitoring of HIV/AIDS Patients in Resource Limited Countries through Collaboration with ASCP

**Prime Partner:** American Society of Clinical Pathology

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Laboratory Infrastructure

**Budget Code:** HLAB

**Program Area Code:** 12

**Activity ID:** 5613.08

**Planned Funds:** \$350,000

**Activity System ID:** 16702

**Activity Narrative:** Clinical Laboratory Services Support

American Society for Clinical Pathologists (ASCP) has supported development of in-service training modules in chemistry, hematology, and CD4, and has provided technical assistance in training-of-trainers (TOT) and regional rollout trainings in partnership with the Ethiopian Health and Nutrition Research Institute, CDC Ethiopia and US university partners. To improve pre-service training curricula in laboratory diagnosis and monitoring of diseases with emphasis on HIV/AIDS, ASCP supported the medical laboratory schools. The ASCP Institute's pre-service work group facilitated a five-day curriculum review and gap analysis with key stakeholders, university faculty, and medical technology school principals. The pre-service work group used the gap analysis and developed supplemental materials, exercises, enhanced exams, timetables, and activities.

In FY08, ASCP will continue providing technical assistance in both in-service and pre-service education programs started in FY07. ASCP will offer technical assistance on TOT and rollout of trainings in chemistry, hematology, and CD4. ASCP will assist in training of 60 trainers. ASCP trainers will provide a TOT workshop for key faculty members and directors of schools of medical technology, with a total target of 25 participants. The training will be designed to provide the faculty with newly developed curricula and exercises and will allow them to practice new teaching methods and develop their discussion skills. The ASCP trainers will use participatory methods that encourage interactive learning and promote teamwork. The trainings are projected to last for two weeks and will include didactic presentations, hands-on instrument training, and "teach back" methodology.

The ASCP, with Joint Commission International (JCI), will continue the accreditation project started in FY07.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10556

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28327	5613.28327.09	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	11600	677.09	Supporting Laboratory Training and Quality Improvement for Diagnosis and Monitoring of HIV/AIDS Patients in Resource Limited Countries through Collaboration with ASCP	\$125,000
10556	5613.07	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	5531	677.07		\$556,725
5613	5613.06	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	3773	677.06		\$150,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	60	False
12.3 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	N/A	True

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

**Table 3.3.12: Activities by Funding Mechanism**

**Mechanism ID:** 678.08

**Prime Partner:** Association of Public Health  
Laboratories

**Funding Source:** GHCS (State)

**Budget Code:** HLAB

**Activity ID:** 5614.08

**Activity System ID:** 16703

**Mechanism:** HIV/AIDS ART prevention and  
TA collaboration for public  
health laboratory science

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Laboratory Infrastructure

**Program Area Code:** 12

**Planned Funds:** \$600,000



**Activity Narrative:** Technical Support for Public Health Laboratory System and Networking

The Association of Public Health Laboratories (APHL) has provided technical assistance to the Ethiopian Ministry of Health (MOH) and the Ethiopia Health and Nutrition Research Institute (EHNRI) to develop a National Public Health Laboratory System, which will improve testing quality and in-service training to strengthen laboratory capacity. These continuing activities will expand technical assistance needed to support the expansion of a laboratory information system (LIS) and regional laboratories through collaboration with US state public health laboratories. To date, APHL has provided assistance to develop a national laboratory quality system plan and provided technical assistance to the EHNRI and PEPFAR Ethiopia to implement a pilot External Quality Assurance (EQA) program administered at 20 ART laboratory sites for HIV serology, CD4, chemistry, and hematology. APHL has also trained 67 participants in laboratory management.

APHL will continue to provide technical assistance in four major areas: (1) Technical support to EHNRI and regional labs on quality assurance implementation; (2) Support for the establishment of LIS, referral linkages, and networking between clinical laboratories and regional and national reference laboratories; (3) Assistance in developing and reviewing training modules in laboratory quality systems and lab management in partnership with CDC and EHNRI (4) Support for organizational capacity development, including twinning of regional laboratories with US state laboratories, and strengthening local public health associations to have them replace APHL in the long-term.

In FY08, APHL will continue 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. Technical support will be provided to strengthen national and regional reference laboratories on diagnosing opportunistic infections (OI). Integration and implementation of simple OI diagnostic techniques and HIV laboratory support at the facility level will be strengthened in collaboration with US university partners. APHL will continue to establish and implement collaborative agreements between US state public health laboratories and Ethiopian regional reference laboratories to provide practical expertise and training on-site in US public health laboratory operations. This will transfer skills in technology, planning, and implementation. To ensure program effectiveness, US public health laboratory directors and APHL staff will provide follow-up technical assistance in Ethiopia.

Technical assistance will continue to expand LIS for the reference laboratory network to support implementation of the ART program. The LIS is currently being developed through PEPFAR Ethiopia with PolyTech software; it will incorporate additional software application modules and options currently under development by APHL for use in ART testing laboratories. APHL will provide in-service training on LIS implementation and operation in Ethiopia for laboratory and Information Technology personnel. APHL will also provide training on LIS management for senior laboratory supervisors at APHL member facilities. LIS training modules/CD will be provided to local laboratories as site reference tools.

APHL will support expansion of a National Quality Assurance Program; EQA will be established at national, regional, hospital, and health-center levels. With APHL technical assistance, a Quality Systems Manager will be trained and charged with implementation of the program in Ethiopia.

APHL will provide technical assistance for the development of training curricula and train-the-trainer programs on equipment maintenance, laboratory management for managers and regional laboratory heads, and facility-level lab management training. APHL will support program implementation through follow-up 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 these tasks. APHL will support the customization and revision of EQA training modules. In collaboration with CDC-Ethiopia and EHNRI, APHL will also participate in quality systems training, including EQA, and support rollout of the EQA Program to regional laboratories.

APHL will continue to strengthen laboratory networks in Ethiopia with support for the local laboratory professional association, and assist in developing a strategic plan and a continuing education program. As part of sustainability and local-capacity development, APHL will support and closely work with the Ethiopian Public Health Laboratory Association. Technical support will also be provided in strengthening tuberculosis laboratories (culture, drug susceptibility tests, and biotyping) and detection of OI (bacterial and viral).

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10557

**Related Activity:**

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28328	5614.28328.09	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	11601	678.09	HIV/AIDS ART prevention and TA collaboration for public health laboratory science	\$200,000
10557	5614.07	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	5532	678.07		\$500,000
5614	5614.06	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	3774	678.06		\$150,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	100	False
12.3 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	N/A	True

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

HVSI - Strategic Information

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

**Total Planned Funding for Program Area: \$17,216,136**

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

**Program Area Context:**

PEPFAR Ethiopia provided significant support during FY 2005 and FY 2006 to develop information systems related to HIV/AIDS/STI/TB-HIV prevention, treatment, and care intervention. We have also geared our data generation, capture, reporting, processing, storage and utilization toward integrating and strengthening the overall comprehensive Health Management Information System's (HMIS) master plan, which is currently being designed and implemented in Ethiopia by the Federal Ministry of Health (MOH).

While the term "strategic information" (SI) is not widely used in Ethiopia, PEPFAR Ethiopia—in collaboration with several other major donors (e.g., The Global Fund To Fight AIDS, Tuberculosis and Malaria and the World Bank)—has undertaken several activities which address important elements in a comprehensive SI approach.

The MOH has established several technical working groups (TWG). The TWG are made up of various organizations, including government agencies (including USG) and multilateral and bilateral organizations. The Surveillance TWG is well established and has been very successful in fostering collaboration and consensus on data collection methods. The HIV/AIDS Prevention and Control Office (HAPCO) has revitalized the Monitoring and Evaluation (M&E) TWG in FY 2007. 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 FY 2007, the M&E system was strengthened through M&E support provided to the Federal HAPCO. The second national M&E report, which provides a comprehensive report of HIV implementation efforts and gaps that need to be filled, was published so that decision makers and partners could use the information in the report to improve their programs.

PEPFAR also supported: system design (i.e., information flow of non-health indicators data to HAPCO); reporting form design; and frequency of report printing and distribution to and utilization by NGO, CBO, and other implementing agencies. PEPFAR extended support to implementing partners for training of health and non-health professionals at HAPCO and MOH at different levels. M&E capacity was built at the district level, focusing on data collection, data quality, and data use for decision making in 35 districts.

MOH implemented a new HMIS system that is simple, integrated, and flexible. PEPFAR supported the rollout of the new reformed HMIS system that included different stakeholders including health extension workers, hospitals, health centers, and the Federal MOH. In FY 2007, through PEPFAR support extended to the Federal MOH, an electronic medical records system based on the HMIS reform was initiated. The Zambian Patient Tracking System (PTS) was also adopted as a model and pilot tested in a few sites in Ethiopia. In FY 2008, PEPFAR will support scale-up of this patient-tracking system in 100 networks by the federal MOH.

In FY 2007, the support to the Health Monitoring and Evaluation program continued, and the first cohort successfully completed its training. As a requirement of the program, students did evaluations of their respective areas or regions, which provided evidence and developed the evaluation capacity in their respective regions. An additional two cohorts continued their training. Jimma University took full ownership of the program with continued technical support from Tulane University. A new HMIS certificate program was launched in collaboration with ALERT and Jimma University; the Federal MOH will partially address the human resource needs of the ministry in the area of HMIS. In FY 2007, 100 students participated in training, and this program is expected to scale up in FY 2008.

In FY 2007, PEPFAR supported the national Health Impact Evaluation and also built institutional capacity for conducting evaluations.. PEPFAR evaluated the health network and the Millennium AIDS Campaign, Ethiopia (MAC-E), and made improvements based on the outcome of the evaluation. In FY 2008, PEPFAR Ethiopia will continue to provide support for activities related to surveillance, HMIS, and monitoring and evaluation. We will continue our antenatal clinic-based surveillance in FY 2008, and expand mortality surveillance to two additional sites in order to improve the representativeness of data. We will fully implement TB/HIV and STI surveillance and initiate HIV case surveillance. We will expand the Leadership for Strategic Information Training program to increase enrollment, and we will begin enrolling students in the Field Epidemiology and Laboratory Training Program.

With regard to M&E and HMIS activities, we will strengthen site-level hospital and health center data support by intensifying efforts to fully document information for pre-ART and ART patients. We will provide additional training on data entry, data cleaning, and data analysis techniques for appropriate health facility staff, and we will increase opportunities for access to the Learning Management System via different mechanisms. We will also expand the project to involve mobile learning for students and integration of mobile and e-learning into skills labs. In addition, TheraSim clinical simulation technology will be expanded to provide support to 50 ART clinical sites (both hospitals and health centers) to ensure all new physician and HIV/AIDS Nurse Specialist nursing staff are oriented to the case learning program and supported to complete the training.

#### Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	1298
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	9098

#### Custom Targets:

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 496.08

**Mechanism:** Improving HIV/AIDS Prevention and Control Activities in the FDRE MOH

**Prime Partner:** Federal Ministry of Health,  
Ethiopia

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Area Code:** 13

**Activity ID:** 18897.08

**Planned Funds:** \$250,000

**Activity System ID:** 18897

**Activity Narrative:** Support to the National TB/HIV Information/M&E System

According to the World Health Organization's (WHO) Global TB Control Report issued in 2006, Ethiopia ranked seventh out of the top 22 High Tuberculosis (TB) Burden Countries in terms of total number of TB cases notified in 2004 (123, 127 cases). The estimated incidence of all forms of TB and smear-positive, pulmonary TB (PTB+) was 353 and 154/100,000 populations, respectively. The case-detection rate of PTB+ cases was 36%, nearly half the global target of 70%. The cure rate for PTB+ cases on directly observed therapy, short course (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 of 2004. Based on the experience from these sites the collaborative work has scaled up to 61 hospitals in the last year. The data generated from these TB/HIV implementing sites revealed 47.5% co-infection.

The TB/HIV reporting system is designed by the Ethiopian Ministry of Health (MOH) to follow the TB reporting system and is handled separately from other diseases. The quarterly reporting of statistics on patients diagnosed with TB/HIV is done at the district, zonal, regional, and central level. From those numbers, 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 to keep track of trends of the co-epidemics and to facilitate subsequent planning. The MOH in its revised third edition of the TB/Leprosy guidelines and the first edition of the 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 and 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 resources; 3) inadequate supervision; 4) lack of knowledge; and 5) absence of an electronic data-management system.

This project aims to support the National TB 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 in previous years. The following activities are planned to strengthen TB/HIV monitoring and evaluation:

- 1) Revision of the TB and HIV registers according to feedback received from implementing sites; revisions will include any missing indicators;
- 2) Development of data systems at the national, regional, and district levels to systematize the reporting and analysis of TB/HIV surveillance data. This includes training of MOH and regional staff on data management, procurement of information technology equipment, recruiting staff where needed, and other logistic support;
- 3) Conduct regular supportive supervision to implementing sites;
- 4) Conduct review meetings (at regular intervals) which involve all stakeholders. This activity will link with the national M&E and the data warehouse supported by CDC.

Stake Holders/ Sub partners  
11 Regional Health Bureaus

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	11	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	122	False

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 3784.08

**Prime Partner:** Columbia University

**Funding Source:** GHCS (State)

**Budget Code:** HVSI

**Activity ID:** 10437.08

**Activity System ID:** 16674

**Mechanism:** Rapid Expansion of ART for HIV Infected Persons in Selected Countries

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Strategic Information

**Program Area Code:** 13

**Planned Funds:** \$300,000

**Activity Narrative:** Site-Level Data Support for Hospitals/Strengthen the HIV/AIDS Information System at Hospital level

This is a continuing activity from FY07. The major purpose of this activity is to strengthen the implementation of the national Health Management Information System (HMIS) for comprehensive HIV/AIDS services and to optimize the use of data for service and program strengthening in Dire Dawa, Harari, Oromiya, and Somali regions.

In FY07, the International Center for AIDS Care and Treatment Program, Columbia University (ICAP-CU) supported 42 sites in Operational Zone 3 to collect, manage, analyze, and use HIV/AIDS services-related data generated at site level for decision-making to improve clinical and program management. Additionally, ICAP-CU has trained 92 health professionals and data clerks in monitoring and evaluation (M&E) and assisted regional health bureaus (RHB) to organize experience-sharing workshops.

In FY08, ICAP-CU will expand its site-level capacity building in M&E to further improve quality data collection and maximize data use for continuous service quality improvements. ICAP-CU will:

- 1) Intensify support for efforts to fully document information for pre-ART and ART patients on the national HIV care/ART follow-up by:
  - a) Continuing routine, data-quality assurance exercises to measure completeness and accuracy of information on follow-up forms
  - b) Providing support to clinical teams for accurate completion of follow-up forms
  - c) Supporting efforts to fully document information for PMTCT, tuberculosis (TB)/HIV, voluntary counseling and testing (VCT), and provider-initiated counseling and testing (PICT) clients on the appropriate national HMIS forms
  - d) Supporting the integration of HIV/AIDS care and treatment data with national comprehensive HMIS through technical support at site level in archiving, retrieving, and report aggregation, supported by routine data-quality assurance assessments
  - e) Train healthcare providers, data clerks, and HMIS personnel on database use, including how to enter records, query the databases, and produce routine reports
- 2) Provide support for M&E support tools developed for the national M&E systems and equipment. ICAP-CU will work to ensure availability of computers, computer peripherals, and storage equipment and an uninterrupted supply of the national M&E tools at all the sites
- 3) Strengthen supportive supervision and mentorship. On-site supervision and mentorship will be provided to enhance collection of accurate and complete data. ICAP-CU will also work with site-level staff to build capacity in data analysis, and in the use of data to manage and improve program delivery.
- 4) Support institutions to manage and use data fully and effectively. Sites will continue to be assisted in tabulating and visualizing their data using tables, charts, line and bar graphs and other standard methods; optional tabulations will include aggregation of data by patient, clinic, and regional levels. Continued FY08 activities will expand the number of facility-based health providers with basic computer skills and data management skills, including data entry, data analysis, technical paper writing, and presentations.
- 5) Support the national laboratory information systems to ensure communication of patient results in an efficient manner. There will be particular emphasis on communicating results to patients whose specimens were transported to the hospital from another facility, such as a health center. Furthermore, ICAP-CU will assist sites in tracking specimens of patients who need more specialized tests, such as viral load, which are currently performed only at regional labs.
- 6) Support biannual, regional review meetings to provide fora where facilities can present their data and share lessons learned. This activity will also continue to support and strengthen the national HMIS implementation, document best practices, and present findings and experiences at local and international scientific and programmatic forums. Implementation mechanisms will consist of necessary modeling at site and RHB levels.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10437

**Related Activity:** 16667, 16669, 16670, 16671

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27906	10437.27906.09	HHS/Centers for Disease Control & Prevention	Columbia University	11460	3784.09	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	\$200,000
10437	10437.07	HHS/Centers for Disease Control & Prevention	Columbia University	5506	3784.07		\$150,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16667	5637.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$1,100,000
16669	5772.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$372,000
16670	5750.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$528,000
16671	5722.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$450,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

\* Task-shifting

\* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	52	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	156	False

## Coverage Areas

Dire Dawa

Hareri Hizb

Oromiya

Sumale (Somali)



**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 3787.08

**Mechanism:** Support for program implementation through US-based universities in the FDRE

**Prime Partner:** Johns Hopkins University  
Bloomberg School of Public Health

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Area Code:** 13

**Activity ID:** 10489.08

**Planned Funds:** \$180,000

**Activity System ID:** 16639

**Activity Narrative:** Clinical Simulation Technology (TheraSim) to support training on ART

In FY07, this was a new activity which links to various HIV treatment services activities supported by PEPFAR. The capacity for rapid ART scale-up is severely limited by the rapid turnover of trained and experienced HIV clinicians. To reduce this attrition and improve the knowledge-base of urban and rural clinicians, JHU will introduce a continuing medical education and clinical-decision support tool via TheraSim HIV clinical care simulator. To date, in FY07, TheraSim has been deployed to 38 sites, trained nearly 200 persons, and has been used to evaluate training outcomes for a basic ART training conducted by Johns Hopkins University – Bloomberg School of Public Health (JHU-BSPH).

In FY08, JHU-BSPH will continue to work with TheraSim to provide support to 50 ART clinical sites (hospital and health centers) to ensure all new physician and nursing staff are oriented to the case-learning program and receive support to complete the training. The program will also be extended to all medical residents enrolled in Addis Ababa University and Hawassa's training programs. TheraSim, under the guidance of JHU -BSPH, will develop three new modules to expand the case learning approach to nurses, and to incorporate new cases dealing with pediatric HIV care, tuberculosis (TB)/HIV, and advanced cases that deal with treatment failure and other complications, for clinicians who have completed the basic training program. Along with increasing the number of sites, the depth of the clinical complexity of cases and extent of the personnel involved in the training program, JHU-BSPH will design an evaluation system to assess basic ART training through the JHU-BSPH HIV telemedicine program. The modules will be used pre- and post-training to assess training activities. A validation study will be developed to compare patient outcomes from the simulator versus actual patient-outcome data in the clinics. In addition, TheraSim will provide opportunities for clinicians to submit Ethiopian-based cases to be incorporated into the training program. Clinicians will be compensated for their efforts, and TheraSim will act as an incentive and possible retention program.

TheraSim was introduced because the success of the PEPFAR Ethiopia ART program depends on the skills and stability of the ART team - doctor, nurse, pharmacist, and lab personnel. The stability of healthcare workers in the Ethiopia HIV program has been challenged since trained clinicians often find better-paying positions outside the public sector after graduating from medical school, and general practitioners, who are expected to spend 2-4 years in public hospitals in isolated regions, often leave the posts prior to completing their contracts. These clinicians report feeling cut off from learning, and they desire increased clinical decision-making support, as consultations with more experienced clinicians are impossible due to lack of communication technology. To improve the clinical skills of rural clinicians, increase their capacity for appropriate decision-making, and address their desire for professional growth, JHU-BSPH will continue its distance-learning program using TheraSim, a program for clinical-decision support. For urban physicians, JHU-BSPH will continue to provide training centers and ART clinics with access to the training programs via CDs or the Web. PEPFAR Ethiopia believes that improving information transfer about HIV will reduce turnover of geographically isolated clinicians, as well as those from overwhelmed urban clinics—thus improving HIV/AIDS care.

TheraSim, Inc. is a US-based company providing 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, tuberculosis (TB), hepatitis and diabetes. Capacity-building in Ethiopia faces several challenges, including: a 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 a general absence of empirical data after drug distribution. TheraSim monitors and addresses gaps in clinical competence following existing classroom training and helps improve patient outcomes in the ever-changing therapeutic environment. The TheraSim Clinical Quality Assurance System has four key components: simulation-based assessment and intervention, electronic medical records, decision support, and dashboard reports. The system is both Internet- and CD-ROM-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 guidelines approved by the World Health Organization (WHO) 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 methods, such as formal training, bedside teaching, and case discussions. Simulated cases are used, for which diagnosis and treatment decisions must be made; the system then gives feedback on these choices, referring to country and relevant international guidelines.

TheraSim can be adapted for training nurses and allied health professionals as needed. In the next phase of support, TheraSim will advance existing capacity-building efforts efficiently 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 begun with CDC and other programs. For example, Washington University/I-TECH has developed training curricula for ART, management of opportunistic infections (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 2-5 day basic-training workshops on HIV/AIDS management, one-day advanced courses for clinicians, and evening seminars on specific topics, usually attended by clinicians from public and private sectors. However, no reliable and accessible system exists to: assess individual health workers' skills; assess the overall effect of existing training activities; provide ongoing mentoring and support; provide clinical support to reduce medical error; or to report clinical skills and patient outcomes. TheraSim and JHU-BSPH 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 to support 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.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10489

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27935	10489.2793 5.09	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	11465	3787.09	Support for program implementation through US-based universities in the FDRE	\$180,000
10489	10489.07	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	5484	3787.07	FMOH	\$150,000

**Emphasis Areas**

Human Capacity Development

- \* Training
- \*\*\* Pre-Service Training
- \*\*\* In-Service Training
- \* Task-shifting
- \* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	57	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	300	False

**Indirect Targets**

## Target Populations

### General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Other

Pregnant women

People Living with HIV / AIDS

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 3787.08

**Prime Partner:** Johns Hopkins University  
Bloomberg School of Public  
Health

**Funding Source:** GHCS (State)

**Budget Code:** HVSI

**Activity ID:** 10433.08

**Activity System ID:** 16640

**Mechanism:** Support for program  
implementation through US-  
based universities in the FDRE

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Program Area:** Strategic Information

**Program Area Code:** 13

**Planned Funds:** \$300,000

**Activity Narrative:** Site Level Data Support for Hospitals

This is a continuing activity from FY07. The major purpose of this activity is to strengthen the implementation of the national Health Management Information System (HMIS) for comprehensive HIV/AIDS services and to optimize the use of data for service and program strengthening in Addis Ababa, Benishangul-Gumuz, and Gambella regions, and the Southern Nations, Nationalities, and Peoples Region (SNNPR).

In FY07, the International Johns Hopkins University-Bloomberg School of Public Health (JHU-BSPH) supported 50 sites in Operational Zone 2 to collect, manage, analyze and use HIV/AIDS services-related data generated at site level for decision-making to improve clinical and program management. In addition, JHU-BSPH has trained more than 90 health professionals and data clerks in monitoring and evaluation (M&E) and assisted regional health bureaus (RHB) to organize experience-sharing workshops.

In FY08, JHU-BSPH will expand its site-level capacity building in M&E to further improve quality data collection and maximize data use for continuous service quality improvements. JHU will:

- 1) Intensify support for efforts to fully document information for pre-ART and ART patients on the national HIV care/ART follow-up by:
  - a) Continuing routine, data-quality assurance exercises to measure completeness and accuracy of information on follow-up forms
  - b) Providing support to clinical teams for accurate completion of follow-up forms
  - c) Supporting efforts to fully document information for PMTCT, tuberculosis (TB)/HIV, voluntary counseling and testing (VCT), and provider-initiated counseling and testing (PICT) clients on the appropriate national HMIS forms
  - d) Supporting the integration of HIV/AIDS care and treatment data with national comprehensive HMIS through technical support at site level in archiving, retrieving, and report aggregation, supported by routine data-quality assurance assessments
  - e) Train healthcare providers, data clerks, and HMIS personnel on database use, including how to enter records, query the databases, and produce routine reports
- 2) Provide support for M&E support tools developed for the national M&E systems and equipment. JHU-BSPH will work to ensure availability of computers, computer peripherals, and storage equipment and an uninterrupted supply of the national M&E tools at all the sites
- 3) Strengthen supportive supervision and mentorship. On-site supervision and mentorship will be provided to enhance collection of accurate and complete data. JHU-BSPH will also work with site-level staff to build capacity in data analysis, and in the use of data to manage and improve program delivery.
- 4) Support institutions to manage and use data fully and effectively. Sites will continue to be assisted in tabulating and visualizing their data using tables, charts, line and bar graphs and other standard methods; optional tabulations will include aggregation of data by patient, clinic, and regional levels. Continued FY08 activities will expand the number of facility-based health providers with basic computer skills and data management skills, including data entry, data analysis, technical paper writing, and presentations.
- 5) Support the national laboratory information systems to ensure communication of patient results in an efficient manner. There will be particular emphasis on communicating results to patients whose specimens were transported to the hospital from another facility, such as a health center. Furthermore, JHU-BSPH will assist sites in tracking specimens of patients who need more specialized tests, such as viral load, which are currently performed only at regional labs.
- 6) Support biannual, regional review meetings to provide fora where facilities can present their data and share lessons learned. This activity will also continue to support and strengthen the national HMIS implementation, document best practices, and present findings and experiences at local and international scientific and programmatic forums. Implementation mechanisms will consist of necessary modeling at site and RHB levels.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10433

**Related Activity:** 16631, 16633, 16634, 16635,  
16636

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27934	10433.2793 4.09	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	11465	3787.09	Support for program implementation through US-based universities in the FDRE	\$200,000
10433	10433.07	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	5484	3787.07	FMOH	\$150,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16631	5641.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$1,100,000
16633	5618.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$469,836
16634	5754.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$316,800
16635	10545.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$496,800
16636	10430.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$7,000,000

### Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	50	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	False

## Indirect Targets

## Coverage Areas

Adis Abeba (Addis Ababa)

Binshangul Gumuz

Gambela Hizboch

Southern Nations, Nationalities and Peoples

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 674.08

**Prime Partner:** Ethiopian Public Health Association

**Funding Source:** GHCS (State)

**Budget Code:** HVSI

**Activity ID:** 5611.08

**Activity System ID:** 16651

**Mechanism:** Improving HIV/AIDS/STD/TB Related Public Health Practice and Service Delivery

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Strategic Information

**Program Area Code:** 13

**Planned Funds:** \$2,430,000

**Activity Narrative:** Capacity Building for Evidence-informed Decision Making, Generation and Dissemination of Strategic Information

**I. AIDS Mortality Surveillance (\$910,000)**

In FY06, with PEPFAR support, the Ethiopian Public Health Association (EPHA) began to support the Addis Ababa Mortality Surveillance Project (AAMSP) to monitor the population impact of ART via analyses of age- and sex-specific trends in AIDS mortality. In FY07, PEPFAR Ethiopia supported the expansion of EPHA's AIDS Mortality Surveillance to four rural project sites, namely, Butajira, Gilgel Gibe, Dabat and Kersa, which sites are run by Addis Ababa, Jimma, Gondar and Haramaya Universities, respectively. In addition, the AAMSP continues. These five project sites have established a network for strengthening the generation of usable information on the impact of AIDS and ART intervention for national level policy- and decision-makers.

In FY08, EPHA will support two more new AIDS Mortality Surveillance sites, which will be run by Mekelle and Arbaminch Universities. This will be a step toward ensuring that the data generated by AIDS Mortality Surveillance projects is nationally representative so that it can be used by the Federal Government of Ethiopia and other partners engaged in ART intervention efforts and reducing the impact of AIDS. EPHA will also strengthen the networking of the project sites and training of university staff members and project-site coordinators, critical supports required to ensure quality of the data generated. Since the surveillance sites are linked to governmental universities, PEPFAR support will ensure continuous and sustainable generation of information for decision-makers even after the phasing out of the fund.

**II. Capacity Building for Evidence-Informed Decision making (\$920,000)**

In FY07, EPHA, in close collaboration with the Federal Ministry of Health (MOH), regional health bureaus (RHB), CDC Ethiopia, and CDC Atlanta, conducted a one-year Leadership in Strategic Information (LSI) training program for leaders from five regions. Sixteen trainees from these regions completed the course, including one staff member from the AAMSP. The need for this type of training had become evident, as it enabled program managers to critically evaluate and use data for decision-making and designing and implementing evidence-informed programs. Certificates were awarded for those who completed the course.

To meet the increasing need for the course, the LSI training program is to be expanded to Jimma University in FY08 so that HIV/AIDS program managers at zonal and district levels can also be trained. The current course capacity can accommodate only those from the regional level who are capable of serving as field-site supervisors to the trainees of the Field Epidemiology Training Program.

To contribute to the sustainability of trained, human-resource capacity and continuity in the use of evidence-informed data for decision-making in HIV/AIDS programs, EPHA, in collaboration with MOH and with the support of CDC, has developed a two-year, field-based, service-oriented master's degree program in advanced analytic epidemiology, public-health program management, laboratory management, and communications. The program enrolled ten leader trainees at the end of 2007 for the two-year training, which is based at Addis Ababa University and which enjoys the full support of MOH. This activity will continue in FY08, during which the students will be attached to regions and health facilities to gain field-level experiences.

**III. Generation of Strategic Information and Institutional Capacity Building (\$600,000)**

EPHA is uniquely positioned in Ethiopia to assist in strategic-information generation and dissemination activities because of its ongoing involvement in HIV/AIDS and related programs, supported particularly by PEPFAR Ethiopia. In FY07, EPHA supported the generation and dissemination of strategic information by supporting targeted evaluations and postgraduate theses in the areas of HIV/AIDS, sexually transmitted infections, and tuberculosis to enhance the monitoring and evaluation capacity of the public health sector. EPHA also disseminated surveillance data, best practices, and research findings through its annual conference and sisterly professional associations, its website, and both regular and special publications throughout the year.

During FY08, EPHA will continue supporting generation and dissemination of vital strategic information through the EPHA annual conference, master's theses extracts, and publications for scientific communities, policy-makers, health-service providers, and the general public. EPHA and its members will also engage in operational studies and targeted EPHA-CDC project-evaluation activities. Another component of this activity will be strengthening the leadership, technical, and managerial capacity of EPHA itself, so that it can adequately respond to the increasing needs for evidence-based information for policy- and decision-making on HIV/AIDS in particular, and public health in general.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10450

**Related Activity:** 16616



### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27983	5611.27983.09	HHS/Centers for Disease Control & Prevention	Ethiopian Public Health Association	11477	674.09	Improving HIV/AIDS/STD/TB Related Public Health Practice and Service Delivery	\$2,100,000
10450	5611.07	HHS/Centers for Disease Control & Prevention	Ethiopian Public Health Association	5491	674.07		\$1,650,000
5611	5611.06	HHS/Centers for Disease Control & Prevention	Ethiopian Public Health Association	3772	674.06		\$400,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16616	10443.08	7482	3792.08	Rapid expansion of successful and innovative treatment programs	US Centers for Disease Control and Prevention	\$587,800

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	25	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	480	False

### Indirect Targets

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 3786.08

**Mechanism:** Rapid expansion of successful and innovative treatment programs

**Prime Partner:** University of Washington

**USG Agency:** HHS/Health Resources Services Administration

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Area Code:** 13

**Activity ID:** 10440.08

**Planned Funds:** \$300,000

**Activity System ID:** 16646

**Activity Narrative:** Support for site-level use of data

This is a continuing activity from FY07. The major purpose of this activity is to strengthen the implementation of the national Health Management Information System (HMIS) for comprehensive HIV/AIDS services and to optimize the use of data for service and program strengthening in Afar, Amhara, and Tigray regions.

In FY07, University of Washington/I-TECH supported 26 sites in Operational Zone 1 to collect, manage, analyze, and use HIV/AIDS services-related data generated at site level for decision-making to improve clinical and program management. In addition, I-TECH has trained 45 health professionals and data clerks in monitoring and evaluation (M&E) and assisted regional health bureaus (RHB) to organize experience-sharing workshops.

In FY08, I-TECH will expand its site-level capacity building in M&E to further improve quality data collection and maximize data use for continuous service quality improvements I-TECH will:

1) Intensify support for efforts to fully document information for pre-ART and ART patients on the national HIV care/ART follow-up by:

- a) Continuing routine, data-quality assurance exercises to measure completeness and accuracy of information on follow-up forms
- b) Providing support to clinical teams for accurate completion of follow-up forms
- c) Supporting efforts to fully document information for PMTCT, tuberculosis (TB)/HIV, voluntary counseling and testing (VCT), and provider-initiated counseling and testing (PICT) clients on the appropriate national HMIS forms
- d) Supporting the integration of HIV/AIDS care and treatment data with national comprehensive HMIS through technical support at site level in archiving, retrieving, and report aggregation, supported by routine data-quality assurance assessments
- e) Train healthcare providers, data clerks, and HMIS personnel on database use, including how to enter records, query the databases, and produce routine reports

2) Provide support for M&E support tools developed for the national M&E systems and equipment. I-TECH will work to ensure availability of computers, computer peripherals, and storage equipment and an uninterrupted supply of the national M&E tools at all the sites

3) Strengthen supportive supervision and mentorship. On-site supervision and mentorship will be provided to enhance collection of accurate and complete data. I-TECH will also work with site-level staff to build capacity in data analysis, and in the use of data to manage and improve program delivery.

4) Support institutions to manage and use data fully and effectively. Sites will continue to be assisted in tabulating and visualizing their data using tables, charts, line and bar graphs and other standard methods; optional tabulations will include aggregation of data by patient, clinic, and regional levels. Continued FY08 activities will expand the number of facility-based health providers with basic computer skills and data management skills, including data entry, data analysis, technical paper writing, and presentations.

5) Support the national laboratory information systems to ensure communication of patient results in an efficient manner. There will be particular emphasis on communicating results to patients whose specimens were transported to the hospital from another facility, such as a health center. Furthermore, I-TECH will assist sites in tracking specimens of patients who need more specialized tests, such as viral load, which are currently performed only at regional labs.

6) Support biannual, regional review meetings to provide fora where facilities can present their data and share lessons learned. This activity will also continue to support and strengthen the national HMIS implementation, document best practices, and present findings and experiences at local and international scientific and programmatic forums. Implementation mechanisms will consist of necessary modeling at site and RHB levels.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10440

**Related Activity:** 16656, 16643, 16657, 16658,  
16644

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27921	10440.2792 1.09	HHS/Health Resources Services Administration	University of Washington	11464	3786.09	Rapid expansion of successful and innovative treatment programs	\$200,000
10440	10440.07	HHS/Health Resources Services Administration	University of Washington	5488	3786.07		\$150,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16656	5639.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$1,100,000
16643	5767.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$550,000
16657	5751.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$441,750
16658	5725.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$561,000
16644	10439.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$9,116,200

**Targets**

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	50	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	135	False

**Indirect Targets**

## Coverage Areas

Afar

Amhara

Tigray

**Table 3.3.13: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 8181.08	<b>Mechanism:</b> CDC-M&S
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GAP	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Area Code:</b> 13
<b>Activity ID:</b> 18745.08	<b>Planned Funds:</b> \$609,001
<b>Activity System ID:</b> 18745	
<b>Activity Narrative:</b> This activity represents the direct technical assistance which is provided to partners by CDC staff. The amount represents the salary and benefit costs for CDC Ethiopia local technical staff and benefit cost for direct hire staff. Detailed narrative of CDC-Ethiopia Management and Staffing is included in Program Area 15 – Management and Staffing HVMS.	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	
<b>Related Activity:</b>	

**Table 3.3.13: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 7887.08	<b>Mechanism:</b> CDC-Management and Staffing
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Area Code:</b> 13
<b>Activity ID:</b> 18747.08	<b>Planned Funds:</b> \$362,800
<b>Activity System ID:</b> 18747	
<b>Activity Narrative:</b> This activity represents the direct technical assistance which is provided to partners by CDC staff. The amount represents the salary cost for CDC Ethiopia direct hire technical staff. Detailed narrative of CDC-Ethiopia Management and Staffing is included in Program Area 15 – Management and Staffing HVMS.	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	
<b>Related Activity:</b>	

**Table 3.3.13: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 118.08	<b>Mechanism:</b> USAID M&S
<b>Prime Partner:</b> US Agency for International Development	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Area Code:</b> 13
<b>Activity ID:</b> 18749.08	<b>Planned Funds:</b> \$25,935
<b>Activity System ID:</b> 18749	
<b>Activity Narrative:</b> Funding for USAID staff in the HVSI program area covers one Senior HIV/AIDS Quality Assurance Program Specialist, a Locally Engaged Staff.	
<p>The HIV/AIDS Quality Assurance Program Specialist will be the liaison to the PEPFAR technical working groups. The Quality Assurance Advisor will also collect and analyze monitoring reports from field monitors and make recommendations to the technical teams on a biweekly basis. The Quality Assurance Advisor will further contribute by providing leadership to improve program monitoring, evaluation and dissemination efforts by all relevant partners and stakeholders.</p>	
<b>HQ Technical Area:</b>	
<b>New/Continuing Activity:</b> New Activity	
<b>Continuing Activity:</b>	
<b>Related Activity:</b>	

**Table 3.3.13: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 8259.08	<b>Mechanism:</b> HAPCO-MOH
<b>Prime Partner:</b> National HIV/AIDS Prevention and Control Office, Ethiopia	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Area Code:</b> 13
<b>Activity ID:</b> 18894.08	<b>Planned Funds:</b> \$200,000
<b>Activity System ID:</b> 18894	
<b>Activity Narrative:</b> Support for community information system	
<p>Ethiopia is building 'One Monitoring and Evaluation System' and the facility based reporting is generating data that are used for decision making to improve the national HIV/AIDS program. However the non-facility-based (i.e. community-based) information system is still in its early stages of development.</p> <p>In FY07 attempts were made to include the community-based information within the health-management-and-information system (HMIS), but this was not possible as the data includes information that is considered to be outside the major focus area of the HMIS and it was decided to collect the community-based system through other mechanisms in order not to overburden the young system. In FY07, mapping of the flow of information systems was conducted through Tulane University's technical assistance programs—based on results, the reporting flow for the community-based information system is designed. A national consultative meeting will be conducted to tap into partners experience in collecting information from the community.</p> <p>In FY07, the indicators for the community-based information system were selected; the reporting guideline along with related technical documents will be developed in FY08. The new system will be pilot tested in the major four regions. Based on the feedback of the pilot test, the community information system design will be finalized.</p> <p>Capacity in monitoring and evaluation (M&amp;E) is critical for the sustainability of the program. The Federal HIV/AIDS Prevention and Control Office staff will be trained in community-based information systems and experience-sharing visits will be conducted with other countries to adopt systems that worked in those countries. The community-based information will be linked with the data warehouse and the national M&amp;E support provided by Tulane University.</p>	
<b>HQ Technical Area:</b>	

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16589, 16599, 16600, 16644,  
16563

#### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16589	5578.08	7477	298.08	*Positive Change: Communities and Care (PC3)	Save the Children US	\$4,500,000
16644	10439.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$9,116,200
16563	5582.08	7470	487.08	University Technical Assistance Projects in Support of the Global AIDS Program	Tulane University	\$5,265,000

#### Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

#### Food Support

#### Public Private Partnership

#### Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	12	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	55	False

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 496.08

**Mechanism:** Improving HIV/AIDS Prevention and Control Activities in the FDRE MOH

**Prime Partner:** Federal Ministry of Health, Ethiopia

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Area Code:** 13

**Activity ID:** 18899.08

**Planned Funds:** \$2,300,000

**Activity System ID:** 18899

**Activity Narrative:** HMIS in service training

The effectiveness of a health information system in providing information support for decision-makers depends upon well-trained staff. Not only must the mechanics of data collection and reporting be mastered, but high familiarity with case definition, disease classification, service standards, and information use are equally important. Thus, for a health-information system to produce valid, reliable and useful information, staff skills must be built and maintained through pre-service and in-service training, well-planned refresher courses, and regular follow-up with supervision.

In-service trainings for health professionals, administrative staff (regional health bureaus (RHB) zonal health bureaus (ZHB), WHO, etc.) and dedicated HMIS personnel were initially planned in a decentralized and cascading fashion. Regions and zones will be master trainers who train other trainers—these TOTs will train district health-office (DHO) staff, who will, in turn, train health professionals at the facility level—with technical support from Tulane University. Experience during the pilot phase of training has demonstrated that the regions, zones and districts do not have the human resources or adequate technical skills to train facility-based health professionals and hence extensive support and capacity building is required. Decentralized training will be conducted for Federal staff and regional/zonal/district master trainers. These in turn will train facility-based health professionals in the respective regions and facilities. The aim is to improve effectiveness of the training by allowing more contact time between trainers and trainees and facilitating discussions of problems and solutions relevant to their specific local context. It also decreases the period the trainees stay out of work.

Training focuses on the registers and formats, health data management, basic statistics, use of information for decision making. During the training, emphasis on how to ensure collaboration between HMIS staff, program managers and decision-makers for performance monitoring is ensured. Training materials and training sessions have been designed by bringing all groups together to make them understand each others' needs. Training for regional/zonal/district staff as well as for hospitals/health centers and health extension workers on data recording, reporting, analysis, interpretation, and use will last approximately two weeks. However, there are differences in content and length of training courses according to the level of health institutions.

Since the pilot phase has demonstrated that training alone does not ensure information usage, follow up for application of the skills will be done by supervision and refresher courses. TA for the training will be provided by Tulane University.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Emphasis Areas**

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

**Targets**

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
13.1 Number of local organizations provided with technical assistance for strategic information activities	12	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	2,000	False

**Table 3.3.13: Activities by Funding Mechansim**

**Mechanism ID:** 3785.08

**Mechanism:** Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia

**Prime Partner:** University of California at San Diego

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Area Code:** 13

**Activity ID:** 10427.08

**Planned Funds:** \$300,000

**Activity System ID:** 16624

**Activity Narrative:** Site Level Data Support among Uniformed Services Health Facilities

The Federal Ministry of Health (MOH) has established a chronic-disease record-keeping system for the national ART program. MOH has also developed standardized data collection and reporting tools for HIV counseling and testing (HCT), PMTCT, tuberculosis (TB)/HIV, sexually transmitted infections (STI) and Laboratory activities in a move to collect data in a standardized manner and put a national HMIS in place. As such, this activity will strengthen the implementation of the national HMIS by harmonizing the data collection and reporting system. The University of California at San Diego (UCSD) will also actively collaborate with Tulane University in its effort to support the MOH/HAPCO in strengthening the HMIS and M&E system.

As this activity was new in FY07, efforts were made during this year to establish a unit at UCSD with two appropriate M&E personnel.

One of the major problems identified during FY07 was underused site-level data, and the following activities were undertaken to improve the situation:

- 1) Appropriate data personnel were recruited for 24 health facilities, who provide support to all HIV/AIDS programs including ART and PMTCT. This makes the total number of data personnel to be 38, together with the 14 previously hired data personnel.
- 2) Eleven trainings were conducted for all the data personnel and more than 300 healthcare workers actively involved in recording and reporting activities drawn from 58 health facilities. They were trained on the basics of M&E, basic computer skills, PEPFAR and MOH indicators, data-collection and reporting tools of the different programs, and site-level data use.
- 3) Support was provided through information technology (IT) infrastructure, data recording, and handling materials for all the 58 uniformed-service health facilities. An electronic database was developed that serves all levels of data handling and use for the uniformed services. The database encompasses program areas for ART, PMTCT, HCT, TB/HIV, STI and information on Laboratory activities. The database was designed to improve patient management, patient monitoring, site-level data use, and program monitoring, by capturing core PEPFAR and MOH/HAPCO indicators.

In FY08, UCSD will provide technical support to 39 ART, PMTCT and Laboratory service sites, 76 STI, TB/HIV and palliative care sites, 91 HCT sites (of which 33 are new), and the Defense Health Science College and Police Nursing School to assess and monitor HIV/AIDS services coverage, quality and process. All the 91 health facilities will receive IS-related technical assistance and emphasis will be given to the new sites through recruiting data personnel, trainings on basic M&E, data collection and reporting tools of UCSD-supported programs, site-level data use, data quality, and other evidence-informed planning and decision-making methods.

ART and other UCSD-supported programs will be strengthened further by increasing the capacity of health facilities, health departments and health science colleges, and higher level decision-making departments within the uniformed services, which provide treatment, care, and support to collect, store, analyze, and use data generated at site level for decision-making to improve clinical and program management.

Despite the multiple efforts to expand sites, scale up services, and systematically collect, analyze, and use data at different levels, insufficient attention is given to data and service quality, documentation and sharing the information with stakeholders at all levels (i.e. healthcare personnel at facility level, health managers at division and command level). Due to this, limited information is available on quality of services, barriers to utilization of services, and documentations on best practices in PMTCT, HCT, TB/HIV, STI, palliative care and ART services.

Therefore, in FY08 more emphasis will be given to data quality, ways to find information on service quality and improve accordingly, and documentation of best practices and sharing information with all stakeholders.

Data use will be supported at all levels to enable service providers to manage data and use data. Sites will be further enabled to appropriately tabulate and visualize their data through 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 and updating of data personnel and healthcare providers on the data collection and reporting tools; training on basic computer skills; more frequent data-quality checks; generation of more qualitative data through training and development of tools; training on documentation of best practices; and presentations of findings and experiences both at local and international scientific and programmatic forums for priority setting and decision making; assessment of service quality, barriers to utilization of services; and tracking of lost-to-follow up clients and also strengthening the HIV drug-resistance surveillance activities.

Implementation mechanisms for this activity will include providing the necessary modeling at site and command levels within the uniformed services.



**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10427**Related Activity:** 16617, 16619, 16620, 16621,  
16622, 16623**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28223	10427.2822 3.09	HHS/Centers for Disease Control & Prevention	University of California at San Diego	11555	3785.09	Twining of US-based Universities with Institutions in the Federal Republic of Ethiopia	\$200,000
10427	10427.07	HHS/Centers for Disease Control & Prevention	University of California at San Diego	5481	3785.07		\$150,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16617	5638.08	7483	3785.08	Twining of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$400,000
16619	5770.08	7483	3785.08	Twining of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$373,200
16620	5752.08	7483	3785.08	Twining of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$120,000
16621	5737.08	7483	3785.08	Twining of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$1,847,259
16622	10426.08	7483	3785.08	Twining of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$4,300,000
16623	10622.08	7483	3785.08	Twining of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$210,000

## Emphasis Areas

Construction/Renovation

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	91	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	400	False

## Indirect Targets

## Target Populations

### General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 3792.08

**Mechanism:** Rapid expansion of successful and innovative treatment programs

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

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Area Code:** 13

**Activity ID:** 10443.08

**Planned Funds:** \$587,800

**Activity System ID:** 16616

**Activity Narrative:** Strengthening National HIV/AIDS/STI Surveillance Systems:

CDC-Ethiopia technical staff provides direct technical assistance to the Federal Ministry of Health (MOH) of Ethiopia, as well its component parts, the Ethiopian Health and Nutrition Research Institute (EHNRI) and the HIV/AIDS Prevention and Control Office (HAPCO) and the nongovernmental Ethiopian Public Health Association (EPHA) in the areas of surveillance and blood safety.

In FY07, CDC Ethiopia completed several activities within the scope of technical assistance provision to MOH, EHNRI, HAPCO and EPHA. CDC Ethiopia's main activities were:

- 1) Expanding antenatal care-based HIV surveillance through training of national and regional surveillance officers, antenatal care (ANC) clinic and laboratory staffs, and supervision of data collection at sentinel ANC sites
- 2) Conducting site assessments for AIDS Mortality surveillance
- 3) Technical assistance for the finalization of guidelines for HIV case, tuberculosis (TB)/HIV and sexually transmitted infections (STI) surveillance
- 4) Technical assistance for HIV/STI and risk-behavior surveillance among most-at-risk population (MARPs) and survey to identify the routes of spread of HIV from "hot spots" to rural areas. Findings from these targeted evaluations will be used to design and implement effective interventions to MARPs and rural areas.
- 5) Sponsorship of technical assistance visits from international subject-matter experts related to leadership for strategic information training, TB/HIV surveillance, and HIV case surveillance

These activities have helped PEPFAR Ethiopia and the Government of Ethiopia to generate, capture, analyze, disseminate, and use quality strategic information to guide the planning, implementation, and monitoring and evaluation of HIV/AIDS prevention, care, and treatment programs.

In FY08, CDC Ethiopia will focus on the provision of technical assistance to MOH, EHNRI, Federal HAPCO, and EPHA in the areas of:

- 1) Implementing of HIV case surveillance
- 2) Expansion of the Leadership for Strategic Information Training and its development to the Field Epidemiology and Laboratory Training (FELTP) and further implementation based on the needs of the MOH
- 3) Full implementation of TB/HIV surveillance
- 4) Implementation of ART drug-resistance surveillance
- 5) Successful completion of public health evaluations (PHE) that focus on all PEPFAR-supported interventions
- 6) Capture, compilation, analysis, dissemination, and use of data generated from these surveillance activities
- 7) Building the capacity of EHNRI and EPHA so that they can provide adequate technical support to regional health bureaus (RHB), laboratories, and surveillance sites

Through these activities, PEPFAR Ethiopia will strengthen the leadership, technical, and managerial capacity of EHNRI and RHB to absorb and respond to the increasing needs for evidence-informed surveillance information for policy- and decision-making on HIV/AIDS in particular. and public health in general.

**Information Communications Technology (ICT) Support:**

This is continuing activity from FY07. In FY07, PEPFAR Ethiopia has been supporting the development and upgrade of the MOH and EHNRI comprehensive information technology (IT) network infrastructure, including internet connectivity and human-capacity development for sustainable functioning of the system. In FY07, PEPFAR Ethiopia conducted a system study for deploying a computer network within the RHB and identified gaps.

In FY08, PEPFAR Ethiopia will deploy the computer network and establish the interconnection of five RHB. PEPFAR will also continue to provide support for MOH and EHNRI on information and communications technology to meet their new requirements, including expansion of their LAN/WAN system. With this activity, all seven sites will be supported with the procurement of IT equipment, deployment of LAN/WAN systems, provision of broadband connectivity, maintenance support, and advanced training for ICT staffs of the partner organizations. This will ensure that the available communication technologies are sufficient to enable the health sector to improve services, as well as enhancing the accuracy, quality, and timely flow of health information (to the Health Management Information System, Human Resources, and Finance, among others).

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10443

**Related Activity:** 16563

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10443		HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5480	3792.07		\$300,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16563	5582.08	7470	487.08	University Technical Assistance Projects in Support of the Global AIDS Program	Tulane University	\$5,265,000

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	22	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	130	False

### Indirect Targets

## Target Populations

### Other

Pregnant women

People Living with HIV / AIDS

Teachers

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 7609.08

**Prime Partner:** Management Sciences for Health

**Funding Source:** GHCS (State)

**Budget Code:** HVSI

**Activity ID:** 10442.08

**Activity System ID:** 16604

**Mechanism:** Care and Support Project

**USG Agency:** U.S. Agency for International Development

**Program Area:** Strategic Information

**Program Area Code:** 13

**Planned Funds:** \$800,000

**Activity Narrative:** The Care and Support Program (CSP) is a three-year effort to focus on HIV/AIDS at health centers and communities in partnership with PEPFAR Ethiopia partners and the Government of Ethiopia (GOE). CSP is PEPFAR's lead health network care-and-support activity in Ethiopia and provides coverage nationwide. This program will support the GOE to provide HIV/AIDS prevention, care, and treatment services at health centers and at the community and household levels through technical assistance, training in strengthening of systems and services, and expansion of best-practice HIV-prevention interventions. The program is implemented by Management Sciences for Health (MSH) and several partners.

This is a continuing activity from FY07. This strategic information activity will strengthen implementation of the national Health Management Information System (HMIS) and the use of data at the site level for programmatic improvement.

In FY07, MSH/CSP will conduct an assessment to determine the status of data use at health centers and district health offices. The assessment will help to clarify the existing situation in relation to data use and identify constraints as well as best practices. The assessment will look at human resource issues in terms of: availability and skill levels, organizational policies and structures, and existing infrastructure for data management. The findings will aid MSH/CSP to design an effective and focused intervention to improve the data management skills of health center and district health office staff. The program will begin implementation in FY07 and will serve 267 health centers that are providing voluntary counseling and testing (VCT), PMTCT and tuberculosis (TB)/HIV services.

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.

In FY08, MSH/CSP will provide training to appropriate health-center staff on data entry, data cleaning, and data analysis techniques of HMIS and the national HIV/AIDS Monitoring and Evaluation system. Hands-on training will be provided on basic computer packages for capturing and analyzing patient data. Where computers are not available or feasible, effective use of manual systems will be promoted. This activity will include training on report writing and data presentation techniques 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. To that effect, staff will be trained on how data are used to improve program and service delivery, and how to measure progress of programs. Sites will receive technical assistance to conduct routine data quality assessments to ensure the validity and reliability of data coming from the facilities. Data use at the point of origin will foster data quality, as it will be easier for staff to identify errors and make appropriate corrections.

Health facility staff will be trained to use the national HIV/AIDS monitoring and evaluation framework, and the associated data capturing and reporting formats. Once the new HMIS starts full operation, this activity will coordinate with the HMIS reform to facilitate adoption of the new tools. Facility staff will also be trained to develop their own monitoring and evaluation plans, which will promote effective communication and utilization of information within and outside of the health centers. Regular data review meetings at different levels will be promoted and supported, including training in dynamic and participative methodologies for presenting and analyzing information for decision-making.

Computers, printers, and related information-communication technology equipment will be supplied to the facilities, as appropriate, for local conditions based on assessment findings on existing gaps. Protective measures such as voltage regulators, surge protectors, grounded electrical lines, and antivirus software, will be included in all cases.

The program will enable staff at health facility and regional/zonal/district health office levels to properly use and manage data. Sites will be further enabled to appropriately tabulate and visualize their data so that they will be capable of making sense of the data they generate and be able, in the long run, to make evidence-informed decisions supporting all facets of the HIV/AIDS program. This strategy fits with the GOE plan to improve monitoring and evaluation (M&E) and HMIS in Ethiopia. It will also be instrumental in the implementation of the performance-based contracting scheme of MSH at health centers and regional/district health offices.

This activity will build on best practices modeled from the national HMIS support activity (10413). In addition, it will collaborate with and expand on the site level data support by US universities (ID 10427, ID 10433, ID 10437, ID 10440) and the Global Fund for AIDS, Malaria, and Tuberculosis. This activity is in line with the National HMIS rollout plan led by MOH.

Local organization capacity building will be improved through training of staff, provision of needed material inputs such as computers, and support for activities such as supportive supervision and catchment area meetings. Strategic Information will be supported in the same ways. The program will target 300 health centers and 100 district health offices with two individuals being drawn from each organization to participate in the trainings.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10442

**Related Activity:** 16721, 18562, 17755, 16593,  
16596, 16598, 16672, 16636,  
16644, 16622

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27965	10442.27965.09	U.S. Agency for International Development	Management Sciences for Health	11471	7609.09	Care and Support Project	\$600,000
10442	10442.07	U.S. Agency for International Development	Management Sciences for Health	5516	3798.07		\$500,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16721	5586.08	7523	593.08	Capacity Project (HCD)	IntraHealth International, Inc	\$1,000,000
18562	18562.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$500,000
17755	17755.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$840,000
16593	5791.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$240,000
16596	10647.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$1,690,411
16598	5749.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$1,534,500
16636	10430.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$7,000,000
16622	10426.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$4,300,000
16672	10436.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$8,400,000
16644	10439.08	7487	3786.08	Rapid expansion of successful and innovative treatment programs	University of Washington	\$9,116,200

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership



**Targets**

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	400	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	800	False

**Indirect Targets**

**Target Populations**

**General population**

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 487.08

**Mechanism:** University Technical Assistance Projects in Support of the Global AIDS Program

**Prime Partner:** Tulane University

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Area Code:** 13

**Activity ID:** 5582.08

**Planned Funds:** \$5,265,000

**Activity System ID:** 16563

## **Activity Narrative:** National Monitoring and Evaluation System Strengthening and Capacity-Building

Development of Ethiopia's National HIV/AIDS Monitoring and Evaluation (M&E) system is a sub-set of the comprehensive Health Management Information System (HMIS) strategy and master plan being developed by the Federal Ministry of Health (MOH). M&E is an increasingly important subject in present-day Ethiopia, as it has made great strides in implementing the Third One—One National M&E System with the support of Tulane University Technical Assistance Program Ethiopia (TUTAPE). To this end, Ethiopia has redesigned its M&E/HMIS system, which includes all HIV/AIDS indicators.

In the past, Ethiopia suffered from a poorly functioning, manual data collection and reporting system that lacked standardized indicators and formats. Reports were untimely and often incomplete. While efforts to improve this are ongoing within the MOH, the need for technical assistance and support for the new HMIS and M&E system is evident. PEPFAR Ethiopia recognizes this need and supports in its five-year plan the goal of the Third One—One National M&E System.

The new national HMIS, which is currently in the piloting phase, standardizes, integrates data collection/reporting, and harmonizes the information needs of all HMIS consumers. In FY07, TUTAPE's technical assistance to MOH extended to successfully integrating the National HIV/AIDS M&E system into the newly developed national HMIS, leading toward national harmonization and sustainability. TUTAPE assisted MOH to identify core health indicators, including those for HIV/AIDS and TB/HIV, for HMIS reporting and to improve capacity to collect patient information and use the information generated to enhance decision-making at the local level. With MOH and partners, TUTAPE revised HIV/AIDS and related disease-reporting formats. Support also included technical assistance to the national HIV/AIDS Prevention and Control Office (HAPCO) to develop M&E training modules for the grassroots level. This will help HAPCO to expand comprehensive HIV/AIDS patient monitoring services to the district health centers.

In FY07, based on the design of the MOH, TUTAPE is supporting the new HMIS by developing website and intranet tools to access data collected from several sources: HIV/AIDS service delivery, finance, human resources, and logistics, including information from other governmental organizations and the private sectors. HMIS data will also be harmonized with health-related and multisectoral data collected by other organizations, such as vital-events registration, census, survey, etc. The HMIS will also establish common data definitions and understanding on how to interpret the information.

The new M&E/HMIS reforms are directed toward ensuring data quality to strengthen local action-oriented performance monitoring. To that end, MOH is putting into place trainings to improve M&E/HMIS tools and methodologies, including the use of information for data and service quality improvement and evidence-informed decision-making. In FY07, TUTAPE developed the training modules and conducted training in a cascaded manner for the national HMIS, including data-quality assurance for decision-making associated with performance monitoring. TUTAPE assisted the MOH in the national rollout of HMIS to 35 ART networks and will expand that rollout to 100 in FY08. This enhances the HIV/AIDS M&E by introducing and reinforcing structure and methods for data quality and use and performance monitoring.

In FY07, TUTAPE also introduced HIVQUAL, a service-quality improvement system for MOH and the HIV/AIDS Prevention and Control Office (HAPCO). At the request of MOH, TUTAPE supported the initial exchange of experiences on HIVQUAL between Ethiopia, New York, and Thailand. HIVQUAL enables the data generated by the HMIS to be used for improvement in data and service quality. In FY07, HIVQUAL was implemented in 35 HIV networks; in FY08, it will expand to include 100 networks. TUTAPE provides training-of-trainers on HIVQUAL.

The MOH recognizes the need to institutionalize M&E/HMIS responsibilities in the staffing structure at all levels. In FY07, the MOH endorsed the training of new HMIS cadres. TUTAPE will continue to support participants from local partners for the pre-service HMIS training program to build a sustainable M&E system that will support the newly designed HMIS. The MOH plans to train more than 2,000 HMIS cadres in FY08. TUTAPE will expand its HMIS pre-service training from 100 in FY07 to 500 new cadres by using technical educational and vocational training schools (TEVT) around the country. TUTAPE will renovate the institutions as state-of-the-art, multifunctional training institutions for HMIS and other allied health professionals.

The MOH program links integrated supportive supervision (ISS) as part and parcel of the M&E/HMIS reform. In FY07, to strengthen the new M&E/HMIS, TUTAPE provided technical support for ISS strategy development. This activity will continue through FY08 for concurrent implementation of ISS with HMIS in 100 districts.

In FY07, TUTAPE supported HAPCO management to bring the information monitoring and evaluation to department level. In FY07, TUTAPE's short- and long-term consultancies, fellows, and M&E specialists were seconded to the HAPCO M&E department and quality team. In FY07 and FY08, TUTAPE will work to improve organizational structures by seconding staff within the Ethiopian Health and Nutrition Research Institute (EHNRI), local hospitals, and higher learning institutions.

TUTAPE continues to provide technical support for human capacity building for M&E at the national, sub-national, and service-delivery levels. TUTAPE, in collaboration with Jimma University (JU), launched the first postgraduate degree in health M&E and postgraduate diploma program in Africa. The first group of 31 students started in February 2006 and will graduate in FY07. Graduates will form the first Ethiopian M&E network, a forum for sharing ideas and experiences, and mentor RHB, nongovernmental organizations (NGO), faith-based organizations (FBO), and other local stakeholders. In January 2007, the second class of 38, including candidates from NGO and organizations for people living with HIV (PLWH) were enrolled. A third cohort of 40 is expected to enroll in FY08. In FY08, institutional support to JU will continue, including joint appointments of academics and technical assistance to create a sustainable integrated master's program at JU. That technical assistance will support course coordinators, administrative staff, and other aspects of the program. In addition, in FY08, JU will receive support to enroll paying international students (including other PEPFAR countries) and host international short-courses in M&E.

In FY07 a summer institute for faculty for training and sharing experiences will be established. As JU has a critical shortage of teaching staff, lecturers amongst the first M&E cohorts will be recruited as part of a staff-

**Activity Narrative:** retention mechanism. In FY08, this support will continue.

In FY08, a fellowship will be initiated for PLWH who will be trained in multi-sector HIV/AIDS program design, implementation, and M&E. This will be linked to all activities at JU and All Africa Leprosy Rehabilitation and Training Center (ALERT), with credit counted towards an advanced certificate/ degree. In addition, to support the national HMIS and health systems, biostatisticians will be trained. These efforts will provide didactic, as well as practical, experience for further career enhancement.

In FY07, short-term training programs (e.g., M&E for program improvement and use of data for decision-making, program improvement and other related trainings) were provided to MOH/HAPCO, the Drug Administration and Control Authority, EHNRI, RHB, the Christian Relief And Development Association, the PLWH network, and the Central Statistical Agency to improve M&E knowledge and skills at national and regional levels. Scientific writing workshops will be offered to larger audiences and will expand from 30 people in FY07 to include 100 in FY08. Participants will continue to be supported to publish their work in peer-reviewed journals. In FY08 the short-term trainings, including M&E/HMIS, program, and HR management and data use/quality, will be extended to cover regions.

In FY08, in order to reach a much larger audience of government, NGO/FBO, and community participants, teaching materials from JU will continue to be converted into e-materials to support e-learning.

TUTAPE will conduct process evaluations of the HMIS reform, the data-quality system, the HIV/AIDS committee at health facility, and other program evaluations as it becomes necessary in the course of program implementation. TUTAPE continues to provide technical assistance to EHNRI for health facility survey, national -level surveys and health-impact evaluations.

HAPCO conducted the first round National AIDS Spending Assessment (NASA) in FY07 and TUTAPE supported the intervention mapping component. In FY08 the intervention mapping would be updated for the MOH/HAPCO and uploaded on to the MOH intranet TUTAPE is establishing in FY07.

In FY08, support will be provided to the Federal Ministry of Health, Program and Planning Department (MOH/PPD), and HAPCO in costing programs, for use in program planning as well as in development of funding proposals. Support will also be provided to finalize the inputs needed for the costing tool developed in FY07.

TUTAPE, in FY06 and 07, provided technical assistance to MOH/HAPCO in producing the first and second Annual HIV/AIDS M&E Reports. In FY08, technical and financial assistance will be given to MOH/HAPCO to produce monthly, quarterly and annual M&E/HMIS updates and reports.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10371

**Related Activity:** 16561, 16674, 16640, 16624

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10371	5582.07	HHS/Centers for Disease Control & Prevention	Tulane University	5463	487.07		\$4,175,000
5582	5582.06	HHS/Centers for Disease Control & Prevention	Tulane University	3754	487.06		\$1,000,000

## Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16561	5687.08	7470	487.08	University Technical Assistance Projects in Support of the Global AIDS Program	Tulane University	\$1,200,000
16624	10427.08	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	University of California at San Diego	\$300,000
16674	10437.08	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	Columbia University	\$300,000
16640	10433.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$300,000

## Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	217	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	3,000	False

## Indirect Targets

**Table 3.3.13: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 487.08	<b>Mechanism:</b> University Technical Assistance Projects in Support of the Global AIDS Program
<b>Prime Partner:</b> Tulane University	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Area Code:</b> 13

**Activity ID:** 10510.08

**Planned Funds:** \$300,000

**Activity System ID:** 16564

**Activity Narrative:** Human Resource Requirement for Meeting Targets by 2010

This is a continuing activity from FY07 (10510) which addresses the human-resource requirement for meeting targets by 2010. Ethiopia is committed to the global initiative of universal access to HIV/AIDS by 2010 and Millennium Development Goals (MDG) 2015. To meet this target, MOH is implementing massive ART scale-up. The most prominent challenge to this endeavor is a human resource shortage. In FY07, TUTAPE supported a targeted evaluation to explore the human-resource requirements for meeting PEPFAR goals and universal access by 2010. There are two evaluation questions: what is the gap in human resources for meeting PEPFAR and universal access targets by 2010, and what strategies and innovative solutions should be adopted if the country is to meet them?

Based on the evaluation, in FY08, TUTAPE will support MOH to develop a human-resource information system and also provide technical assistance for the human-resource strategy implementation to address the human resource requirement for PEPFAR targets and universal access for health. The database will be updated annually by using university student going to their home districts during summer vacation. TUTAPE will also support all regions to adopt the MOH system and populate and maintain the database.

TUTAPE is leading the human resource for the Technical Working Group (TWG), and this data base will be used by the TWG to monitor human-resource dynamics and analyze the trend over time.

The national ART implementation guidelines propose that teams of two doctors, one nurse, one counselor, one pharmacist, one lab technician, one administrator, and one data clerk are needed to manage ART services at a facility. These health care workers will be the population of interest.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10510

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10510	10510.07	HHS/Centers for Disease Control & Prevention	Tulane University	5463	487.07		\$370,000

**Emphasis Areas**

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	12	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	200	False

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 3746.08

**Prime Partner:** JHPIEGO

**Funding Source:** GHCS (State)

**Budget Code:** HVSI

**Activity ID:** 10482.08

**Activity System ID:** 16576

**Mechanism:** University Technical Assistance Projects in Support of the Global AIDS Program

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Strategic Information

**Program Area Code:** 13

**Planned Funds:** \$500,000

**Activity Narrative:** Production of HIV care, treatment & prevention related electronic materials

In FY07, JHPIEGO was supported to develop and implement an HIV/AIDS-specific, electronic learning management system (LMS) for three universities in Ethiopia (i.e., Addis Ababa, Gondar, and Jimma). The LMS was developed in three HIV/AIDS technical areas, based on the established national HIV/AIDS training packages. The goal was to use an electronic learning platform to provide in-service training on HIV/AIDS services. This project was designed in FY07 in the context of the rapid expansion of HIV/AIDS services in Ethiopia, high attrition rates of providers with HIV/AIDS training, and little available time for more providers and students to learn essential HIV/AIDS services. JHPIEGO, in close collaboration with CDC Ethiopia, assessed, designed, and implemented the LMS for three HIV/AIDS technical focus areas for use in three major Ethiopian universities.

A needs assessment of the three universities and affiliated hospitals yielded important findings that tailored the subsequent implementation of the LMS. First, the findings suggested that program efforts focus on pre-service education rather than in-service training. Thus, the project implemented the LMS at the universities so that teaching faculty can use it as a resource for teaching students, rather than installing the LMS at the hospital level to support providers already working. Support for the decision to focus on pre-service training included the reality that a larger pre-service education project is concurrently underway to strengthen HIV/AIDS teaching for medical, nursing, and midwifery students, as well as the imminent need for students to graduate with basic knowledge of HIV/AIDS in order to expedite the provision of HIV/AIDS services with minimal in-service training.

The needs assessment findings also indicated that a large number of students have access to mobile phones and other handheld devices such as MP3 players. These types of tools can easily be used for mobile learning. Other assessments conducted by JHPIEGO in the pre-service education program noted a shortage of time during medical, nursing, and midwifery training to incorporate comprehensive HIV/AIDS teaching. Thus, innovative strategies to allow for a variety of HIV/AIDS learning opportunities for students outside of the classroom were recommended to be employed for HIV/AIDS teaching.

In response to the e-learning needs assessment findings, a non-Internet-based LMS in HIV/AIDS content was developed using a variety of learning methodologies, including case studies, lectures, videos and pictures. The LMS was field-tested and installed at the three universities. Faculty members at those universities were selected as core champions of the program, and were trained on using the LMS for HIV/AIDS learning and teaching.

In FY07, in order to ensure the functionality and appropriate implementation of the LMS at the universities, JHPIEGO and CDC procured minimal but essential information technology (IT) equipment and provided IT-specific technical assistance needed to maintain the LMS at the universities. However, the IT support to the universities was not adequate to ensure that a critical mass of students could access the materials. Addis Ababa and Gondar Universities were noted to have fairly poor access to computers, not allowing many users to access the LMS at one time.

Also during FY07, JHPIEGO liaised with the TheraSim advanced ART project to learn from their experience with e-learning uptake in Ethiopia. In addition, under the e-learning project, JHPIEGO collected information on end-user comfort in using electronic materials for teaching and learning.

During FY08, JHPIEGO proposes to document the practices of instructors incorporating the HIV/AIDS LMS into their HIV/AIDS teaching practices, their interest in expanding electronic learning for HIV/AIDS teaching, and the use of the LMS by students. In addition, JHPIEGO will analyze scores obtained by the students using the LMS as well as other reporting indicators that were embedded in the LMS during FY07.

In FY08, JHPIEGO will increase the opportunities for students and service providers to access the LMS via different mechanisms, as well as expand the project to involve mobile learning for students and integration of mobile and eLearning into skills labs. First, in order to increase the access to the LMS at the current program universities, JHPIEGO proposes to do the following:

- 1) Continue supporting and strengthening the use of LMS at Addis Ababa, Gondar, and Jimma universities for pre-service teaching, as well as explore possibilities of expanding the LMS into the university-affiliated teaching hospitals
- 2) Procure and upgrade the computer labs by increasing the IT capacity at the universities through hardware, software, and networking to allow for more students to have access to a computer and the LMS
- 3) Work with staff and students to improve their comfort level in teaching and learning via electronic tools
- 4) Develop downloadable lectures for students to save lectures on MP3 players to allow learning outside of the computer lab, allowing more students to access lectures when they have available time
- 5) Procure MP3 players for students and personal digital assistants (PDA) for faculty to use for the e-learning project
- 6) Work with staff to integrate e-learning into skills labs, including equipping the skills labs with computers, models, and MP3-based learning. Support integrating mobile and e-learning into competency-based skills training for students when they use the skills lab.
- 7) Provide instructors and key faculty with an e-learning toolkit that includes various technology materials that can be used for instructional design purposes. Such equipment can include software and hardware, digital cameras, and digital video cameras.
- 8) Continue to upgrade and troubleshoot the HIV/AIDS LMS developed in FY07
- 9) Provide instructional design courses for key faculty at the universities

Based on lessons learned in FY07, JHPIEGO will also expand the e-learning project in FY08. The project will be expanded to two other major health teaching universities. JHPIEGO will support HIV/AIDS pre-service education strengthening by conducting needs assessments, procuring minimal but essential IT equipment, installing the LMS, and training faculty on the use of LMS. JHPIEGO will also train faculty in instructional design and provide them with a toolkit. JHPIEGO also plans to pilot the installation and implementation of the HIV/AIDS LMS in two ART hospitals (one urban and one rural) and assess the use, uptake, and effectiveness of the LMS in the clinical in-service environment.

In addition to providing an HIV/AIDS LMS for faculty to use as an additional HIV/AIDS teaching aid for students and allowing interested service providers to access HIV/AIDS training in their workplace/hospital,

**Activity Narrative:** there is also merit in providing up-to-date HIV/AIDS evidence and the latest best practices to provide opportunities to continually update knowledge in HIV/AIDS. In FY07, Johns Hopkins University Center for Communications Programs (CCP) initiated a talkline for HIV/AIDS service providers in Ethiopia. In FY08, JHPIEGO will support this talkline by using telephone and mobile technology to provide up-to-date HIV/AIDS information, the latest international and national HIV/AIDS events/news and conferences, as well as allowing for providers to request technical advice for their specific HIV/AIDS work area. JHPIEGO will support a touchtone answering system, in collaboration with CCP and with support from appropriate partners.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10482

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10482	10482.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5468	3746.07		\$300,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	25	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

**Indirect Targets**



## Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Oromiya

**Table 3.3.13: Activities by Funding Mechansim**

**Mechanism ID:** 673.08

**Mechanism:** Expansion of HIV/AIDS/STI/TB  
Surveillance and Laboratory  
Activities in the FDRE

**Prime Partner:** Ethiopian Health and Nutrition  
Research Institute

**USG Agency:** HHS/Centers for Disease  
Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Area Code:** 13

**Activity ID:** 18836.08

**Planned Funds:** \$450,000

**Activity System ID:** 18836

**Activity Narrative:** Title of Study:  
Health Impact Evaluation of Ethiopia's National Response to HIV/AIDS, Tuberculosis and Malaria

Time and Money Summary:  
Timeframe: September 2007 – May 2008 Budget: \$450,000

Local Co-Investigator:  
Ethiopian Health and Nutrition Research Institute (EHNRI) is leading Ethiopia's health impact evaluation phase one, funded by the Global Fund for AIDS, Tuberculosis and Malaria (GFATM).

Project Description:  
At its 14th meeting in November 2007, the GFATM Board of Directors approved the launching of the Five-Year Evaluation of the GFATM. Under the guidance of the Technical Evaluation Reference Group, the Five-Year Evaluation is a major effort to review the functioning and performance of the GFATM as an institution and as a partnership, and to identify areas of strength and weakness that will lead to improving day-to-day operations. In particular, the Five-Year Evaluation calls for an Impact Evaluation to assess the reduction in the burden of the three diseases associated with the collective scale-up of prevention and treatment activities by all partners.

The design of the Five-Year Evaluation foresees work in and with 20 countries to evaluate impact. This work comprises an in-depth analysis including primary data collection, as appropriate, in 8 countries; and impact analysis based on secondary data in 12 countries. Ethiopia is one of the eight countries where primary data collection will be carried out to evaluate the health impact of GFATM.

The Ethiopian Health and Nutrition Research Institute (EHNRI) was assigned by the GFATM Country Coordinating Mechanism (CCM) for Ethiopia to facilitate and play a leadership role for the establishment of a Task Force that is to work closely with the global evaluation team on the Ethiopia-specific implementation. The Task Force is chaired by EHNRI and Ethiopia's UNAIDS Secretariat serves as the Secretary. The Task Force has formed a Core Group to serve as the technical arm of the evaluation. The Task Force includes a broad representation of the major in-country stakeholders, technical experts and selected representatives. EHNRI, UNAIDS, Ministry of Health (MOH) Tuberculosis Control Unit, MOH Malaria Unit, HIV/AIDS Prevention and Control Office (HAPCO), the Central Statistics Agency, World Health Organization, PEPFAR Ethiopia, Tulane University, Italian Cooperation/HIV-AIDS Donors' Forum, Addis Ababa University/Community Health Department are the main stakeholders and Task Force and core group members.

Evaluation question:  
The primary evaluation question is: What collective impact has PEPFAR, the Global Fund and other national and international partners had on reducing the disease burden of HIV, tuberculosis and malaria in Ethiopia?

Programmatic importance/anticipated outcomes:  
The health impact evaluation results will be used for accountability and program improvement. The evaluation will assesses the collective impact that PEPFAR, GFATM and other national and international partners have achieved on reducing the disease burden of HIV, tuberculosis and malaria at the national level. It will measure the national HIV, malaria and TB program effect on disease morbidity and mortality. It will lay the foundation for improved monitoring and evaluation in the future. It can also serve as a baseline for future impact evaluations.

Methods:  
The evaluation efforts will involve a series of data collection efforts, including surveys, surveillance, research studies, service and administrative records. The evaluation uses the adequacy evaluation approach by comparing the performance or impact of the project with previously established adequacy criteria (Habicht et al, 1999). This kind of adequacy assessment does not require control groups and provides information about how well program activities have met the expected objectives. It will not be possible to assure cause-effect relationship with the interventions themselves and the outcomes measured. The evaluations will look into the performance of the interventions in the three diseases, including provision, utilization, and coverage of services) as well as the impact of the interventions. The study design will be cross-sectional or longitudinal depending on the data sources required and available.

Information Dissemination Plan  
EHNRI and member of the taskforce will be responsible to devise the dissemination strategy to ensure all Stakeholders are aware of the evaluation's findings. The dissemination strategy is likely to include: publication of the final report and/or the executive summary; a presentation and discussion at workshops with key stakeholders; national, regional or local conferences; and dissemination of information and final report to all concerned.

Budget:  
The total budget that is required for implementation of the Health Impact Evaluation as per the designed work plan is estimated at \$1,287,000. Approximately \$500,000 is available from the GFATM Impact Evaluation funding, and PEPFAR will supplement the study by providing \$450,000. The balance will be provided by other donors.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

**Table 3.3.13: Activities by Funding Mechanism**

**Mechanism ID:** 3790.08

**Mechanism:** N/A

**Prime Partner:** United Nations High  
Commissioner for Refugees

**USG Agency:** Department of State /  
Population, Refugees, and  
Migration

**Funding Source:** GHCS (State)

**Program Area:** Strategic Information

**Budget Code:** HVSI

**Program Area Code:** 13

**Activity ID:** 18211.08

**Planned Funds:** \$85,600

**Activity System ID:** 18211

**Activity Narrative:** Strategic Information

Monitoring the level and trend of HIV infection is an integral component of a comprehensive HIV response. Data enable policy makers and planners to appreciate the magnitude of the problem, allocate resources, and monitor effectiveness of interventions. Unfortunately, in refugee settings in Ethiopia, there is a dire lack of HIV prevalence and behavioral data. Refugees have not been integrated into national HIV sentinel surveillance or community-based surveys. The burden of HIV/AIDS amongst 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. A mission will be conducted each quarter to see first-hand the monitoring of PEPFAR programs and the surveillance systems. Technical assistance will be provided during these visits, as well as throughout the funding cycle. On-the-job training and supervisory support will be strengthened. A time-limited consultant will be hired to support healthcare providers and provide technical support to carry out sentinel surveillance. UNHCR will train implementing partners on data collection systems and the use of indicators.

In 2007, the United Nations High Commissioner for Refugees (UNHCR) trained 150 people on strategic information (SI). This training will be continued and UNHCR staff will train implementing partners (IP) on data collection and program monitoring in Addis Ababa and within the camps. The consultant will review monthly data submissions and will discuss them with IP.

In order to develop and implement a single-point surveillance system, UNHCR will collaborate with universities working in the regions of Ethiopia. The universities will conduct the surveillance and supply the data to UNHCR in Addis. Universities will also train partners working in the camps to ensure that they are well-versed in data collection and use of computers.

UNHCR will synthesize information collected on refugees and manage a database. Information will be provided by IP and organizations, including the Government of Ethiopia (GOE), working with the refugee populations in the country. UNHCR will ensure that data is shared with IP, USG, and relevant partners and interested organizations.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## **Emphasis Areas**

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## **Food Support**

## **Public Private Partnership**

## **Target Populations**

### **General population**

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

### **Special populations**

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

### **Other**

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

## Coverage Areas

Afar  
Gambela Hizboch  
Sumale (Somali)

**Table 3.3.13: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 673.08	<b>Mechanism:</b> Expansion of HIV/AIDS/STI/TB Surveillance and Laboratory Activities in the FDRE
<b>Prime Partner:</b> Ethiopian Health and Nutrition Research Institute	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Area Code:</b> 13
<b>Activity ID:</b> 18050.08	<b>Planned Funds:</b> \$1,200,000

**Activity System ID:** 18050

**Activity Narrative:** Supporting the National HIV/AIDS/STI Surveillance System

The Federal Ministry of Health (MOH) began work on strengthening and supporting the National HIV/AIDS/STI (sexually transmitted infections) Surveillance system in 2002. Activities have been ongoing; however, implementation of activities was slowed in the second half of FY06 and first quarter of FY07 due to organizational changes at the Ministry, at which time the responsibility for implementing and coordinating HIV/AIDS/STI/TB (tuberculosis) surveillance was given to the Ethiopian Health and Nutrition Institute (EHNRI). Since then, PEPFAR Ethiopia has been heavily involved in supporting EHNRI in the facilitation and implementation of most surveillance activities; however, recently EHNRI reorganized itself and has been better able to handle these activities.

Funds from FY07 have been used for building the capacities of the EHNRI and regional health bureaus (RHB) to enable them to extend their support to zonal health departments (ZHD), district health desks, and health facilities that are directly involved and benefiting from HIV/AIDS, TB/ HIV and STI surveillance programs. Moreover, in FY07, EHNRI, with PEPFAR Ethiopia funding, extended support to RHB to allow them to support 19 additional health facilities as sites for antenatal clinic (ANC)-based HIV surveillance. EHNRI will train site staff in the collection, compilation, and reporting of HIV case surveillance data.

IN FY07, communication between and among all the surveillance partners was also enhanced. The capacity of RHB to provide supportive supervision to all the health facilities involved in surveillance activities was strengthened. EHNRI, in collaboration with CDC and other relevant partners, also provided support to RHB to conduct their annual surveillance planning and review meetings with their respective surveillance-site staff.

RHB, ZHD, district health desks, and health facilities were all supported through EHNRI in their preparations for the planning and execution of the 2007 National HIV/AIDS/STI surveillance activities. EHNRI provided them with technical guidance in the selection of staff for trainings, selection and preparation of sites, data and sample collection, sample transportation, supportive supervision, and data management.

In FY08, preparatory work for the 2009 round of ANC-based, sentinel-site HIV surveillance activities will commence. These activities include: assessment of sites; training of site-level ANC clinic and laboratory staff; procurement of test kits and other supplies to be used by sites; and conduct of national and regional review workshops.

PEPFAR will also support EHNRI in the initiation of several new types of surveillance, including HIV case, STI, and TB/HIV surveillance. These programs will be implemented based on the guidelines developed by EHNRI and PEPFAR over the past several years. EHNRI will work this year toward building its own capacity and the capacity of regional laboratories, RHB, and health facilities involved in established and new surveillance programs.

PEPFAR will also support EHNRI to build a national drug-resistance surveillance system. This will help PEPFAR partners and the Government of Ethiopia to ensure the generation, analysis, and use of information that can help develop and maintain effective strategies for ARV use. This activity will help to produce the evidence to guide national the HIV/AIDS treatment plan and other measures to sustain the effectiveness of ART among newly infected patients.

Finally, PEPFAR will also support EHNRI to design and implement an HIV/AIDS/STI surveillance system using selected sites that provide HIV/AIDS/STI services to the most-at-risk populations (MARPs), especially to commercial sex workers. This will help PEPFAR and the country to generate information that can be used to guide HIV/AIDS/STI/ programs for MARPs, given the nature of the low-level, generalized HIV epidemic in the country.

**HQ Technical Area:**  
**New/Continuing Activity:** New Activity  
**Continuing Activity:**  
**Related Activity:** 16616

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16616	10443.08	7482	3792.08	Rapid expansion of successful and innovative treatment programs	US Centers for Disease Control and Prevention	\$587,800

**Emphasis Areas**

Local Organization Capacity Building  
 Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support**

**Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	250	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	1,200	False

**Table 3.3.13: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 7606.08	<b>Mechanism:</b> GIS Support
<b>Prime Partner:</b> International Rescue Committee	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Strategic Information
<b>Budget Code:</b> HVSI	<b>Program Area Code:</b> 13
<b>Activity ID:</b> 18054.08	<b>Planned Funds:</b> \$120,000
<b>Activity System ID:</b> 18054	

**Activity Narrative:** This is a continuing activity from FY07.

As is clearly reflected in the Federal Ministry of Health's (MOH) new HIV plan, Accelerated Access To HIV/AIDS Prevention, Care And Treatment In Ethiopia: Road Map 2007-2008, the national response to HIV/AIDS is being intensified with the following thematic areas serving as guiding lights: speed, volume and quality. Currently, a number of major donor agencies support HIV/AIDS programs through many domestic and international implementing partners. Coordination among all these stakeholders is critical for the success of the national program. This can occur at different phases of a program including design and implementation. Joint planning will ensure effective allocation and utilization of resources thereby maximizing the overall impact of the national response.

Geographical representation and spatial analysis of program-related geographical data is a multipurpose tool in HIV/AIDS programming. This activity supports a geographical information systems and geospatial data analysis by: 1) Supporting PEPFAR to present mapping products; 2) Conducting spatial analyses of existing PEPFAR activities and socio-economic, epidemiological, physical and infrastructural variables related to HIV/AIDS; 3) Maintaining maps of updated USG activities to determine programming synergies across technical portfolios; and 4) Responding to requests from US Mission for specialized geospatial analyses to ensure PEPFAR programming efficiencies.

This activity will assist in stakeholder outreach, standardization of program implementation, and performance tracking of facility and community services. It will also be critical in the analysis of program expansion for looking at important factors such as equity, disease epidemiology, and coverage of services.

When used together with other surveillance, survey, and program data, geographic information systems (GIS) data will result in a more comprehensive understanding of the epidemic and the status of interventions towards it. It provides information to questions such as the areas where HIV is more prevalent, whether the number of ART sites in a particular area is commensurate with the HIV prevalence for that area, and which partners are working where.

This activity will also organize training workshops on basic GIS topics for staff at the US Mission, relevant implementing partners, and the host government. The training aims to build the in-country capacity on GIS and spatial analysis as well as to build advocacy by Government of Ethiopia (GOE) policymakers to enhance their monitoring and evaluation systems. The list of participant organizations will include: the Ethiopian Mapping Authority, the Federal HIV/AIDS Prevention and Control Office (HAPCO), and the MOH's Planning and Programming Department, among others. This GIS activity will strengthen the strategic information capacity in the country through human-capacity building as well as availing key information for planning and monitoring of activities. Related to this, this activity will also sponsor a joint mapping workshop with the host government and other donors to develop a common partner basemap that includes HIV/AIDS programming as well as tuberculosis, nutrition, and other key interventions.

Some of the outputs of this activity will be instrumental in using spatial reference for data de-duplication. Understanding where implementing partners in a given program area function in the same geographic location is a precursor towards efforts to minimize double counting/reporting at the national level.

Finally, as PEPFAR is working closely with other USG programs in several PEPFAR activities which require targeting of peri-urban sites, the need to clearly define and identify these sites has become increasingly important. In collaboration with the Central Statistical and the Ethiopian Mapping Authorities, the activity will provide support to help define and identify peri-urban sites in Ethiopia, which are poorly defined conceptually and operationally. As part of this process, PEPFAR will provide further guidelines to define the parameters of the site location during the implementation planning process.

This activity will conduct mapping in accordance with the recommendations contained in "Geographic Information System Guidance for United States Government In-Country Staff and Implementing Partners within PEPFAR." Facility identifying data will conform to the signature domain outlined in "The Signature Domain and Geographic Coordinates: A Standardized Approach for Uniquely Identifying a Health Facility."

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:** 16562, 16563

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16562	10631.08	7470	487.08	University Technical Assistance Projects in Support of the Global AIDS Program	Tulane University	\$2,800,462
16563	5582.08	7470	487.08	University Technical Assistance Projects in Support of the Global AIDS Program	Tulane University	\$5,265,000

## Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	10	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	False

## Target Populations

### Other

Orphans and vulnerable children

People Living with HIV / AIDS

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

**Total Planned Funding for Program Area: \$13,848,624**

Estimated PEPFAR contribution in dollars \$850,000

Estimated local PPP contribution in dollars \$10,002,000

### Program Area Context:

In 2004, the PEPFAR Five Year Strategy for Ethiopia recognized that the country had completed most important "first generation" enabling policies and guidelines for its HIV/AIDS strategy, and presented a listing of priority issues that still needed attention. With significant USG assistance, many of these "second generation" priority issues have been addressed. Most of the USG policy and protocol work has been funded by, and reported in, respective technical program areas. In FY07, for example, as reported elsewhere, PEPFAR provided technical assistance (TA) and other support to the Federal Ministry of Health (FMOH) to update technical guidelines in PMTCT, HIV counseling and testing, pain management, ART, and public/private mixture approaches to tuberculosis diagnosis and treatment.

The Other Health Policy and Systems Strengthening (OHPS) program area is the nucleus of PEPFAR Ethiopia's systems strengthening and human and organizational capacity building efforts for the public, private commercial, and private non-profit sectors, including community- and faith-based organizations and networks. By far the major OHPS accomplishment in FY07 was



issuance by the FMOH of the National HIV/AIDS Road Map, 2007-2010: Accelerated Access to HIV/AIDS Prevention, Care and Treatment in Ethiopia. The Road Map is a multi-year operational plan that lays out a common vision for federal and regional implementation of universal access to HIV/AIDS prevention, care and treatment services by 2010. All USG agencies in Ethiopia provided substantial direct USG assistance to preparation of the Road Map, and its issuance has significantly reinforced stakeholder ownership and implementation of the “three ones.”

Also in FY07, PEPFAR Ethiopia’s Training Information Monitoring System (TIMS) undertook a tracer survey of 2,545 trained health providers that revealed, among other things, that 34.4% of all HIV/AIDS-trained providers were no longer at the facility at the time of visit. The PEPFAR Ethiopia team will continue to use these and similar TIMS data to guide policy dialogue on human resources development and retention schemes with the FMOH. PEPFAR is also funding direct training: 1) The Carter Center is supporting training for 1,944 nurses to become Public Health Officers, with HIV/AIDS clinical and outreach services fully integrated into the curricula; 2) the National Alliance of State and Territorial AIDS Directors (NASTAD) collaborated with national, regional and zonal HIV/AIDS Prevention and Control Offices (HAPCO) to implement social mobilization, community ART adherence guidelines development and training for 97 focal persons; and 3) The FMOH supported training and deployment of 17,000 Health Extension Workers to deliver antenatal care and maternal, neonatal and child health services, including PMTCT, at the community level. To strengthen leadership for all of these trained personnel, PEPFAR supported orientation of Ethiopian parliamentarians on HIV/AIDS prevention, care and treatment services and social mobilization strategies.

In COP08, PEPFAR Ethiopia activities in OHPS will continue to focus on sustainability, with an emphasis on: 1) systems strengthening, particularly leadership and management of service delivery, 2) human and organizational capacity building; and 3) broadly expanding private sector engagement. In support of the “three ones,” USG will continue to participate in and provide support to the Secretariat of the 17 member GFATM Country Coordinating Mechanism (CCM) for Ethiopia’s GFATM awards. In addition, a significant proportion of GFATM funds are distributed by the FMOH as block grants to regions and districts. Many of these have inadequate capacity to meet GFATM and FMOH management requirements. COP08 funds will be used for a new activity to provide TA and other support to strengthen federal and regional GFATM grant administration and planning functions beyond the CCM.

PEPFAR will also continue to fund NASTAD to help intensify Ethiopia’s multi-sectoral HIV/AIDS response through training-of-trainers for Regional Health Bureaus and regional and national HAPCO. Social Mobilization Strategy technical support is also a major activity. The national HAPCO has recently become more pro-active in development of the government’s own capability, accountability and responsiveness to the national multi-sectoral response to HIV/AIDS. Subject to the findings of a consultant study that is underway, COP08 funding is proposed for a USG contribution to a new pooled donor fund administered by either a UN agency or HAPCO.

COP08 funding will continue to build capacity for ART program implementation through the establishment of a consortium of professional medical associations led by the Ethiopian Medical Association. The new consortium will support the training of physicians, nurses, health officers, pharmacists and lab technologists for improved service delivery. USG will also provide technical assistance to five organizations in HIV-related policy development and five more with institutional capacity building.

COP08 funding will support Ethiopia’s Sustainable Management Development Program to train 60 health planners and managers from FMOH, HAPCO, and other key PEPFAR partners. USG will also continue to support the Standard Based Management and Recognition activity to provide TA to 110 local organizations and train 1,100 individuals to improve service quality and standards. COP08 funds will be provided to The Carter Center to continue training Public Health Officers and other health staff, and to the FMOH to train 5,000 individuals in HIV- related community mobilization for prevention, care and treatment. Under TIMS, 30 organizations will be trained to track PEPFAR funded training, database development, reporting and follow-up evaluation of trained health workers.

PEPFAR Ethiopia will continue to strengthen Ethiopia’s HIV/AIDS information technology (IT) and clearinghouse systems, which will in turn build capacity of national/regional HAPCO and other partners. COP08 funds will improve the quality of a multi-target interactive web-site at the Aids Resource Center (ARC), provide on-going IT support to national/regional HAPCO, and strengthen the ARC clearinghouse function by enabling it to provide technical print, electronic, and audiovisual materials to all PEPFAR Ethiopia sites and partners.

The Private Sector Program will continue to strengthen private sector provision of HIV/AIDS services through policy, partnership and private financing. In COP08, PEPFAR will fund a Development Credit Authority to facilitate financing of private sector health services including hospitals, higher clinics and private health colleges.

To decrease stigma and discrimination, COP08 funds will support media activities focusing on local capacity building through training of junior and senior correspondents in six major cities with high HIV/AIDS prevalence and will provide institutional capacity building and technical support for 50 organizations. A total of 520 individuals will be trained in HIV- related institutional capacity building, stigma and discrimination reduction, and community mobilization.

In spite of significant GFATM and PEPFAR financing, most of Ethiopia’s health facilities are still unable to deliver quality services due to acute shortages of health care providers, lack of equipment and physical infrastructure and on-going shortages of basic drugs and infection prevention materials. Since 1995, the FMOH and health donors have addressed health care financing reforms in three regions, including fee retention and management at health facilities by community boards. Experience to date indicates that health facilities use the retained funds for retention of health professionals, commodity procurement and infrastructure improvements. PEPFAR Ethiopia proposes to use COP08 funds to wrap around bilateral USG development assistance funding to expand the reforms to other PEPFAR health networks.

#### **Program Area Downstream Targets:**

14.1 Number of local organizations provided with technical assistance for HIV-related policy development

766

14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1346
14.3 Number of individuals trained in HIV-related policy development	6400
14.4 Number of individuals trained in HIV-related institutional capacity building	7393
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	3140
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	5000

**Custom Targets:**

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 496.08

**Mechanism:** Improving HIV/AIDS Prevention and Control Activities in the FDRE MOH

**Prime Partner:** Federal Ministry of Health, Ethiopia

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Other/Policy Analysis and System Strengthening

**Budget Code:** OHPS

**Program Area Code:** 14

**Activity ID:** 18059.08

**Planned Funds:** \$100,000

**Activity System ID:** 18059

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

This continuing activity primarily addresses prevention of HIV/AIDS and stigma reduction for people living with HIV (PLWH), and will be linked closely with several outreach programs with interactive or interpersonal peer group elements—strengthening the overall country program.

The House of Peoples' Representatives is the highest governing body in Ethiopia. The House has legislative powers in all matters referred by the constitution to Federal jurisdiction. According to the constitution, the House has 547 members who are accountable to the people who elect them. The 547 members are from both the ruling and opposition parties, and were elected in the May 2005 elections that showed extensive involvement of the people in the political process. As such, involving popularly elected members of Parliament (MPs) as peoples' representatives in HIV/AIDS prevention, care, and treatment can have a major impact.

MPs can influence the Executive Body (Ministries) to address HIV/AIDS issues in their respective political organizations, among their constituents, and in the parliamentary process of oversight to the Ministries. They can also urge the Ministries to plan and implement programs by mainstreaming HIV/AIDS as part of their organizational duties and responsibilities.

MPs are advocates for their respective constituencies, but they also address HIV prevention and promote care and treatment (counseling and testing, PMTCT, ART, sexually transmitted infections (STI) services, positive living, etc.) while conducting their representational duties in their localities. MPs also address HIV/AIDS issues as they shape national legislation and Parliamentary activities. They mainstream HIV/AIDS in all legislation, making it a regular agenda item in the Social Affairs Committee and at relevant caucuses (e.g., Women's Caucus). They also use other opportunities at governmental or nongovernmental functions, and with local district and ward administrations, to enhance their focus and attention to HIV/AIDS activities.

As the people's direct representatives, MPs are in a unique position to influence public opinion and confront the stigma surrounding HIV/AIDS. Some individual members have their own initiatives and are highly involved with PLWH associations. By virtue of the elevated positions of MPs, they can effectively mobilize, motivate, and encourage the public to prevent new infections by promoting ART, PMTCT, voluntary counseling and testing (VCT), and STI services, and increasing their uptake.

It is encouraging to note the increasing commitment in HIV/AIDS awareness, prevention, support, and treatment on the part of current MPs. These include the Speaker of the House (the former Minister of Youth and chair of the national HIV/AIDS Management Board), and the First Lady, who chairs the Social Affairs Committee and Women's Coalition on HIV/AIDS. Both individuals 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. Parliament needs current guidance and sensitization in order to maximize its support to realize PEPFAR goals, especially focusing on promotion of services like VCT, ART, and PMTCT. Armed with sufficient information, MPs can be role models and campaign for uptake of HIV/AIDS services in their localities during their vacations. This is also an important opportunity to strengthen the network model.

In FY07, the Federal HIV/AIDS Prevention and Control Office (HAPCO) has successfully provided training and orientation for MPs on prevention, care and treatment, and planning processes, to ensure that they have accurate and current knowledge about HIV/AIDS. HAPCO encouraged the MPs to pass such information on in their localities during the vacation, and to urge district and ward leaders to include HIV/AIDS in their development plans. Parliament is expected to continue working on HIV/AIDS when it resumes work, and it is also expected that MPs will act as advocates for those infected and affected as well.

In FY08, HAPCO's activities with the Parliament will include:

- 1) Reviewing the achievements of FY07 and building on the lessons learned and successes achieved
- 2) Offering a training and orientation program to update MPs on prevention, care and treatment, and other HIV/AIDS services
- 3) Adapting/developing an updated handbook for use in guidance and advocacy. The handbook will also serve as reference material for the MPs.
- 4) Encouraging members of Parliament to continue HIV/AIDS campaigns and to promote prevention, care, and treatment activities in their localities when Parliament is closed and during their representational duties
- 5) Supporting MPs' outreach activities to their respective constituencies. These include educating their constituents on community support for infected and affected families and working to reduce stigma.
- 6) Encouraging MPs to play a leadership role in mobilizing the community to use HIV/AIDS services
- 7) Strengthening of HIV/AIDS activities of the Parliament in general, and the HIV/AIDS Committee, the Social Affairs Committee, and relevant Caucuses in particular
- 8) Advocating for the legislation of rights-based, gender-sensitive, nondiscriminatory HIV/AIDS policies

In FY08, HAPCO will also sponsor the establishment of the Legislative AIDS Resource Center (LARC) in the offices of the Ethiopian Parliament. This will assist and support MPs in their legislative activities on HIV/AIDS and other health-related issues. The LARC will be created with the assistance of the National AIDS Resource Center, and will provide a comprehensive source for HIV/AIDS and other health-related information. The LARC will include access to valuable print, electronic, and audiovisual documentations on both Parliamentary practices and procedures regarding HIV and AIDS of other countries. The Center will have a library and audiovisual room exclusively for MPs and a computer center with access to the Internet and e-mail facilities. LARC will also provide services for staff, committees, and Parliamentary parties. The Information Center will be run jointly by the national AIDS Resource Center and the Library of the Parliament.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

**Food Support**

**Public Private Partnership**

**Targets**

<b>Target</b>	<b>Target Value</b>	<b>Not Applicable</b>
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	2	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	500	False
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 7613.08

**Prime Partner:** Management Sciences for Health

**Funding Source:** GHCS (State)

**Budget Code:** OHPS

**Activity ID:** 18536.08

**Activity System ID:** 18536

**Mechanism:** GFATM Technical Support

**USG Agency:** U.S. Agency for International Development

**Program Area:** Other/Policy Analysis and System Strengthening

**Program Area Code:** 14

**Planned Funds:** \$2,028,884

**Activity Narrative:** Global Fund To Fight AIDS, Tuberculosis and Malaria and MOH Management Support and Capacity Building

This is a new activity. During FY07, it has become clear that one of the major bottlenecks for strengthening the HIV/AIDS response in Ethiopia is low personnel levels and management challenges at the country's HIV/AIDS Prevention and Control Offices (HAPCOs), at both national and regional levels. During FY07, PEPFAR Ethiopia was faced with repeated major requests to support Global Fund To Fight AIDS, Tuberculosis and Malaria (GFATM) activities in coordinating with PEPFAR, as well as repeated requests to provide substantial technical inputs for Ministry of Health processes and documents in collaboration with GFATM resources. These requests resulted in USG deploying significant levels of human and technical resources to respond appropriately, many requiring specialized knowledge of GFATM processes, as well as of management strengthening and HIV/AIDS and systems strengthening technical abilities. Relatively low staffing levels of PEPFAR/Ethiopia partners -- particularly individuals with these skill sets -- made response to these requests difficult. They are expected to continue in FY08. While PEPFAR is supporting the national HAPCO with placement of a GFATM --PEPFAR Liaison Officer, the need for technical assistance to HAPCO and Regional Health Bureaus (RHB) and increased technical support for PEPFAR is substantial.

The main focus of this activity is to ensure that PEPFAR has sufficient capacity to adequately support MOH and RHB efforts using GFATM resources, and to provide needed technical support to supplement PEPFAR staff that are frequently called to contribute to GFATM-related technical processes. The activity will also provide support to national and regional level HAPCOs and health bureaus, which continue to experience challenges requiring management TA. Additionally, this activity will support GFATM proposal development, management and costing exercises supporting the national HIV/AIDS effort.

Building upon the approaches and participatory products developed under the former USG Management & Leadership Project, the new Leadership, Management and Sustainability (LMS) project is a cooperative international partnership that strengthens leadership, management and systems of programs and organizations to improve their health outcomes. Without effective management and leadership, the delivery of quality health services and achievement of sustainability is compromised. The purpose of the LMS project is to support the USG and host country organizations by providing technical assistance, approaches and strategies to strengthen institutional capacity to lead and manage HIV/AIDS and other health programs and related social sector programs in the public, private, and NGO sectors. This activity will allow PEPFAR to access expertise to support GFATM activities ranging from proposal development to grant implementation.

This activity is linked to other donor and partner resources to promote the effective implementation of GFATM resources, critical for achievement of PEPFAR goals. Close integration with the Sustainable Management Development and Support to the Global Fund Country Coordinating Mechanism activities (ID 10540, ID 10411) as well as other PEPFAR management support partners at regional and national levels, will be an important feature of this activity. Other linkages include GFATM, the Clinton HIV AIDS Initiative, and the World Health Organization (WHO).

Assistance will be outcome-oriented, and should strengthen local capacity. Activities will focus on alleviating specific bottlenecks that are causing under-performance, including inadequate or poor performance in the following areas:

- Governance and Leadership (including aspects of the functioning of CCM);
- Program and Financial Management;
- Monitoring and Evaluation.

The primary emphasis of this activity will be to ensure robust management systems for Ethiopian public sector HIV/AIDS program implementation. Capacity of Ethiopian organizations such as the federal and regional HAPCOs will be strengthened to ensure the effectiveness of a coordinated HIV/AIDS programming. Supporting these efforts, LMS will also collaborate with PEPFAR's National Association of State and Territorial AIDS Directors (NASTAD) activity to support and intensify regional and woreda level planning, creating important interagency synergies. As a result of these multiple efforts, PEPFAR Ethiopia's ability to respond to MOH requests for management and technical support, particularly related to GFATM and national processes, as well as its ability to coordinate PEPFAR partners' activities across the continuum of HIV prevention, care and treatment, will be substantially enhanced. It is expected that facility-community linkages will also be enhanced, resulting in a more effective and fully functional health network.

As part of PEPFAR's overall systems strengthening effort to support improved program management and use of HIV funding, additional resources will be added to LMS to complement existing PEPFAR activities supporting the national Health Management Information System (HMIS) implementation. This decision came as a result of PEPFAR Strategic Information Interagency Technical Working Group analysis, in conjunction with the Government of Ethiopia Ministry of Health, which identified existing critical gaps and potential areas for increased support.

LMS has access to substantial HMIS expertise which can provide important complementary synergies with existing PEPFAR partners supporting HMIS, beginning to address some of the clear gaps in the national scale-up. The activity diversifies PEPFAR technical assistance resources, permitting access not only to LMS but to additional U.S. Government (USG) wrap-around resources at health center, health post and community levels. It will strengthen the nascent HMIS system at these levels, where all data is generated, thus promoting more informed data-driven decisions.

The LMS activities will primarily focus on HMIS support to primary health care facilities (health centers, health posts) and associated administrative levels, as well as community level activities. Specific activities include: 1) support to expansion of pre-service training for health information technicians, 2) in-service training for existing health facility and community level staff, 3) supportive supervision, and 4) site-level training on data quality and use as well as capacity building for woreda and facility level staff on data-use for decision making.

All activities will be planned in close consultation with all involved stakeholders, principally the MOH and PEPFAR partners (including Tulane University) as well as other development partners that are closely

**Activity Narrative:** engaged in the HMIS reform and the roll-out of the new system. No overlap of activities will occur.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

### Emphasis Areas

Local Organization Capacity Building

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	12	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

**Table 3.3.14: Activities by Funding Mechansim**

**Mechanism ID:** 3787.08

**Mechanism:** Support for program implementation through US-based universities in the FDRE

**Prime Partner:** Johns Hopkins University  
Bloomberg School of Public Health

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Other/Policy Analysis and System Strengthening

**Budget Code:** OHPS

**Program Area Code:** 14

**Activity ID:** 18789.08

**Planned Funds:** \$0

**Activity System ID:** 18789

**Activity Narrative:** Title of Study: Public Health Evaluation of Training of Health Providers in Health PEPFAR funded health centers in Ethiopia

**Time and Money Summary:**

The evaluation will be conducted from April 2008 to March 2009, pending clearance of the revised protocol, and is expected to cost \$150,000 for Year 2.

**Local Co-Investigator:** Marion McNabb, Mesrak Nadew, Yassir Abduljewad, Anne Pfitzer, Dr Anteneh Worku, Petros Faltamo

**Project Description**

The availability of trained and competent service providers in delivering quality HIV/AIDS services is of utmost importance in the Ethiopian context. Ethiopia's single point HIV prevalence is 2.1%, which translates into a target of 350,000 eligible for ART in order to obtain the universal access for ART by 2010. The Ministry of Health's 2005-06 publication "Health and Health Related Indicators" reported that there is one physician for every 35,493 people and one nurse for every 4,207 people in Ethiopia. The numbers are significantly below the WHO international standards for physicians with the standards set at one physician for 10,000 people and near to the nurse ratio of one nurse for every 5,000 people making access to regular healthcare services by skilled

There have been multiple reports of high attrition of health care providers in Ethiopia. The resources and efforts put into PEPFAR training have been enormous. It is important to provide measurable information and assess training effectiveness periodically. In the context of the Ethiopian scale up of ART services, health centers were recently added as service provision sites. COP08 will be an opportune time to review the effectiveness of training programs at this health facility-level to refine strategies for the future.

**Status of study/progress to date**

In FY07, JHPIEGO was funded to conduct an evaluation that will provide feedback to PEPFAR Ethiopia regarding the effectiveness and cost of investments to train health care workers at facilities. The evaluation included descriptive review of training processes and methodologies utilized by PEPFAR implementing partners employing a quasi-experimental data collection methods to assess the performance of trained and untrained providers (either on the job or in a simulation) on specific knowledge and skills included in the in-service training they received. Additionally, the evaluation measured the attrition rates and reasons for attrition.

The main evaluation questions were:

- 1) What proportion of health care workers who have attended training funded under PEPFAR are still in the post they were in at the time of training?
- 2) Where are the providers that left the facilities?
- 3) How effectively are health care workers performing on specific skills for which they were trained?
- 4) What was the average training cost per trainee, by category of knowledge and skills of the training event? What is the anticipated cost for re-training providers?
- 5) How are the PEPFAR trainers being used within the program and how many training events have they conducted?
- 6) What is the perceived risk of HIV infection in providers trained versus providers not trained in providing HIV services?

JHPIEGO reviewed PEPFAR Ethiopia's Training Information Management Information System (TIMS) for data on providers trained in HIV/AIDS services to identify the population of health care workers trained by PEPFAR in all areas of prevention, care and treatment at hospitals. Accordingly, data were collected from selected but representative cohort hospitals in Ethiopia. Due to funding limitations in COP 07 the sample only included hospitals.

The skills of trained providers were evaluated by comparing skills that providers are expected to have post-training versus skills that are displayed at the time of assessment using standardized case study assessment tools which were developed using competencies agreed upon in Ethiopia and all PEPFAR Ethiopia Training Partners reviewed and approved the tools.

Surveys were distributed to PEPFAR Ethiopia's university partners to determine the costs of training. The protocol was finalized and submitted for the CDC Institutional Review Board approval.

**Planned FY08 Activities:**

In COP08, JHPIEGO proposes another Training Evaluation with a similar study design and the same objectives, but with a protocol targeting staff at health centers. The evaluation will assess similar elements as the hospital version collected: including trainers, cost, and competency of providers and attrition rates of providers at the health center level. The selection of health centers will be confined to those networked to hospitals. JHPIEGO will work closely and collaborate with implementing partners that have trained staff at health center level in refining the protocol and evaluation tools, including US agencies and international/local partners. The evaluation of training effectiveness will provide useful information across all PEPFAR funded training programs; working closely with PEPFAR partners on the evaluation will bring greater impact. The availability of trained and competent service providers in delivering quality HIV/AIDS services is of utmost importance in the Ethiopian context. Ethiopia's single point HIV prevalence is 2.1% which translates into a target of 350,000 eligible for ART in order to obtain the universal access for ART by 2010. In 2005/06 the Ministry of Health document "Health and Health Related Indicators" that there is one physician for every 35,493 people and one nurse for every 4,207 people in Ethiopia. The numbers are significantly below the WHO international standards for physicians with the standards set at one physician for 10,000 people and near to the nurse ratio of one nurse for every 5,000 people making access to regular healthcare services by skilled providers limited for a significant proportion of Ethiopians.

**Information Dissemination Plan:**

The findings can be used by HAPCO and the Human Resource Department of Ministry of Health, Regional Health Bureaus, and PEPFAR partners that invest in in-service training for capacity building. The study will also inform retention strategies with a specific focus on the needs of health centers

**Activity Narrative:** Budget Justification for FY08 monies:  
 Given experience to date and the breadth of the proposed FY08 scope of work, the study is budgeted at \$150,000 in COP08. The funding will be used for protocol development, recruitment of data collectors, training of data collectors, data collection and supervision, data cleaning, entry and analysis, dissemination, salaries of staff, other direct costs and Johns Hopkins University financial and administration costs.

This is a continuing activity in COP 08 originally planned with JHPIEGO-E as Prime Partner. It was erroneously entered in the database with JHU -Bloomberg as prime partner. The activity is to conduct a targeted evaluation on the effectiveness of Training for staff at Health Centers under PEPFAR -E. The findings of the evaluation will provide useful information across all PEPFAR funded training programs, partners and stakeholders to identify the retention and attrition status of trained health care providers. JHPIEGO-E is a prime partner which has a strong potential in conducting targeted evaluation. CDC-E will provide guidance and follow up of the targeted evaluation.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Emphasis Areas**

PHE/Targeted Evaluation

**Food Support**

**Public Private Partnership**

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 3746.08

**Mechanism:** University Technical Assistance Projects in Support of the Global AIDS Program

**Prime Partner:** JHPIEGO

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Other/Policy Analysis and System Strengthening

**Budget Code:** OHPS

**Program Area Code:** 14

**Activity ID:** 18538.08

**Planned Funds:** \$700,000

**Activity System ID:** 18538



**Activity Narrative:** Strengthening Pre-Service Education in Private Health Colleges

Ethiopia faces numerous challenges related to human resources for health (HRH), including an overall shortage of health professionals. Various stakeholders are actively engaged in analyzing human resource needs. For example, a business process re-engineering effort is ongoing throughout the government and, in the health sector, the human resources issue is one of the seven core processes being analyzed with a view to aligning production needs with new health-facility staffing patterns and the goals of the Health Sector Development Plan III (HSDP-III). Similarly, a task force headed by the Federal HIV/AIDS Prevention and Control Office (HAPCO) and facilitated by the World Health Organization (WHO) is guiding a series of studies and assessments dealing with task-shifting and the WHO global Treat, Train, Retain initiative. One task force member, the Clinton Foundation, has begun time and motion analyses for HIV treatment services and will enter the data into the SIMCLIN model, a decision-support software tool. SIMCLIN will run projections of staffing needs, including projections related to decisions to shift selected tasks from one group of healthcare providers to another (i.e., from physicians/health officers to nurses, from health professionals to health extension workers, people living with HIV/AIDS (PLWH), community counselors, or peer educators, etc.).

As the Federal Ministry of Health (MOH) has pressured nursing, medical, and other related educational institutions to increase enrollments, PEPFAR has also invested resources in improving the quality of pre-service education at the university level and ensuring that the content related to HIV/AIDS core competencies is effectively integrated in the curriculum. In FY06 and FY07, JHPIEGO worked with seven medical, nursing, and midwifery schools in three government universities. After conducting a needs assessment, JHPIEGO has worked with faculty of these schools to update and standardize their knowledge of HIV/AIDS-related services; shared national guidelines and in-service training materials for HIV/AIDS; provided workshops on effective teaching skills; developed and gained consensus on educational standards; and conducted instructional-design workshops to assist faculty in integrating HIV/AIDS content into their teaching. In FY07, JHPIEGO will test new strategies in government schools, including: facilitating the use of standards-based education management and recognition approaches and tools; and addressing the gaps identified in school self-assessments. In a separate activity (COP ID 10482), JHPIEGO is using electronic media to develop self-directed learning materials on HIV/AIDS. For FY08, JHPIEGO also proposes to expand this work to other health professional schools within the three universities, as well as selected public-sector health colleges in regions hardest hit by the human resource challenges.

At the same time, private health-training colleges are multiplying at a rapid rate. Some observers, including the Ethiopian Nurses Association, have expressed concerns about the quality of the education in these private institutions. The MOH, however, sees that the private sector is an important partner in meeting the human resource needs of the country. In the 2005-2006 academic year, private institutions graduated 476 health professionals out of a total of 3,011 at diploma level and above, or 16% of the total output for the year (Planning and Programming Department, MOH, 1998 Ethiopian Calendar Health and Health-related Indicators). By investing in strengthening the quality of the education provided to private-school graduates and ensuring that HIV/AIDS knowledge and skills are included as part of the curriculum, PEPFAR can provide a huge contribution to meeting the human resource challenges in Ethiopia.

JHPIEGO proposes a two-pronged approach to the issue. One set of activities would involve supporting the new provisional Human Resources Department (pHRD) at the MOH to work with the Federal Ministry of Education (MOE) and the Higher Education Relevance and Quality Assurance (HERQA) agency to strengthen the oversight and accreditation process for private health colleges. As part of this component, JHPIEGO would also review the licensing process for graduates of private health colleges, linking with the relevant professional associations, including the Association of Private Higher Learning Institutions, and working with other efforts under the HRH strategy. Another would be to select a number of schools, assess the existing quality of their training, sign memoranda of understanding (MOU), and work with them to improve teaching, along the same lines as the work ongoing in public-sector institutions. The MOH's pHRD will work with JHPIEGO to establish selection criteria and approach the schools to participate in this initiative. Assuming this request is fully funded, and that this is not a one-year activity, we expect to include 4-5 schools in the first year, of which 2-3 would be in Addis Ababa and the remaining in the regions.

JHPIEGO's role will be to update faculty on HIV/AIDS topics, share tools and materials for the work with the government universities, and encourage private colleges to promote and support student-centered and self-directed learning. The use of competency-based learning and assessment tools, together with the use of anatomic models as described above, will help remedy the HRH crisis by markedly decreasing the time needed for competency and by increasing the quality of training through using a mastery learning approach.

As part of signing the MOU, JHPIEGO and the respective schools would agree on roles and responsibilities, as well as specify resources to be contributed by each partner. For example, schools would have to agree to conduct periodic self-assessments using the standards-based education management and recognition tools as a benchmarking of their efforts to improve teaching quality and integration of HIV/AIDS content. The standards-based education management approach and tools espoused also cover areas of school administration and management, which may need more emphasis and follow-up in working with private health colleges. JHPIEGO would also expect private colleges to contribute some of their own resources to the project in exchange for materials not easily available in Ethiopia, such as anatomical models for clinical skills labs and/or electronic learning materials in HIV/AIDS developed under COP ID 10482.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 3746.08

**Prime Partner:** JHPIEGO

**Funding Source:** GHCS (State)

**Budget Code:** OHPS

**Activity ID:** 19556.08

**Activity System ID:** 19556

**Mechanism:** University Technical Assistance Projects in Support of the Global AIDS Program

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Other/Policy Analysis and System Strengthening

**Program Area Code:** 14

**Planned Funds:** \$150,000

**Activity Narrative:** Title of Study: Public Health Evaluation of Training of Health Providers in Health PEPFAR funded health centers in Ethiopia

**Time and Money Summary:**

The evaluation will be conducted from April 2008 to March 2009, pending clearance of the revised protocol, and is expected to cost \$150,000 for Year 2.

**Local Co-Investigator:** Marion McNabb, Mesrak Nadew, Yassir Abduljewad, Anne Pfitzer, Dr Anteneh Worku, Petros Faltamo

**Project Description**

The availability of trained and competent service providers in delivering quality HIV/AIDS services is of utmost importance in the Ethiopian context. Ethiopia's single point HIV prevalence is 2.1%, which translates into a target of 350,000 eligible for ART in order to obtain the universal access for ART by 2010. The Ministry of Health's 2005-06 publication "Health and Health Related Indicators" reported that there is one physician for every 35,493 people and one nurse for every 4,207 people in Ethiopia. The numbers are significantly below the WHO international standards for physicians with the standards set at one physician for 10,000 people and near to the nurse ratio of one nurse for every 5,000 people making access to regular healthcare services by skilled

There have been multiple reports of high attrition of health care providers in Ethiopia. The resources and efforts put into PEPFAR training have been enormous. It is important to provide measurable information and assess training effectiveness periodically. In the context of the Ethiopian scale up of ART services, health centers were recently added as service provision sites. COP08 will be an opportune time to review the effectiveness of training programs at this health facility-level to refine strategies for the future.

**Status of study/progress to date**

In FY07, JHPIEGO was funded to conduct an evaluation that will provide feedback to PEPFAR Ethiopia regarding the effectiveness and cost of investments to train health care workers at facilities. The evaluation included descriptive review of training processes and methodologies utilized by PEPFAR implementing partners employing a quasi-experimental data collection methods to assess the performance of trained and untrained providers (either on the job or in a simulation) on specific knowledge and skills included in the in-service training they received. Additionally, the evaluation measured the attrition rates and reasons for attrition.

The main evaluation questions were:

- 1) What proportion of health care workers who have attended training funded under PEPFAR are still in the post they were in at the time of training?
- 2) Where are the providers that left the facilities?
- 3) How effectively are health care workers performing on specific skills for which they were trained?
- 4) What was the average training cost per trainee, by category of knowledge and skills of the training event? What is the anticipated cost for re-training providers?
- 5) How are the PEPFAR trainers being used within the program and how many training events have they conducted?
- 6) What is the perceived risk of HIV infection in providers trained versus providers not trained in providing HIV services?

JHPIEGO reviewed PEPFAR Ethiopia's Training Information Management Information System (TIMS) for data on providers trained in HIV/AIDS services to identify the population of health care workers trained by PEPFAR in all areas of prevention, care and treatment at hospitals. Accordingly, data were collected from selected but representative cohort hospitals in Ethiopia. Due to funding limitations in COP 07 the sample only included hospitals.

The skills of trained providers were evaluated by comparing skills that providers are expected to have post-training versus skills that are displayed at the time of assessment using standardized case study assessment tools which were developed using competencies agreed upon in Ethiopia and all PEPFAR Ethiopia Training Partners reviewed and approved the tools.

Surveys were distributed to PEPFAR Ethiopia's university partners to determine the costs of training. The protocol was finalized and submitted for the CDC Institutional Review Board approval.

**Planned FY08 Activities:**

In COP08, JHPIEGO proposes another Training Evaluation with a similar study design and the same objectives, but with a protocol targeting staff at health centers. The evaluation will assess similar elements as the hospital version collected: including trainers, cost, and competency of providers and attrition rates of providers at the health center level. The selection of health centers will be confined to those networked to hospitals. JHPIEGO will work closely and collaborate with implementing partners that have trained staff at health center level in refining the protocol and evaluation tools, including US agencies and international/local partners. The evaluation of training effectiveness will provide useful information across all PEPFAR funded training programs; working closely with PEPFAR partners on the evaluation will bring greater impact. The availability of trained and competent service providers in delivering quality HIV/AIDS services is of utmost importance in the Ethiopian context. Ethiopia's single point HIV prevalence is 2.1% which translates into a target of 350,000 eligible for ART in order to obtain the universal access for ART by 2010. In 2005/06 the Ministry of Health document "Health and Health Related Indicators" that there is one physician for every 35,493 people and one nurse for every 4,207 people in Ethiopia. The numbers are significantly below the WHO international standards for physicians with the standards set at one physician for 10,000 people and near to the nurse ratio of one nurse for every 5,000 people making access to regular healthcare services by skilled providers limited for a significant proportion of Ethiopians.

**Information Dissemination Plan:**

The findings can be used by HAPCO and the Human Resource Department of Ministry of Health, Regional Health Bureaus, and PEPFAR partners that invest in in-service training for capacity building. The study will also inform retention strategies with a specific focus on the needs of health centers

**Activity Narrative:** Budget Justification for FY08 monies:  
Given experience to date and the breadth of the proposed FY08 scope of work, the study is budgeted at \$150,000 in COP08. The funding will be used for protocol development, recruitment of data collectors, training of data collectors, data collection and supervision, data cleaning, entry and analysis, dissemination, salaries of staff, other direct costs and Johns Hopkins University financial and administration costs.

This is a continuing activity in COP 08 originally planned with JHPIEGO-E as Prime Partner. It was erroneously entered in the database with JHU -Bloomberg as prime partner. The activity is to conduct a targeted evaluation on the effectiveness of Training for staff at Health Centers under PEPFAR -E. The findings of the evaluation will provide useful information across all PEPFAR funded training programs, partners and stakeholders to identify the retention and attrition status of trained health care providers. JHPIEGO-E is a prime partner which has a strong potential in conducting targeted evaluation. CDC-E will provide guidance and follow up of the targeted evaluation.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 2534.08

**Mechanism:** Capacity Building Assistance for Global HIV/AIDS Program Development through Technical Assistance Collaboration with the National Association of State and Territorial AIDS Directors

**Prime Partner:** National Association of State and Territorial AIDS Directors

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Other/Policy Analysis and System Strengthening

**Budget Code:** OHPS

**Program Area Code:** 14

**Activity ID:** 19557.08

**Planned Funds:** \$300,000

**Activity System ID:** 19557

**Activity Narrative:** This is a new activity involving reprogramming of fund from USAID to HHS/CDC and from SCMS to NASTAD. With this activity it is planned to support regional and sub-regional HAPCO/Health offices to help them in planning, coordination and management. In response to the growing complexity of PEPFAR Ethiopia, the USG proposes to place key professionals staff to support key host country platform at regional and sub-regional level in all regions, focusing on regions of high HIV prevalence and density of HIV/AIDS services supported by USG. these staff would be placed with our existing partner, NASTAD and would work on regional and sub-regional (woreda) planning, supporting intra PEPFAR and comprehensive planning with all partners.

In FY08, the USG will establish joint planning mechanism with regional and sub-regional authorities through the placement of professionals in regional HAPCO/Health Bureaus as well as at district (woreda) levels to support the planning processes. The USG will utilize its implementing partner the National Alliance of State and Territorial AIDS Directors (NASTAD) to place regionally and, in parallel build organizational capacity of local authorities to implement complex HIV/AIDS program. These activities will be managed by national level CDC and USAID technical staff specializing in Community Planning and Health Resources.

In Ethiopia, as in other countries, there are multiple indigenous, bi-lateral and multi-lateral donors and other organizations operating on HIV/AIDS at national and regional levels. While support from all agencies is welcomed, multiple organizations present regional HIV/AIDS administrations with categorical funding allocations that do not necessarily reflect regional priorities, with less coordination, multiple monitoring and evaluation protocols, and a critical need to develop effective regional communication, networking and referral systems. Therefore, NASTAD seeks to support PEPFAR Ethiopia to 1) enhance coordination among PEPFAR partners at the regional level, focusing on joint planning, communications, and referral and networking between prevention, and care and treatment providers, as well as between facility and community based partners; 2) strengthen regional capacity to plan for, coordinate and monitor all regional HIV program activities regardless of funding source. Specific capacity building needs have been identified in the following areas: • Need for institutionalized and ongoing development of annual regional and sub-regional level comprehensive plans of action by regional HIV/AIDS Prevention and Control Offices (HAPCOs) and woreda administrators using participatory processes involving USG and other partners working in the region. • Need for enhanced coordination, management and implementation of regional HAPCO plans, in collaboration with USG and other partners, to result in more efficient utilization of available resources/funds. • Need for standardized and consistently implemented monitoring and evaluation protocols in accordance with annual plans.

The main goal of this activity is to achieve sound joint plans, improved coordination, management, and oversight by regional HIV/AIDS administrations of the multiple HIV program activities occurring at the regional and woreda levels. The objectives include: 1. Conducting operational assessment at the regional level to determine specific HIV program coordination and management technical support needs; 2. Establishing or improving existing annual regional and sub-regional/woreda comprehensive work planning processes, involving all partners and stakeholders; 3. Strengthening implementation of national initiatives at regional and woreda levels through joint planning and monitoring; 4. Strengthening regional and woreda capacity to coordinate and oversee implementation of annual work-plans; 5. Strengthening regional and woreda capacity to document, monitor and report implementation of HIV program activities at the regional level; 6. Establishing or improving existing referral and networking protocols between regional and woreda level HIV program activities; 7. Initiating and/or strengthening ongoing communication between donor and all other stakeholders within the region, between regions, and nationally.

Implementation of Regional and Woreda Support NASTAD proposes placing a total of 32 staff in ten regional offices. Two offices will be established in Oromia, one office will coordinate work in Dire Dawa, Harar and Somali, one office will be in Addis Ababa, and one regional office will be established in each of the remaining six regions. There will be a designated lead regional coordinator housed either within a regional PEPFAR partner organization or within the RHB or regional HAPCO who will provide daily oversight of other regional/woreda staff. The remaining staff will be assigned to specific zones to oversee activities with and within specific woredas under the zone. The exact number of staff to be placed in an area will be determined by criteria such as the number of woredas and burden of disease, but in general, we expect to assign 4-6 zonal staff to Amhara, SNNPR, Oromia, and Addis Ababa, and 1-2 zonal staff to the remaining 6 regional offices. All staff will be hired as contractors and have their salaries paid by NASTAD. It is anticipated that the RHB/RHAPCOs and/or host PEPFAR partner will provide space and use of available office infrastructure (e.g., copiers, fax machines) at their office for the staff hired by NASTAD. NASTAD will pay rental costs for use of these facilities, and in addition provide internet connections, phones, lap top computers for all staff. Each regional office will be allocated one double cab pick-up truck, and each zonal/woreda staff person will be allocated a motorcycle, since staff will be expected to be in the field conducting observations of planning activities, and providing technical assistance and training for planning, coordination, and monitoring on a regular basis. Other office supplies will also be purchased and distributed for use in the field. Within the regions, NASTAD contractors will assist RHB/RHAPCO and woreda administrations in developing and monitoring implementation of annual work plans as well as in developing and implementing structures to promote networking and referral between HIV partners at the regional level. The primary focus will be on facilitation of communication and coordination with all partners. Examples of activities to be conducted by field staff include: • Assisting in convening and facilitating stakeholder coordination and planning meetings • Assisting in developing regional and woreda work plans • Assisting in the development of standardized monitoring and evaluation processes, and standardized referral mechanisms • Promoting coordination and communication between donor funded activities • Assisting in harmonizing regional, national, and donor-initiated monitoring and evaluation requirements NASTAD proposes a staged implementation of this project over time, allowing for an assessment of placement strategies and coordination activities to make any necessary adjustments and assure subsequent expansion in a more efficient and successful manner.

Thus, in the first three months of the project NASTAD will place one regional coordinator in each of the regions where NASTAD has already established strong working relationships: Addis Ababa, Oromia, SNNPR, Amhara, and Dire-Dawa/Harar/Somali.. NASTAD will subsequently place coordinators in the remaining regional offices, and finally begin the process of hiring staff to work in selected woredas in all regions by the end of the year.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Targets**

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	253	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	253	False
14.3 Number of individuals trained in HIV-related policy development	311	False
14.4 Number of individuals trained in HIV-related institutional capacity building	311	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 116.08

**Mechanism:** N/A

**Prime Partner:** US Department of State

**USG Agency:** Department of State / African Affairs

**Funding Source:** GHCS (State)

**Program Area:** Other/Policy Analysis and System Strengthening

**Budget Code:** OHPS

**Program Area Code:** 14

**Activity ID:** 19562.08

**Planned Funds:** \$300,000

**Activity System ID:** 19562

**Activity Narrative:** This is a continuing activity in COP 08 originally planned with JHPIEGO-E as Prime Partner. It was erroneously entered in the database with JHU -Bloomberg as prime partner. The activity is to conduct a targeted evaluation on the effectiveness of Training for staff at Health Centers under PEPFAR -E. The findings of the evaluation will provide useful information across all PEPFAR funded training programs, partners and stakeholders to identify the retention and attrition status of trained health care providers. JHPIEGO-E is a prime partner which has a strong potential in conducting targeted evaluation. CDC-E will provide guidance and follow up of the targeted evaluation.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 8259.08

**Mechanism:** HAPCO-MOH

**Prime Partner:** National HIV/AIDS Prevention and Control Office, Ethiopia

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Other/Policy Analysis and System Strengthening

**Budget Code:** OHPS

**Program Area Code:** 14

**Activity ID:** 19563.08

**Planned Funds:** \$100,000

**Activity System ID:** 19563

**Activity Narrative:** Funds were originally to go to HAPCO, the Ethiopian government partner, as part of pooled funding. As USG funds cannot be used as part of a pool, and State has no mechanism with HAPCO, these funds are being transferred to CDC, which will use them to fund a discrete activity to complement the HAPCO pool, which is designed to improve HAPCO governance and coordination. Ethiopia's Federal HAPCO, the organization responsible for coordinating HIV/AIDS response in the country, is establishing a pooled fund to promote better governance of the response to HIV/AIDS in Ethiopia. The goal of this fund is to achieve more effective HIV/AIDS prevention treatment and care support in Ethiopia by strengthening national capability for oversight, management, and coordination in the sector, and by improving dialogue with stakeholders.

While the USG cannot participate in a pooled fund, we support the goals of this activity. We will provide \$100,000 to be used for a discrete activity, to be negotiated with HAPCO, in support of achieving more effective governance and coordination. PEPFAR Ethiopia will work with HAPCO to determine what discrete activity USG is best situated to support. This might include training for HAPCO staff, conducting workshops for community leaders, or conducting operational research. Once this activity is negotiated with HAPCO, this narrative will be updated to provide specific information about how USG will support HAPCO.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 118.08

**Mechanism:** USAID M&S

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Other/Policy Analysis and System Strengthening

**Budget Code:** OHPS

**Program Area Code:** 14

**Activity ID:** 18751.08

**Planned Funds:** \$1,409,420

**Activity System ID:** 18751

**Activity Narrative:** Funding for U.S. Agency for International Development (USAID) staff in the Other Policy Development and System Strengthening program area covers one senior Private Sector Advisor (US/TCN Personal Services Contract, or PSC); one Private Sector Advisor (Third Country National, or TCN); one Gender Specialist (Locally Engaged Staff, or LES); one Healthcare Finance Advisor (US/TCN PSC); one Health and HIV/AIDS Programs Evaluator (LES PSC); one Program Officer to provide liaison between PEPFAR and the USAID Business Environment Agriculture Trade (BEAT) Office (LES); one Sustainability Advisor (US/TCN PSC); one Supervisory and 11 regional Health Resource Capacity Advisors (all LES), and short-term technical assistance as required. Position summaries follow.

#### Senior Private-Sector Advisor

The Senior Private-Sector Advisor actively participates in all public health efforts to strengthen the private-sector response to HIV/AIDS, and supervises the Private-Sector Advisor, Sustainability Advisor, and BEAT/PEPFAR Program officer. S/he provides day-to-day technical management oversight for HIV/AIDS project activities in prevention, care and support, and treatment. Further, the Advisor oversees and facilitates communication and collaborative working relationships with mid- to senior-level government officials of the HIV/AIDS Prevention and Control Office, the Ministry of Labour and Social Affairs, and other government officials and nongovernmental organisations, particularly the commercial sector.

#### Private-Sector Advisor (US/TCN PSC)

The Private-Sector Advisor actively participates in all public health efforts to strengthen the private-sector response to HIV/AIDS. S/he provides technical, operational, and management support to the USAID HIV/AIDS team, and is involved in the planning, design, implementation, and evaluation of HIV/AIDS activities. S/he provides day-to-day technical management oversight for HIV/AIDS project activities in prevention, care and support, and treatment. The Private-Sector Advisor is supervised by the Senior Private-Sector Advisor for HIV/AIDS, and acts as the technical lead in the expansion of private-sector services in HIV/AIDS care, prevention, and treatment for PEPFAR. In addition, the Specialist will be responsible for working closely with the Ministry of Health (MOH) to increase the private-sector response to HIV/AIDS.

#### Gender Specialist

The Gender Specialist works with senior Mission management and provides up-to-date information on the implications of socioeconomic trends and relationships as they relate to gender. She provides information on gender integration matters pertinent to the Government of Ethiopia's Sustainable Development and Poverty Reduction Plan, the Mission's Integrated Strategic Plan, and USAID sector strategies. In addition, she monitors the development strategies and plans of other major donors to Ethiopia, including the multilateral institutions and UN specialized agencies. The Gender Specialist focuses special attention on gender issues affecting livelihoods improvements, male norms, and the vulnerability of women to HIV transmission and access to HIV/AIDS services.

S/he provides technical, operational, and management support to the USAID HIV/AIDS team on gender issues, and is involved in the planning, design, implementation, and evaluation of HIV/AIDS activities. She is a key member of targeted evaluation and PHE planning and review committees. S/he provides day-to-day technical management oversight for selected HIV/AIDS project activities in prevention, care and support, and treatment.

#### Healthcare Finance Advisor

The Advisor assists the USG country team to analyze and monitor healthcare financing reforms supported by the USG. The advisor also supports and ensure the financial sustainability of health services, including HIV/AIDS care and treatment programs. The Healthcare Finance Advisor will support the implementation and consolidation of healthcare financing reforms in hospitals and health centers throughout the country. Operating under the national framework, the Advisor will support implementation by regional health bureaus (RHB) and district health offices. The activities include, but are not limited to, fee retention, waivers, exemptions, out-sourcing of non-clinical activities, fee revisions, and facility board management services. Furthermore, the Advisor will provide technical assistance in the design and implementation of national health insurance, both social and community initiatives, and the implementation of performance-based financing, where applicable.

#### Health Systems Strengthening Advisor

The Advisor assists the USG country team to analyze and monitor existing PEPFAR programming that supports the MOH's programs in health-sector development and healthcare financing reform. The Advisor will provide project-management and advocacy skills to the USG country team. The Advisor will ensure the alignment of PEPFAR portfolios to national public health programs, specifically health-sector development. The Advisor will focus on non-clinical operating systems (i.e., management information systems and human resource systems), and policy issues. Further, the Advisor will supervise implementation of the technical components of performance-based financing that are currently implemented in health centers by PEPFAR's Care and Support Program.

#### Health and HIV/AIDS Programs Evaluator (LES):

The Health and HIV/AIDS Programs Evaluator provides in-country support to the Mission in the design and implementation of evaluations, and works closely with external and internal evaluation teams. The Evaluator is responsible for ensuring that comprehensive evaluations are well designed, and that data are properly collected, analyzed, and disseminated to key stakeholders in a timely manner. In FY08, the Evaluator will coordinate the following HIV/AIDS evaluations: HIV/AIDS prevention activities along transport routes in Ethiopia; the HIV/AIDS Private Sector Program; the logistics systems; and programs dealing with OVC, PMTCT, and health center renovations.

#### BEAT/PEPFAR Program Officer (LES)

The BEAT/PEPFAR Program Officer will support and strengthen linkages between the BEAT and PEPFAR programs. This position will be a PEPFAR position but the Program Officer will be located in the BEAT office to further strengthen the connections between the two program areas. The BEAT/PEPFAR Program Officer will work on developing activities related to improved livelihoods for persons affected by HIV/AIDS, and serve as the technical lead in the facilitation and support of a broad range of business, economic growth, agriculture, and trade activities to strengthen the livelihoods and economic status of persons affected by HIV/AIDS. The Program Officer will work closely with all relevant donors and supporting agencies. S/he will be responsible for helping the Team to achieve its PEPFAR targets and intermediate



**Activity Narrative:** results.

Sustainability Advisor (US/TCN PSC)

The Sustainability Advisor will be supervised by the Senior Private-Sector Advisor and provide technical direction in the area of sustainability in all facets of USAID's HIV/AIDS activities to implement PEPFAR. Working closely with the Global Fund for AIDS, Malaria, and Tuberculosis (GFATM) and the private sector, the Advisor will also play a role in coordinating and collaborating with other USG and international agencies and with donor partners in the region on PEPFAR program activity development and implementation.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 8181.08

**Mechanism:** CDC-M&S

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

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GAP

**Program Area:** Other/Policy Analysis and System Strengthening

**Budget Code:** OHPS

**Program Area Code:** 14

**Activity ID:** 18752.08

**Planned Funds:** \$181,251

**Activity System ID:** 18752

**Activity Narrative:** This activity represents the direct technical assistance which is provided to partners by CDC staff. The amount represents the salary and benefit costs for CDC Ethiopia local technical staff and benefit cost for direct hire staff. Detailed narrative of CDC-Ethiopia Management and Staffing is included in Program Area 15 – Management and Staffing HVMS.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 7594.08

**Mechanism:** Central Commodities Procurement

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Other/Policy Analysis and System Strengthening

**Budget Code:** OHPS

**Program Area Code:** 14

**Activity ID:** 21855.08

**Planned Funds:** \$900,000

**Activity System ID:** 21855

**Activity Narrative:** 10/8/08

In FY08, this activity will provide technical assistance to implement a Development Credit Authority (DCA) between the USG and two private banks. This DCA will facilitate private financing of private-sector activities valued at \$500,000 in PEPFAR resources, for a total DCA of \$850,000 of USG resources. The DCA mechanism will support the financing of private hospitals, higher clinics, and private health colleges to expand capacity to address private-service delivery of HIV/AIDS and TB services and human resource development of health officers, nurses, laboratory technologists, and pharmacist technicians. Analysis by the USG identified that an Ethiopia-based DCA would achieve a 12:1 leverage of private capital (i.e., a \$1,000,000 DCA would enable the banking sector to mobilize \$12,000,000 in private non-USG resources to use for financing private-sector health projects as agreed to by the USG and the bank participants). The DCA is a proven model to expand private-sector capacity through increased financing opportunities and will provide tangible incentives to expand sustainable HIV/AIDS programs, including ART services at hospitals and higher clinics throughout Ethiopia. Funds for the DCA were incorrectly assigned to Abt Associates and are being reprogrammed in Apr'08 to a USAID mechanism.

Based on these findings, PEPFAR Ethiopia believes that, by engaging the private health sector we have the opportunity to shape the development of the sector to deliver public health services including HIV counseling and testing, TB diagnosis and treatment, and ART. Interventions to provide business training to private providers and work with financial institutions to expand health sector lending will greatly strengthen HIV/AIDS service delivery in the private sector. The USG assessment recommends that the DCA address the health sector by providing approximately \$15 million to assist banks to enter the healthcare market. The DCA funds will reduce risk and address some of the banks' collateral constraints. The Office of Development Credit estimates that the total subsidy cost of a \$15 million guarantee would range from \$1,798,500 to \$1,818,000.

This activity will provide the MOH and several RHB with technical support to identify and address the gaps and obstacles in policy and requirements which may limit the willingness and ability of the private sector to provide TB or HIV services. This activity will provide support to the overall strategy to decentralize HIV/AIDS services in urban and peri-urban areas and further multiply entry points for HIV/AIDS care and treatment by utilizing private-sector clinics.

This activity is linked to activities addressing private-sector providers, including hospitals, higher and medium clinics, laboratories, and pharmacies. In addition, there is a link between the technical assistance being provided through "training" partners who are addressing pre-service curriculum adaptation and private health colleges.

The activity will reach a range of stakeholders in the private sector, including private healthcare providers, professional associations (e.g., the Medical Association of Physicians in Private Practice-Ethiopia), business leaders, private-sector medical schools, and training institutes. Strategies to reach these different groups vary depending on the stakeholder. The primary strategy to reach these stakeholders will be the creation and facilitation of a working group focusing on private-sector issues related to the provision of HIV/AIDS and TB services (quality improvement, training, access to commodities, data reporting, financing mechanisms, etc).

The activity will provide in-service training to host-country government workers and health providers. The training will focus on policy advocacy and policy experiences with private-sector health service delivery. This activity will address workplaces by analyzing existing financing mechanisms used for HIV/AIDS prevention, care, and treatment activities at those sites.

The public-private partnership component of this activity will leverage approximately \$10,002,000 in private, non-USG resources. Furthermore, this activity will receive funding from the USG's non-PEPFAR bilateral TB and population and reproductive health programs.

**HQ Technical Area:****New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:****Table 3.3.14: Activities by Funding Mechanism****Mechanism ID:** 487.08**Mechanism:** University Technical Assistance Projects in Support of the Global AIDS Program**Prime Partner:** Tulane University**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Other/Policy Analysis and System Strengthening**Budget Code:** OHPS**Program Area Code:** 14**Activity ID:** 19565.08**Planned Funds:** \$800,000

**Activity System ID:** 19565

**Activity Narrative:** The Ethiopian minister of health requested in a meeting to the Ambassador and the PEPFAR coordinator that PEPFAR makes funds available to this activity as it is a top priority for the Government of Ethiopia represented by the Ministry of Health.

The President's Emergency Plan for AIDS Relief (PEPFAR) recognizing the severe HRH crisis in Sub-Saharan Africa has led the initiative to address the international HRH crisis. Ethiopia is committed to the global initiative of Universal Access to HIV/AIDS by 2010 and Millennium Development Goals (MDG) by 2015 with the support of initiatives like PEPFAR. To meet this target, FMOH is implementing a massive ART scale up of which the most prominent challenge is the human resource shortage. The densities of health workers per population remain among the lowest in the world, and inadequate to reach health status goals of the Health Sector Strategic Plan. With 0.3 physicians and 2.05 nurses per 10,000 population, Ethiopia ranks in the lowest HRH density quintile of African nations and far below WHO estimate of 2.1 minimum workforce required per 10,000 population. To assess the current HRH situation, an assessment has been undertaken with an adapted tool developed by WHO, initially by consultants from Harvard in 2003 and as a first step of the HRH Business Process Re-engineering (BPR) in 2006. George Washington University has also conducted a multi-country study that included Ethiopia to identify legal and policy bottlenecks for task shifting for HIV/AIDS services. The findings from these assessments, as could be anticipated, suggest that the key problems are shortage of health professionals, poor performance, inequitable distribution of the available health workforce among regions and health facilities. The FMOH and the Ministry of Education have limited technical capacity to coordinate, supervise and evaluate basic health training programs resulting in poor quality of training for the main HRH categories. Furthermore, medical education curricula are not aligned with current and future health system needs and health policy. There is a lack of standardized accreditation and national examination for licensing. This is compounded by poor planning, coordination & quality of in-service training programs (mostly donor driven training activities) and little opportunity for young health professionals to benefit from continuing staff development. Health professionals have low levels of remuneration and lack conducive working conditions which correlates to the poor general performance of the available health professionals, manifested as poor handling of patients, absenteeism and shirking of duties, pilfering of drugs and materials and internal or external migration. Recognizing the shortcoming of the system the FMOH has embarked on a Civil Service reform along the lines of business process reengineering (BPR) to revamp the health system. This is pursued along seven interrelated core themes: access and quality, financial utilization, health management information system, logistics, emergency response and human resources for health (HRH). Though HRH core process was initiated in 2005 it has not been progressing as anticipated. Initially an HRH Observatory and BPR team was established but the process was delayed for various reasons and as a result disbanded by FMOH. The FMOH high level management, cognizant of the urgency of the HRH situation in the country and in an attempt to find a workable solution has identified Tulane University as its lead partner to develop the country's HRD strategy and implementation plan up to 2020. Tulane, as part of its PEPFAR funded activities develops human resources and expertise for Monitoring and Evaluation and had completed a national assessment and strategy of the health sector HRD for HMIS. Moreover, Tulane in FY07 through PEPFAR/CDC funding is working to address the Human requirements for Meeting targets by 2010 which would enable to answer two evaluation questions and as a result develop a HRIS database. These activities position Tulane with the expertise and know-how to provide the FMOH with the technical expertise it needs. Tulane has assumed the responsibility of leading the FMOH HRH strategy and implementation with PEPFAR support. Tulane's technical assistance will include but are not limited to alternative methods for estimating detailed densities of health workforce over time; education, training and skill development; analysis of policy, legal and financial framework; assessment of political feasibility of different reform options; sequencing of investment options in HRH and develop monitoring and evaluation activities needed to support the above areas. Tulane will also develop human resource management capacity of the FMOH as well as develop the necessary tools including software and applications. This request is for a new funding to support these activities and to mobilize national and international experts in various aspects of human resources development including experts in health policy, law, costing, workforce forecasting, management and education to support this effort. At the request of the Ministry, Tulane will second HR experts.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

## Emphasis Areas

Human Capacity Development

\* Task-shifting

\* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	12	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	12	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 3746.08

**Prime Partner:** JHPIEGO

**Funding Source:** GHCS (State)

**Budget Code:** OHPS

**Activity ID:** 5735.08

**Activity System ID:** 16577

**Mechanism:** University Technical Assistance Projects in Support of the Global AIDS Program

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Other/Policy Analysis and System Strengthening

**Program Area Code:** 14

**Planned Funds:** \$350,000

**Activity Narrative:** Training Information Monitoring System (TIMS) and Strategies for Human Resources for Health

This is an ongoing activity. The FY07 human resources for health (HRH) component of this project has been removed from FY08 activities since a new COP ID and activity 12231 was created to support HRH staff-retention activities.

PEPFAR Ethiopia has actively supported the collection and synthesis of PEPFAR-funded training information in order to make program management decisions. During FY05, PEPFAR Ethiopia established the Training Information Monitoring System (TIMS), with the goal of collecting information from all PEPFAR-supported trainings. TIMS reporting forms collect pertinent training information from PEPFAR Ethiopia partners. All in-country and international training partners supported under PEPFAR Ethiopia provide training information for analysis. New guidance on the definition of training was agreed upon and implemented in FY07. JHPIEGO provides data entry for all PEPFAR TIMS forms submitted to JHPIEGO through USAID and CDC. As of July 2007, 39 PEPFAR-supported organizations have shared data on 1,171 trainings and 32,825 trainees. In FY07, the number of TIMS partners increased to 50, therefore FY08 should produce commensurate growth in the number of training events and participants tracked. In FY07, JHPIEGO also organized partner meetings for both existing and new partners to familiarize them with TIMS features. Innovations also included the posting of TIMS reports on the AIDS Resource Center (ARC) partner website.

Beginning with FY07 resources and continuing into FY08, JHPIEGO plans a redesign of TIMS to expand its functionality, including a web data-entry application and improved ability to manage large amounts of data. In FY08, JHPIEGO will transfer existing data into the new version as well as continue TIMS database management activities, such as data entry, analysis, cleaning, and reporting. JHPIEGO will also conduct one workshop to orient new PEPFAR partners to the new TIMS program features and reporting, and prepare for a FY09 transition when partners will begin to enter their own data. The new version will also be designed to link into existing Human Resources Information System (HRIS) systems.

Training information is shared monthly with the federal Ministry of Health (MOH) and quarterly with the regional health bureaus (RHB) to inform their planning activities. Following a TIMS stakeholders' meeting in February 2007, the partners agreed to share a set of regular reports. These regular monthly general training reports are shared with partners via the ARC website. This method was chosen for ease of download for all partners, as well as accessibility for people who are browsing that website. The TIMS program is also working with partners to respond to requests for individual training reports. While the requests for these reports are still fairly low, the TIMS program is ready and able to support all partners. JHPIEGO also developed reports specific to the PEPFAR technical working group that were shared quarterly with PEPFAR agencies and partners. In FY07, JHPIEGO also incorporated the production and reporting of GIS maps that graphically show training concentrations in regions, as well as training focus areas. Samples of these maps were generated, and the list of routine maps to be reported was developed and implemented. Key needed and partner-requested data reports were also programmed into the TIMS database for ease of use during FY07. Reporting of the data found in TIMS will be expanded in FY08.

In FY08, JHPIEGO will expand reporting capabilities further to include: people who attend multiple training events, compared to specializations; trends in HIV/AIDS training offered from quarter to quarter; user-friendly electronic training reports for partners to manipulate their own training data; and other reports to be identified during stakeholder meetings.

In order to ensure the quality and accuracy of data entered into TIMS, JHPIEGO invited all partners to go through their reports in detail to ensure data quality and completeness. In addition, weekly data receipt reports are shared with partners to confirm receipt of TIMS forms for data entry. This activity will continue in FY08.

To expand the usefulness of the TIMS program and data that is found in the database, JHPIEGO, CDC, and USAID prepared a pilot project to collect post-training follow-up information on trained providers. PEPFAR implementing partners agree there is anecdotal evidence of large attrition rates of HIV/AIDS-trained providers, causing serious service interruptions at the site level. This pilot project was designed to provide quantitative data about the actual working status of trained individuals in order for PEPFAR implementing partners to plan effectively for training and service coverage. The pilot project was a great success with eight selected partners who collected key HIV/AIDS working status information on trained providers from 98 PEPFAR-supported hospitals and health centers. Data from 2,545 HIV/AIDS-trained providers revealed that 43.5% of those providers are not providing the HIV/AIDS services for which they trained. At the time of data collection, 34.4% of all trained providers were no longer at the designated facility, with 5% having relocated to another public health sector facility. Of those still at the facility, 9.1% of trained providers were not providing the HIV services for which they trained. All participating partners of the project agreed that this type of data collection was very important for monitoring HIV/AIDS services and agreed to conduct it in the future. Half of the partners suggested the data be collected semiannually. The findings of the pilot project were prepared and disseminated to all PEPFAR partners, MOH, and the HIV/AIDS Prevention and Control Office (HAPCO), and RHB via implementing partners and other key HRH stakeholders. Based on the findings of the pilot project, key follow-up data collection forms were programmed into the TIMS database for regular use.

In FY08, this type of data collection will be expanded beyond the eight pilot partners to all PEPFAR training partners submitting training forms for TIMS. The data will be collected and analyzed on a semiannual basis, and reports on working status and attrition trends of HIV/AIDS-trained service providers will be reported to all PEPFAR partners and interested stakeholders. GIS maps of working rates will also be prepared and included in routine reports to partners. Other analysis of this type of training data will be identified.

With TIMS funding in FY07, JHPIEGO supported the situational analysis and business process re-engineering (BPR) for human resources at the MOH. As a result of this exercise, JHPIEGO learned that information systems for managing human resources are decentralized down to the district level, and not organized in a consistent manner from region to region. Most regions used paper-based systems and manually tabulate information to send to the central Planning and Programming Department. This results in errors and inconsistent data. As a result, the new HRH strategy includes a goal of establishing an HRIS database. JHPIEGO will ensure that the updated version of TIMS can link to the HRIS.

**Activity Narrative:**

In FY07, JHPIEGO was tasked with working with MOH and two regions to install TIMS for their use. While the results of this pilot is not yet clear, the Ethiopian Health and Nutrition Institute (EHNRI) has expressed interest in installing TIMS in order to track all staff training, including that not funded under PEPFAR. JHPIEGO and CDC decided the best way to demonstrate to government counterparts the usefulness of TIMS was to start supporting EHNRI to maintain a TIMS database, document the implementation, and use lessons learned to assess the feasibility and interest of other regions or government offices to implement TIMS. In FY08, JHPIEGO will assess the challenges and successes of working with the Ethiopian Health and Nutrition Research Institute and provide recommendations for further expansion to other government offices.

In addition, certain professional associations are actively providing continuing education to their members. A consortium of professional associations has even been formed to address HIV/AIDS issues. JHPIEGO will first involve these associations in providing input to the new version of TIMS, and then explore the feasibility of their using TIMS to track their membership and continuing education efforts, with a view to potentially using TIMS in the future for re-licensing of health professionals.

In FY08, in order to increase the usability of both training and follow-up information, JHPIEGO will also organize semiannual meetings with key PEPFAR stakeholders to present trends and comparisons of service providers trained on HIV/AIDS and follow-up information. The PEPFAR Ethiopia TIMS database and the use of training data to monitor service-provider working status has been a great success story in Ethiopia. JHPIEGO will document this success and share with key PEPFAR stakeholders in order to disseminate success stories in training, capturing training data, and monitoring HIV/AIDS working status to other PEPFAR countries. If desired, JHPIEGO will support travel to conferences and/or other PEPFAR countries to present the successes of the Ethiopia TIMS program. In addition, in FY08, if feasible and desired, JHPIEGO will support key PEPFAR Ethiopia representatives to develop a PEPFAR Ethiopia training strategy for planning, monitoring, and reporting on PEPFAR Ethiopia-supported training to support implementation of the Office of the Global AIDS Coordinator's guidance on human capacity development for HIV/AIDS.

The partners targeted for training include international organizations, local PEPFAR-supported organizations, professional associations, and government agencies.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10383

**Related Activity:** 16629

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10383	5735.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5468	3746.07		\$350,000
5735	5735.06	HHS/Centers for Disease Control & Prevention	JHPIEGO	3746	3746.06		\$200,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16629	10431.08	8557	8557.08	HHS/CDC/Ethiopian Medical Association/GHAI	Ethiopian Medical Association	\$202,569

**Emphasis Areas**

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

**Food Support****Public Private Partnership**

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	30	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

## Indirect Targets

**Table 3.3.14: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 3746.08	<b>Mechanism:</b> University Technical Assistance Projects in Support of the Global AIDS Program
<b>Prime Partner:</b> JHPIEGO	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Other/Policy Analysis and System Strengthening
<b>Budget Code:</b> OHPS	<b>Program Area Code:</b> 14
<b>Activity ID:</b> 10416.08	<b>Planned Funds:</b> \$700,000
<b>Activity System ID:</b> 16578	

**Activity Narrative:** Standards Based Management and Recognition for HIV/AIDS Service Performance

Standards Based Management and Recognition (SBM-R) is a practical management approach for improving the performance and quality of health services. As proven by experience in other countries, SBM-R can increase the uptake of services to reach PEPFAR targets and improve patient treatment adherence. SBM-R is the systematic use of performance standards by on-site health care staff teams as the basis for improving the organization and provision of services. After introducing performance standards at a healthcare facility, the team conducts a baseline assessment of services. After two to three months of implementing performance standards, the team again measures the performance of services during an internal assessment. Improvements in performance are measured by the difference in the number, as well as percent of standards achieved, from baseline to internal assessment. The achievement of standards is recognized. In Zambia, such recognition was shown to lead to improved healthcare worker satisfaction, which can lead to improved retention of health staff.

In FY07, JHPIEGO implemented SBM-R for a comprehensive set of HIV/AIDS performance standards. Operationally, performance standards are assessment tools that are mainly used for assessing the performance of service delivery, but can also be used for self, peer, internal, and external assessments at the facility level. Hospitals elect teams to participate in three short workshops, learning how to apply the methodology at their sites, gain buy-in, and address performance gaps. These team members and their colleagues then perform facility-based internal assessments in between workshops. Subsequent workshops allow for extensive exchange of assessment results, lessons learned, and best practices, as well as the resolution of more difficult problems in quality of care. In FY07, JHPIEGO deployed six SBM-R coaches to selected regional health bureaus (RHB) to facilitate support to hospitals. In addition, the SBM-R Advisor was temporarily seconded to the Federal HIV/AIDS Prevention and Control (HAPCO) Quality Team, working to institutionalize SBM-R oversight in that unit.

By the end of FY07, JHPIEGO expects to have:

- 1) Assisted all first, second, and third cohort hospitals (except for HIV-Quality pilot sites) to complete baseline assessments and develop action plans
- 2) Assisted at least half of these hospitals to conduct a second internal assessment and new action plan
- 3) Worked with the HAPCO Quality Team and implementing partners to recognize any hospital achieving a set level of standards

At each facility, SBM-R coaches and facilitators work with one core team representing the hospital. That team is made up of the medical director and/or administrator and other representatives as selected by the hospital. In addition, for the initial orientation, a team of 2-3 people from each unit with HIV/AIDS services (e.g., ART, out-patient departments, maternal/child health (including antenatal clinics and labor and delivery), central supply and sterilization, record-keeping, pharmacy, and laboratory) is invited to the on-site training and given help to conduct the baseline assessment. The teams are composed of physicians, nurses, laboratory technicians, pharmacists, data clerks, and administrators.

JHPIEGO is working closely with PEPFAR partners, including US-based university partners, to ensure that staff are oriented to the coaching approach so that service providers and facilities implement standards and close any identified gaps.

In FY08, JHPIEGO will continue to support the first 100 hospitals in achieving recognition status, as well as preparing high-achieving hospitals to implement HIV-QUAL. While doing so, JHPIEGO will work on harmonized quality management, through a large-group consultation and discussion with CDC and HAPCO. JHPIEGO will also introduce the process in the remaining fourth cohort hospitals and additional health centers supported by CDC partners. To accomplish this, JHPIEGO will recruit additional SBM-R coaches deployed in RHB. Another important activity will be to decentralize the external verification process for sites to attain recognition to the regional level; this will reduce cost and increase sustainability. Also, SBM-R activities and processes will be further linked to Human Resource Management systems at the regional level, in order to maximize its role in improving retention of HIV/AIDS trained staff.

In FY08, JHPIEGO will use Health Management Information System (HMIS) data to perform an analysis exploring the correlation between HIV/AIDS patient outcomes and SBM-R assessment results from the second internal assessment. We hope that this analysis will demonstrate the link between performance standards, which measure how services are delivered and support functions carried out, to improved outcomes—thus convincing stakeholders to absorb the SBM-R coaches into the RHB staff in their next budget cycle and sustain activities beyond PEPFAR.

In FY07, a significant amount of carry-forward funds (approximately \$200,000) was applied to the SBM-R funding to supplement the FY07 funding of \$400,000. This budget included no US salaries or technical assistance; however, JHPIEGO will require some US technical assistance in FY08 to facilitate the analysis of SBM-R results with HMIS outcome data. We therefore request that the total FY07 budget (including the carry forward applied) of \$600,000 be considered as the base for FY07 to justify the increase in the FY08 funding request.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10416

**Related Activity:**



## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10416	10416.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5468	3746.07		\$400,000

### Emphasis Areas

Human Capacity Development

\* Retention strategy

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	110	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	1,100	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

### Indirect Targets

### Target Populations

#### Other

Pregnant women

People Living with HIV / AIDS

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 645.08

**Prime Partner:** Abt Associates

**Funding Source:** GHCS (State)

**Budget Code:** OHPS

**Activity ID:** 10417.08

**Activity System ID:** 16570

**Mechanism:** Private Sector Program

**USG Agency:** U.S. Agency for International Development

**Program Area:** Other/Policy Analysis and System Strengthening

**Program Area Code:** 14

**Planned Funds:** \$300,000

**Activity Narrative:** The Private Sector Program (PSP), led by Abt Associates, works with private clinics to improve access to HIV prevention, care, and treatment services for the general population, and works with large workplaces to improve access for employees and their dependents.

This activity leverages proposed funding from USG Ethiopia's bilateral Tuberculosis (\$600,000).

This activity began in FY07 to 1) strengthen host country policies toward private-sector engagement and 2) establish an information base on sustainable HIV/AIDS financing for private and civil service employers through AIDS Solidarity Funds. In FY07, successful public-private mix activities in Addis Ababa in tuberculosis (TB) directly observed therapy – short course (TB DOTS) and HIV counseling and testing accounted for approximately 11% of TB case notification and approximately 10% of total HIV counseling and testing sessions. Progress was made in structuring and advancing public policy dialogue with the Ministry of Health (MOH) and regional health bureaus (RHB) in the areas of TB/HIV service delivery by the private sector and cost recovery. Cost recovery and sustainable financing mechanisms will be further analyzed in the remainder of FY07.

To date, donor and government efforts have focused on building the capacity of public-sector provision of counseling and testing, ART, and TB DOTS, with support from PEPFAR and the Global Fund for AIDS, Malaria, and Tuberculosis (GFATM). While these efforts have achieved tangible gains and greatly increased access to quality HIV/AIDS/TB services, there are limits to the absorptive capacity of the public sector, which is not always the best channel to reach high-risk groups that may be reluctant to attend public-sector clinics and may keep hours that are incompatible with public-sector clinic times. Finally, the private sector's need to charge fees is not necessarily a barrier to service provision.

There are three components to this activity:

In FY08, this activity will use \$400,000 in PEPFAR resources to continue: 1) building an evidence base for the sustainable financing of HIV/AIDS services through private, parastatal, and civil service employers; 2) structuring policy dialogues with federal and regional authorities to support continued expansion of private service delivery of quality HIV/AIDS and TB services; and 3) continuing to analyze and build an information base of HIV/AIDS service delivery in the private sector for future programming.

In FY08, this activity will provide technical assistance to implement a Development Credit Authority (DCA) between the USG and two private banks. This DCA will facilitate private financing of private-sector activities valued at \$500,000 in PEPFAR resources, for a total DCA of \$850,000 of USG resources. The DCA mechanism will support the financing of private hospitals, higher clinics, and private health colleges to expand capacity to address private-service delivery of HIV/AIDS and TB services and human resource development of health officers, nurses, laboratory technologists, and pharmacist technicians. Analysis by the USG identified that an Ethiopia-based DCA would achieve a 12:1 leverage of private capital (i.e., a \$1,000,000 DCA would enable the banking sector to mobilize \$12,000,000 in private non-USG resources to use for financing private-sector health projects as agreed to by the USG and the bank participants). The DCA is a proven model to expand private-sector capacity through increased financing opportunities and will provide tangible incentives to expand sustainable HIV/AIDS programs, including ART services at hospitals and higher clinics throughout Ethiopia. Funds for the DCA were incorrectly assigned to Abt Associates and are being reprogrammed in Apr'08 to a USAID mechanism.

In FY08, approximately \$300,000 in PEPFAR funds and \$200,000 in non-PEPFAR USG Population funds will provide technical assistance to private-sector participants, including bank employees and private health practitioners, to support business and loan training. Training initiatives would target private hospitals and clinics to expand management and administrative capacity, which will further strengthen the delivery of HIV/AIDS and TB services.

In FY07, this activity provided policy expertise to work with the government, the PSP Ethiopia project, and the private sector to address such issues and build consensus for solutions. In addition, this activity provided technical assistance to the MOH and selected RHB to draft appropriate public policies expanding the physical and economic access of Ethiopians to private-sector HIV/AIDS and TB services. Substantial analysis of private-sector delivery, quality, and financing of ART will be completed in FY07.

In Ethiopia, many private providers are already offering priority public health services and are interested in expanding these services. Most of these providers are seeing a significant demand for priority public health services such as HIV counseling and testing, TB diagnosis and treatment, reproductive health services (including long-term methods), and ART. Unfortunately, due to the mismatch between bank lending terms and private providers' investment needs, many are not able to access financing to expand their capacity to deliver public health services.

Despite the constraints, there is broad interest from private providers in accessing financing. Providers are interested in using financing for a variety of purposes, including renovating and constructing facilities and purchasing equipment and drug stocks. Financing needs are quite diverse, with median requirements to range from \$8,000 to \$35,000 in order to support care and treatment services. The highest levels of interest are from higher clinics, private hospitals, laboratories, and private health colleges.

Health sector lending is limited, but USG analyses have found that several banks are interested in entering the market. A recent assessment revealed that, currently, financial institutions are not lending to the health sector in a significant way mainly because collateral requirements and short loan terms are constraints. The DCA, however, has induced three banks to reduce loan collateral requirements by 50%.

**Recommendations:**

Based on these findings, PEPFAR Ethiopia believes that, by engaging the private health sector we have the opportunity to shape the development of the sector to deliver public health services including HIV counseling and testing, TB diagnosis and treatment, and ART. Interventions to provide business training to private providers and work with financial institutions to expand health sector lending will greatly strengthen HIV/AIDS service delivery in the private sector. The USG assessment recommends that the DCA address the health sector by providing approximately \$15 million to assist banks to enter the healthcare market. The DCA funds will reduce risk and address some of the banks' collateral constraints. The Office of Development Credit estimates that the total subsidy cost of a \$15 million guarantee would range from

**Activity Narrative:** \$1,798,500 to \$1,818,000.

This activity will provide the MOH and several RHB with technical support to identify and address the gaps and obstacles in policy and requirements which may limit the willingness and ability of the private sector to provide TB or HIV services. This activity will provide support to the overall strategy to decentralize HIV/AIDS services in urban and peri-urban areas and further multiply entry points for HIV/AIDS care and treatment by utilizing private-sector clinics.

This activity is linked to activities addressing private-sector providers, including hospitals, higher and medium clinics, laboratories, and pharmacies. In addition, there is a link between the technical assistance being provided through "training" partners who are addressing pre-service curriculum adaptation and private health colleges.

The activity will reach a range of stakeholders in the private sector, including private healthcare providers, professional associations (e.g., the Medical Association of Physicians in Private Practice-Ethiopia), business leaders, private-sector medical schools, and training institutes. Strategies to reach these different groups vary depending on the stakeholder. The primary strategy to reach these stakeholders will be the creation and facilitation of a working group focusing on private-sector issues related to the provision of HIV/AIDS and TB services (quality improvement, training, access to commodities, data reporting, financing mechanisms, etc).

The activity will provide in-service training to host-country government workers and health providers. The training will focus on policy advocacy and policy experiences with private-sector health service delivery. This activity will address workplaces by analyzing existing financing mechanisms used for HIV/AIDS prevention, care, and treatment activities at those sites.

The public-private partnership component of this activity will leverage approximately \$10,002,000 in private, non-USG resources. Furthermore, this activity will receive funding from the USG's non-PEPFAR bilateral TB and population and reproductive health programs.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10417

**Related Activity:** 16567, 16568, 16636, 16569

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10417	10417.07	U.S. Agency for International Development	Abt Associates	5465	645.07	Private Sector Program	\$200,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16567	5604.08	7471	645.08	Private Sector Program	Abt Associates	\$340,000
16568	6452.08	7471	645.08	Private Sector Program	Abt Associates	\$1,627,031
16569	6637.08	7471	645.08	Private Sector Program	Abt Associates	\$1,200,000
16636	10430.08	7485	3787.08	Support for program implementation through US-based universities in the FDRE	Johns Hopkins University Bloomberg School of Public Health	\$7,000,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Workplace Programs

## Food Support

## Public Private Partnership

Estimated PEPFAR contribution in dollars	\$850,000
Estimated local PPP contribution in dollars	\$10,002,000

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	30	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	8	False
14.3 Number of individuals trained in HIV-related policy development	120	False
14.4 Number of individuals trained in HIV-related institutional capacity building	120	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

## Indirect Targets

## Target Populations

### Other

Business Community

Table 3.3.14: Activities by Funding Mechanism

**Mechanism ID:** 3819.08

**Prime Partner:** Carter Center

**Funding Source:** GHCS (State)

**Mechanism:** EPHTI

**USG Agency:** U.S. Agency for International Development

**Program Area:** Other/Policy Analysis and System Strengthening

**Budget Code:** OHPS

**Program Area Code:** 14

**Activity ID:** 5763.08

**Planned Funds:** \$700,000

**Activity System ID:** 16571

**Activity Narrative:** The Ethiopia Public Health Training Initiative II (EPHTI II) will support implementation of the Ethiopian Ministry of Health's Health Sector Development Plan (HSDP) and of the Essential Health Services Package (EHSP) specific to HIV/AIDS-related human capacity development. Training of health officers is a key component of the EPHTI II capacity building activity. These professionals play the leading role in health service delivery and supervision at health centers, as well as at district health offices. Thus, health officers are an important element in any strategy for future expansion of HIV-related care and treatment services.

Trained health officers manage the health centers and will provide curative, preventive, and promotion services. Health officers can be positioned at health centers and district health offices in rural and hard-to-reach areas with lower rates of attrition than regular physicians. EPHTI II is also engaged in strengthening training of other health team members who provide care to rural communities. In addition to health officers, nurses, laboratory technicians, and environmental health technicians trained through the support of EPHTI II will provide comprehensive healthcare, including the expansion of programs to address HIV/AIDS, tuberculosis (TB), and sexually transmitted infections.

The USG has supported The Carter Center for several years to provide health officers training. In the first six months of FY07, The Carter Center supported development of new HIV-related teaching materials, as well as re-printing and distributing existing materials. The Center also trained 154 university and hospital-based instructors from the Ministry of Health's Accelerated Health Officer Training Program (AHOTP) in teaching methodology, while 49 university and AHOTP hospital-based teaching staff trained in HIV/AIDS core competencies.

In FY08, The Carter Center will support training of health officers and other health team members in universities, 21 teaching hospitals and linked model health centers. Program design and implementation has been designed in collaboration with the Ministry of Health (MOH), Regional Health Bureaus (RHB), and the Ministry of Education. Health officer training will be closely linked with multiple PEPFAR Ethiopia activities in prevention, care, support, and treatment to facilitate future expansion of the ART health network beyond FY07 levels.

This activity will support implementation of HIV-specific training components of the MOH's AHOTP, which was initiated in the 2005-2006 academic year, as well as training for other health team members who are trained in the EPHTI universities. Through the Carter Center's programs, 5,000 health officers and thousands of other health professionals will be trained through the active participation of the stakeholders indicated below. The majority of the funding for this program comes from non-PEPFAR USG Population and Child Survival/Maternal Health funds. The overall budget estimate is \$2.2 M for FY08 implementation. With its proposed investment of \$700,000, PEPFAR Ethiopia will leverage the educational and financial resources of this program to make HIV/AIDS a key component of the training curriculum.

The Carter Center will support the MOH in beginning training of health officers in obstetrics/gynecology, as well as General Surgery. The three-year master's level training will be located at four universities (Jimma, Gonder, Mekele, and Hawasa), and will support major reductions in the maternal mortality rate. Graduates are expected to be deployed at district hospitals, where they will attend cases. Approximately 12-20 health officers would be trained at each university, using a curriculum that has already been developed. This activity will also support practical training in HIV/AIDS care and support, including ART services. Trained students will transfer to hospitals and health centers for their practical training.

In addition to the pre-service training, The Carter Center supports on-the-job training for university staff on teaching methodologies. By increasing the effectiveness of trainings, the teaching methodology workshop is critical to ensuring the quality of the educational system. Currently in Ethiopia, the ratio of healthcare providers to clients is very low. This fact has become more evident with the expansion of HIV/AIDS services across the nation. The AHOTP is one major opportunity to address the human resource crisis in Ethiopia. Training of health facility and university staff serves as one mechanism to motivate and retain the marginal number of current personnel.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10380

**Related Activity:** 16596, 16598, 16602

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28311	5763.28311.09	U.S. Agency for International Development	Carter Center	11596	3819.09	EPHTI	\$700,000
10380	5763.07	U.S. Agency for International Development	Carter Center	5466	3819.07		\$400,000
5763	5763.06	U.S. Agency for International Development	Carter Center	3819	3819.06		\$700,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16596	10647.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$1,690,411
16598	5749.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$1,534,500
16602	5654.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$2,340,000

**Emphasis Areas**

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

\* Task-shifting

\* Retention strategy

Wraparound Programs (Health-related)

\* Safe Motherhood

**Food Support****Public Private Partnership**

**Targets**

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	28	False
14.3 Number of individuals trained in HIV-related policy development	3,000	False
14.4 Number of individuals trained in HIV-related institutional capacity building	3,000	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	3,000	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

**Indirect Targets**

**Target Populations**

**Other**  
Pregnant women

**Table 3.3.14: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 2534.08	<b>Mechanism:</b> Capacity Building Assistance for Global HIV/AIDS Program Development through Technical Assistance Collaboration with the National Association of State and Territorial AIDS Directors
<b>Prime Partner:</b> National Association of State and Territorial AIDS Directors	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Other/Policy Analysis and System Strengthening
<b>Budget Code:</b> OHPS	<b>Program Area Code:</b> 14
<b>Activity ID:</b> 10424.08	<b>Planned Funds:</b> \$370,000
<b>Activity System ID:</b> 16588	



**Activity Narrative:** Capacity Building and Support for National Social Mobilization Strategy

In FY07, the National Alliance of State and Territorial AIDS Directors (NASTAD) worked to enhance the capacity of more than 42 HIV/AIDS program coordinators and officers in districts and wards to operationalize the country's HIV/AIDS Social Mobilization Strategy Guidelines. This work has been conducted using previous experience with district-level and ward-level HIV/AIDS committees, and in close collaboration with federal HIV/AIDS Prevention and Control Office (HAPCO).

According to the "Ethiopian Strategic Plan for Intensifying Multi-Sectoral HIV/AIDS Response, 2004" support for ward-level HIV/AIDS activities is provided by the district health desk, which is assigned the responsibility of linking facilities, wards, and the community. Its primary role includes supporting community ART activities and encouraging mobilization among community-based and faith-based organizations working in OVC activities. District health desks have the responsibility to respond to facility needs and report monitoring and evaluation data back to the regional health bureaus (RHB). There is a need for HAPCO to provide technical assistance (TA) and support to build the capacity of RHB and district health desks, and similarly, for the district health desk staff and health extension workers to provide support to ward administrators. NASTAD has worked to strengthen this chain of technical support and expertise by developing and delivering a central training of trainers (TOT) and five zonal cascade trainings by the NASTAD team, in collaboration with the three major US-based university partners supported in Ethiopia (University of Washington/I-TECH, Columbia University, and JHPIEGO).

These trainings focused on:

- 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 for effective HIV/AIDS interventions to activity implementers, and provide TA and oversight to ensure interventions are 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
- 4) Coordination and communication: how to integrate ward-level AIDS activity plans into overall ward development plans, and assure coordination and communication between multiple ward activities

In FY 08, NASTAD will:

- 1) Present one additional zonal cascade training to assure that staff from all regional health boards/HAPCO have participated in training between FY07 and FY08
- 2) Provide one-on-one ongoing support to regional health board/HAPCO staff from five regions (Addis Ababa, Amhara, Dire Dawa, Oromiya, and SNNPR). NASTAD will work with each of the five regional HAPCO through CDC Ethiopia's existing twinning program--assisting them to develop and implement plans to deliver training and ongoing support and mentorship to regional and district staff in their roles as technical assistants to ward administrators. NASTAD trainers will follow up with trainees in the course of implementation and provide close assistance and intermittent monitoring.
- 3) Collaborate with federal HAPCO to design national TOT for regional HAPCO on the collection and reporting of data in accordance with the National Monitoring and Evaluation Guidelines of the Social Mobilization Strategy. In addition, deliver one central and four cascade trainings to assure participation by all regional HAPCO.
- 4) Sponsor a national HAPCO meeting to facilitate exchange of skills and experiences related to implementation of the National Social Mobilization Strategy Guidelines

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10424

**Related Activity:**

## Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28170	10424.28170.09	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	11536	2534.09	Capacity Building Assistance for Global HIV/AIDS Program Development through Technical Assistance Collaboration with the National Association of State and Territorial AIDS Directors	\$370,000
10424	10424.07	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	5471	2534.07	NASTAD	\$370,000

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	119	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	169	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 655.08

**Mechanism:** Expansion of the Weggen National AIDS Talkline and MARCH Model Activities

**Prime Partner:** Johns Hopkins University  
Center for Communication Programs

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Other/Policy Analysis and System Strengthening

**Budget Code:** OHPS

**Program Area Code:** 14

**Activity ID:** 10422.08

**Planned Funds:** \$240,000

**Activity System ID:** 16585

**Activity Narrative:** IT and Clearinghouse Systems Strengthening

This project is designed to expand access to HIV/AIDS information and services by strengthening the collaboration between the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP) and the AIDS Resource Center (ARC). CCP/ARC will strengthen existing information systems through building capacity of its partners and national and regional HIV/AIDS Prevention and Control Offices (HAPCO) to conduct HIV/AIDS programming. This activity has three interrelated components.

The first focuses on strengthening and maintaining the quality of a multi-target interactive website and increasing its popularity as part of CCP/ARC's premier virtual information center for HIV/AIDS resources, including access to online databases and satellite websites. The main CCP/ARC website serves the national and regional HAPCO by posting policies and guidelines, data, and information, education and communication and behavior-change communication (IEC/BCC) materials focused on international and Ethiopia-specific HIV/AIDS issues. The website aims to increase information provision through the ARC on specific programmatic and thematic areas such as ART, voluntary counseling and testing (VCT), and PMTCT.

The ARC website ([www.etharc.org](http://www.etharc.org)) is the nation's first comprehensive on-line resource on HIV/AIDS, sexually transmitted infections (STI), and tuberculosis (TB). It provides stakeholders, policy makers, university students, teachers, and the general public with the latest HIV-prevention news, events, resources, and information. The website also provides access to the ARC database for organizations, funding, materials, conference calendars, PEPFAR-Ethiopia Training Information Management System (TIMS) summary reports, news, and employment vacancies. These databases, in particular the organization information and conference calendars, provide a useful means by which to coordinate and network the different HIV/AIDS organizations and activities in the country. The news, vacancy, conference, and events databases are updated every week.

The AIDS in Ethiopia Online Database is one of the most popular, interactive online database applications with useful information on AIDS epidemic in Ethiopia. It presents the trend of HIV/AIDS in Ethiopia from 1982-2008 with charts, indicators, and publications. The people living with HIV (PLWH) website is also a very useful resource, with resources for living positively and testimonies of HIV-positive people. Regional HAPCO websites of Amhara, Tigray, and Oromiya are also hosted on the ARC website, enabling regions to disseminate region-specific information.

In February 2004, a usability study of the Ethiopia ARC website was conducted using focus groups and featuring structured tasks and moderated discussions. The results of the usability study led to the design and introduction of new revisions and enhancements to the website. Since its inception, the website has experienced rapid, steady growth in the amount of traffic. Every year there has been a 100% growth in the amount of traffic the website receives. In 2006, for example, the website had more than 2.4 million hits from all over the world. Currently, the CCP/ARC is conducting another survey to improve the use of the website. ARC website traffic has grown considerably since the introduction of a downloadable format for the Betengna Radio Diaries, a program by and about PLWH. Betengna Radio Diaries is currently the most accessed resource in ARC website, followed by the AIDS in Ethiopia Online Database.

In FY08, CCP/ARC will create two new websites, for the Betengna Radio Diaries program and national HAPCO, and add additional Amharic content to the existing websites. Content on all websites will be updated to ensure that it is current and user-friendly. CCP/ARC will also work to establish defined areas in the resource center that can serve populations with special needs (e.g., introducing audio booths and software for the visually impaired).

The second component is ongoing information technology support to the national and regional HAPCO, including Internet and e-mail access, system administration and maintenance, and basic information technology trainings. In FY08, CCP/ARC will improve the quality of services that ARC offers by updating computing hardware and software and purchasing additional audiovisual materials to support the public's extended use of BCC materials, such as the Betengna Radio Diaries. Technical assistance and support to national and regional HAPCO will also be ongoing.

The third component aims to strengthen the ARC clearinghouse function by providing HIV/AIDS, VCT, PMTCT, ART, STI and TB materials (print, electronic, and audiovisual) to all PEPFAR Ethiopia supported sites, as well as nongovernmental organizations working in HIV/AIDS.

In FY08, CCP/ARC will also focus on strengthening materials acquisition, retention, and distribution to partners in both Addis Ababa and the regions. The ARC will also implement a targeted mail-out delivery of IEC/BCC materials through postal services and provide on-site materials delivery when appropriate. The ARC will not be limited to development and production, but will also adapt and reprint/reproduce IEC/BCC materials produced by other partner organizations. This will allow it to sufficiently expand outreach service and distribution coverage of those materials throughout the country. Regional resource centers will serve as conduits to distribute materials at district and zonal levels.

**HQ Technical Area:****New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10422**Related Activity:** 16580, 16582

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27946	10422.2794 6.09	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	11466	655.09	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	\$240,000
10422	10422.07	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	5469	655.07	jhu-ccp	\$200,000

### Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16580	10592.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$1,300,000
16582	5793.08	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	Johns Hopkins University Center for Communication Programs	\$950,000

### Emphasis Areas

Local Organization Capacity Building

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	250	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	24	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

**Table 3.3.14: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 1264.08	<b>Mechanism:</b> IMAI
<b>Prime Partner:</b> World Health Organization	<b>USG Agency:</b> U.S. Agency for International Development
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Other/Policy Analysis and System Strengthening
<b>Budget Code:</b> OHPS	<b>Program Area Code:</b> 14
<b>Activity ID:</b> 5620.08	<b>Planned Funds:</b> \$150,000
<b>Activity System ID:</b> 16614	
<b>Activity Narrative:</b> Support to the Global Fund Country Coordinating Mechanism	

The Government of Ethiopia has secured \$713,053,234 from the Global Fund for AIDS, Malaria, and Tuberculosis (GFATM) for five years to address HIV/AIDS (66%), malaria (26%), and tuberculosis (TB-9%). 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: Ministry of Health (4 members, including the Chair); HIV/AIDS Prevention and Control Office (1); Ethiopian Health and Nutrition Research Institute (1); the World Health Organization (WHO, 1); the Joint United Nations Program on HIV/AIDS (UNAIDS, 1); Health, Population and Nutrition Donors' Group (2); PEPFAR Ethiopia (1); Department for International Development (1); Christian Relief and Development Association (1); Dawn of Hope (Vice Chair, 1); Ethiopian Employers' Federation (representing the private sector) (1); Ethiopian Public Health Association (1); and the Ethiopia Inter-Faith Forum for Development Dialog for Action (1).

PEPFAR Ethiopia has made major contributions towards implementation of the GFATM. Some examples of the depth and scope of PEPFAR's involvement include: 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 responsible for preparing the mechanism's Terms of Reference (TOR).

The CCM Secretariat carries out the administrative activities that allow the CCM to function smoothly, organizing meetings, ensuring that relevant documents are available, and supporting CCM members in serving on sub-committees with various functions. The Secretariat also supports key proposal-development processes and funding-approval processes. Without the Secretariat, successful management of Ethiopia's grants, the largest total to any country in the world, would be extremely problematic.

During FY05, FY06, and FY07, PEPFAR provided modest funds to support the CCM Secretariat. This USG contribution leveraged funds from UNAIDS and the Royal Netherlands Embassy, and has been managed through the WHO Ethiopia Country Office. PEPFAR Ethiopia proposes to continue this modest funding in FY08 to assure the successful management of Ethiopia's grants for HIV/AIDS, malaria, and TB.

The performance of the four GFATM grants is of concern within the donor community. Recognizing the GFATM'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 GFATM 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.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10411

**Related Activity:**

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28089	5620.28089.09	U.S. Agency for International Development	World Health Organization	11505	1264.09	IMAI	\$150,000
10411	5620.07	U.S. Agency for International Development	World Health Organization	5477	1264.07		\$50,000
5620	5620.06	U.S. Agency for International Development	World Health Organization	3777	1264.06		\$50,000

### Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Health-related)

\* Malaria (PMI)

\* TB

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

### Indirect Targets

Table 3.3.14: Activities by Funding Mechanism

**Mechanism ID:** 3792.08

**Mechanism:** Rapid expansion of successful and innovative treatment programs

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

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Other/Policy Analysis and System Strengthening

**Budget Code:** OHPS

**Program Area Code:** 14

**Activity ID:** 18884.08

**Planned Funds:** \$120,000

**Activity System ID:** 18884

**Activity Narrative:** This is linked with PEPFAR Ethiopia-supported human capacity development activities aimed at strengthening the implementation of the Sustainable Management Development Program (SMDP) to improve the management and training skills of public health management professionals, health service planners and managers in Ethiopia.

In FY07, CDC Ethiopia, with technical assistance from the SMDP program at CDC Global AIDS Program (GAP) headquarters, conducted a needs assessment to design strategies for strengthening leadership and management of HIV/AIDS care and treatment services at health facilities in support of the scale-up of antiretroviral treatment (ART) in Ethiopia. The needs assessment targeted five PEPFAR-supported hospitals in the Central and Northern Parts of Ethiopia (Debre Berhan, Dessie, Lalibela, Woldia, and Zewditu, Hospitals), 2 Regional Health Bureaus (Addis Ababa and Oromiya), and five national organizations: the federal Ministry of Health (FMOH) and its component HIV/AIDS Prevention and Control Office (HAPCO), Addis Ababa HAPCO, the Ethiopian Public Health Association (EPHA), the Ethiopian Health and Nutrition Institute (EHNRI), Addis Ababa University Medical Faculty Public Health Department, and the Addis Continental Institute of Public Health.

The major objectives of the Needs Assessment were to investigate ways and means of:

- 1) Improving the planning and management capacities of health facilities, particularly ART cohort hospitals, FMOH, national HAPCO, and local universities program managers, directors, planners and coordinators in the implementation of HIV/AIDS and other diseases prevention, care and treatment programs in Ethiopia.
- 2) Strengthening collaboration with US-based universities and technical agencies through follow-up and capacity enhancement in the implementation of SMDP trainings at health facilities, local universities, the Ministry of Health, Regional Health Bureaus (RHB) and HAPCO offices.

The needs assessment included both policy-level and organizational collaboration and practical organizational operations issues related to the need for leadership and management strengthening in HIV/AIDS care and treatment facilities. As a result of the needs assessment:

- 1) EPHA was identified as an institutional home to implement SMDP in Ethiopia.
- 2) Customized SMDP training curricula for Ethiopia were developed.
- 3) First Round training of trainers (TOT) program was organized and conducted for trainers drawn from EHNRI, HAPCO, and health facilities, with the support of the CDC/GAP's SMDP Team and CDC Ethiopia SMDP graduates.
- 4) Core trainer teams were established at regional and local facilities level for sustained SMDP implementation.

In FY08, further trainings will be designed and provided for 60 public health management professionals drawn from PEPFAR-supported hospitals, RHB, and HAPCO. The CDC/GAP SMDP Team and Ethiopian SMDP Team will continue providing technical assistance in building SMDP coordination and management capacity for EPHA in areas of training. CDC Ethiopia will also follow up on the main SMDP components such as process improvement/problem solving, Total Quality Management (TQM), healthy planning, and strategic communications, all in collaboration with FMOH/HAPCO, health facilities, US-based universities and agencies (Carter Center, Clinton Foundation), local universities, and health-related training institutions in Ethiopia.

The SMDP approach actively involves all local stakeholders, including health facilities, local universities and training institutions in human capacity development, planning and management of public health services, process improvements, and quality assurance mechanisms in an integrated and innovative approach. As such, the SMDP trainings will be sustained and institutionalized at local health facilities and training institutions. Accordingly, 20% of the required budget will be expended on training material design and adaptation with technical assistance from CDC/GAP SMDP, 45% on training material production, delivery and management, and 35% on follow up of the SMDP training program application at health facilities at central, regional and local levels.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**



## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	6	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	60	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 3746.08

**Prime Partner:** JHPIEGO

**Funding Source:** GHCS (State)

**Budget Code:** OHPS

**Activity ID:** 19159.08

**Activity System ID:** 19159

**Mechanism:** University Technical Assistance Projects in Support of the Global AIDS Program

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Other/Policy Analysis and System Strengthening

**Program Area Code:** 14

**Planned Funds:** \$1,500,000

## Activity Narrative: Retention of Trained Healthcare Workers

In general, retention of trained staff and healthcare workers has posed challenges worldwide, and Ethiopia's human resources for health (HRH) situation is one of the worst, with 51,597 technical healthcare workers in 2006 (including 8,901 Health Extension Workers) for a population of over 70 million, resulting in one of the lowest healthcare-worker-to-population ratios in the world. The number of doctors is also rapidly decreasing since 2001, with physician attrition outpacing the graduation of new doctors. Furthermore, health workers are poorly distributed with many concentrated in urban areas. The government's Health Extension Program seeks to address this imbalance; by the end of 2007, 24,453 health extension workers (HEWs) will be deployed in rural wards. However, there is fear that the HEWs are given a large load of preventive activities and unable to meet the demand for curative services. Other health professional cadres are urgently needed to meet Ethiopia's goal of achieving universal access to ART by 2010. While production of healthcare workers is addressed elsewhere, interventions are needed to address the high attrition rates and are the focus of this activity.

In FY07, PEPFAR Ethiopia funded JHPIEGO for two HRH activities. The first (activity 10383) linked with the TIMS© project involved analyses of the existing HRH situation and the development of a policy agenda for HRH using TIMS© data and other sources, as well as piloting some new retention schemes, such as job sharing. The Retention of Trained Staff program, which is the second activity, led to exploring new interventions to improve retention of healthcare workers trained and deployed in HIV/AIDS-related services. With the TIMS funding, JHPIEGO and PEPFAR Ethiopia were able to assist the Federal Ministry of Health (MOH) with a broad situational analysis of the HRH situation in country, as well as with the development of an ambitious and radical new HRH strategy. Part of JHPIEGO's input was the support of a local health economist to cost out the strategy. JHPIEGO is also currently working on a concept note for an HR inventory specific to the HIV/AIDS workforce, as requested by the Federal HIV/AIDS Prevention and Control Office. The JHPIEGO involvement in these efforts has opened the door for working hand-in-hand with government counterparts on testing and documenting various retention efforts.

For the Retention of Trained Staff program in FY07, proposed activities included a survey of potential retention schemes, followed by consultative meetings. This led to the implementation of several performance-based retention schemes to improve workers' morale and motivation, which will be continued and potentially expanded in FY08. US university partners are offering overtime/duty pay, but the regional health bureaus (RHB) and hospitals are not generally accessing these funds. These initiatives will continue, to be scaled up and monitored to assess whether they have a positive impact. USG funding precludes attempting other schemes, such as constructing housing for healthcare workers in remote sites or providing bank loans; however, JHPIEGO may look to work with other donors and partners to leverage those that can work in this area.

In order to monitor the impact of various efforts, it will be necessary to develop a Human Resource Information System (HRIS). The Health and Health-related Indicators which regularly publishes HR information is thought to be fraught with data errors and is not considered reliable. JHPIEGO's work in TIMS© has also highlighted some of the constraints in terms of tracking human-resource data, including the lack of unique identifiers for Ethiopian healthcare workers. A World Bank consultant has proposed working with JHPIEGO and other partners to test a new HRIS in one region.

Linked to information systems, but with its own distinct issues, is the set of procedures for licensing and registration of healthcare workers. In collaboration with universities, the MOH has been overseeing the licensing of healthcare workers with a bachelor's degree or above, but has recently delegated the task of registration and licensing of healthcare workers with diplomas (and those below diploma level) to RHB. The MOH has suggested to JHPIEGO that strengthening that system across regions and ensuring some standardization might be an important and useful task. This would include the registration of lay healthcare workers who provide HIV/AIDS services.

Another aspect of the HR strategy that is critical to retention, but difficult to achieve, is the area of Human Resource Management (HRM) after deployment. There is little understanding currently in MOH circles about the role of supervision in promoting and sustaining quality staff performance. In FY08, there will be a continuing need to build the capacity of the MOH's Human Resources Department, including with seconding of technical advisors. JHPIEGO has developed HIV/AIDS-specific performance standards. Achievement of those standards can be linked to recognition and financial or other rewards. In Zambia, non-financial rewards, coupled with recognition and celebration of quantifiable achievements by health center teams, were more powerful than financial rewards without community recognition. JHPIEGO will explore working with new partners, such as Initiatives, Inc. and/or Liverpool Associates in Tropical Health (LATH), who may have additional expertise in this area.

Initiatives, Inc. has assisted governments to conduct workforce-planning exercises and prepare strategies for providing adequate numbers of appropriately trained healthcare personnel. In recent years, for the governments of Zambia and Rwanda, they have taken a close look at the use of the workforce to provide HIV/AIDS prevention and care services in the context of a diminishing supply of qualified workers. They have looked at retention through the lens of both financial and non-financial incentives and promotion of bonding schemes.

For over ten years, LATH has been involved in supporting HRH in many countries and in helping to develop good human resources management and development (HRM/D) practices to improve health sector performance. LATH has a full time HR Management and Development Specialist based in Uganda. In addition, LATH consultants have advised Ministries of Health in many developing countries on HRM/D issues, including: human resource planning, assessing and identifying HRM/D practices such as recruitment, deployment and retention, training and development systems, performance management systems, and HR information systems. LATH has worked with JHPIEGO in Malawi in HRIS and HR planning areas.

A significantly increased budget is requested in order to allow procuring the additional expertise of LATH and Initiatives, Inc. to complement JHPIEGO efforts and to staff the HR Department and JHPIEGO to coordinate inputs. Also, in FY07, it is anticipated that piloting of retention schemes will only begin, but will significantly expand in FY08, with additional regions requesting assistance and also more time in the year to

**Activity Narrative:** implement the activities (given that funding for FY07 was delayed).

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

### Coverage Areas

Adis Abeba (Addis Ababa)

Afar

Amhara

Binshangul Gumuz

Dire Dawa

Gambela Hizboch

Hareri Hizb

Oromiya

Southern Nations, Nationalities and Peoples

Sumale (Somali)

Tigray

**Table 3.3.14: Activities by Funding Mechansim**

**Mechanism ID:** 8557.08

**Prime Partner:** Ethiopian Medical Association

**Funding Source:** GHCS (State)

**Budget Code:** OHPS

**Activity ID:** 10431.08

**Activity System ID:** 16629

**Mechanism:** HHS/CDC/Ethiopian Medical Association/GHAI

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Other/Policy Analysis and System Strengthening

**Program Area Code:** 14

**Planned Funds:** \$202,569

**Activity Narrative:** Human Resources Capacity Building for ART Program Implementation

The narrative for this activity is unchanged.

In spite of the multifaceted efforts to increase access to and utilization and availability of ART services, the number of eligible patients receiving treatment in Ethiopia 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. 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 high 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 consideration of 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 a significant 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 their contributions to program implementation can be coordinated by these associations to achieve maximum affect. HIV/AIDS related activities at hospitals and health centers and facility management can be strengthened through these associations. The possible solutions to the problems of disconnection between hospitals and health centers and the rift between public, private and military HIV/AIDS programs lie with the consortium of these associations.

With support from PEPFAR Ethiopia, several professional medical associations will join together in a consortium to address pressing HIV/AIDS issues. The consortium will be led by the Ethiopian Medical Association (EMA), 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 post-exposure prophylaxis 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, 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 FY08, 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.
- 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.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10431

**Related Activity:**

### Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27978	10431.27978.09	HHS/Centers for Disease Control & Prevention	Ethiopian Medical Association	11476	8557.09	HHS/CDC/Ethiopian Medical Association/GH AI	\$200,000
10431	10431.07	HHS/Centers for Disease Control & Prevention	Ethiopian Medical Association	8368	8368.07	EMA	\$200,000

### Emphasis Areas

Human Capacity Development

\* Training

\*\*\* In-Service Training

Local Organization Capacity Building

### Food Support

### Public Private Partnership

### Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	5	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	5	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

### Indirect Targets

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7887.08

Mechanism: CDC-Management and Staffing

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

**Funding Source:** GHCS (State)

**Budget Code:** OHPS

**Activity ID:** 18755.08

**Activity System ID:** 18755

**Activity Narrative:** This activity represents the direct technical assistance which is provided to partners by CDC staff. The amount represents the salary cost for CDC Ethiopia direct hire technical staff. Detailed narrative of CDC-Ethiopia Management and Staffing is included in Program Area 15 – Management and Staffing HVMS.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Other/Policy Analysis and System Strengthening

**Program Area Code:** 14

**Planned Funds:** \$166,500

**Table 3.3.14: Activities by Funding Mechanism**

**Mechanism ID:** 5486.08

**Prime Partner:** Federal Ministry of Health, Ethiopia

**Funding Source:** GHCS (State)

**Budget Code:** OHPS

**Activity ID:** 5768.08

**Activity System ID:** 16641

**Mechanism:** MOH-USAID

**USG Agency:** U.S. Agency for International Development

**Program Area:** Other/Policy Analysis and System Strengthening

**Program Area Code:** 14

**Planned Funds:** \$600,000

**Activity Narrative:** This is a continuing activity from FY07.

This activity supports the Ministry of Health's (MOH) Health Extension Program (HEP) 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 other USG child survival and health resources.

The HEP, as indicated in the MOH's Health Sector Development Plan III (HSDP III) 2006-2010, will train 30,000 health extension workers (HEW) for assignment in 15,000 rural wards where they will serve a population of approximately 5,000 per ward or village. A total of 17,000 HEW were deployed to communities in most of the regions in the country by June 2007. An additional 14,000 HEW are expected to be trained and deployed through 2010. The HEW is the first point of contact to the community for the formal healthcare system. The HEW report to public health officers at the health center and district health office and are responsible for a full range of primary and preventive services to the community, including implementation of basic communicable disease prevention and control activities.

HEW function as a significant link in the health network model. Through community counseling and mobilization, HEW will be able to move vulnerable and underserved populations into the formal health system. HEW promote essential interventions and services by encouraging community education and dialogue around health issues, and participation in healthcare at the community and household level. During FY07, HEW functioned as the lead at health posts and in the community to provide social mobilization activities for HIV prevention. HEW were instrumental in the two rounds of the Millennium AIDS Campaign (MAC-E), mobilizing people for voluntary counseling and testing, and other HIV/AIDS services.

HEW will provide preventive services to community members. This activity will continue to support pre-service and in-service training of HEW on: key HIV/AIDS messages and information; providing counseling to community members on issues like stigma; symptomatic screening of patients with opportunistic infections (including active TB) for referral to health facilities for further diagnostic work-up and management; and adherence counseling for ART and/or TB treatment. In addition, the activities will further expand several models of HEW provision of PMTCT services and HIV counseling and testing services at the health post level to facilitate the referral of clients to inpatient facilities and to community care services.

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, care, and treatment services. Under the direct supervision of the Ward Health Team, HEW oversees all community-level health interventions, including the coordination of efforts with other voluntary community health workers. This activity will support HEW to build their capacity in joint planning and program implementation.

The urban health extension program has been started in some parts of the country, and will be expanded further to include more urban and semi-urban areas in FY07/08. This offers an excellent opportunity to link urban HIV/AIDS activities with the HEW.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10435

**Related Activity:** 16596, 16721, 16571

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10435	5768.07	U.S. Agency for International Development	Federal Ministry of Health, Ethiopia	5486	5486.07	MOH-USAID	\$0
5768	5768.06	U.S. Agency for International Development	Federal Ministry of Health, Ethiopia	3820	3820.06		\$500,000

**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16721	5586.08	7523	593.08	Capacity Project (HCD)	IntraHealth International, Inc	\$1,000,000
16596	10647.08	7609	7609.08	Care and Support Project	Management Sciences for Health	\$1,690,411
16571	5763.08	7472	3819.08	EPHTI	Carter Center	\$700,000

## Emphasis Areas

Human Capacity Development

\* Training

\*\*\* Pre-Service Training

\*\*\* In-Service Training

\* Task-shifting

Wraparound Programs (Health-related)

\* Child Survival Activities

\* Family Planning

\* Safe Motherhood

## Food Support

## Public Private Partnership

## Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	0	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	False
14.3 Number of individuals trained in HIV-related policy development	0	False
14.4 Number of individuals trained in HIV-related institutional capacity building	200	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	0	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	5,000	False

## Indirect Targets

HVMS - Management and Staffing

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

**Total Planned Funding for Program Area: \$16,893,725**



Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

### Program Area Context:

The PEPFAR team works closely with the GOE, other donors and dozens of USG implementing partners to build Ethiopia's capacity to fight HIV/AIDS in both the public and private sectors—and increasingly beyond the health sector.

The arrival of a new Ambassador and DCM in 2007 has re-invigorated the PEPFAR Team. Their active engagement has resulted in a much-needed clarification of roles and responsibilities for key positions and roles. While the Country Team had a belated start to the Staffing for Results assignment, it is committed to the principles and goals of Staffing For Results and intends to make it a central part of the Team's work throughout FY08.

Both the Ambassador and the DCM will be actively involved in the oversight function of the PEPFAR program. The Deputy Chief of Mission will have day-to-day responsibility.

### INTERAGENCY STRUCTURE

PEPFAR Ethiopia's operational structure is designed to support the work of the entire Team. The structure includes the Executive Council, the Coordination Office, and the Collaborative Team. There are five technical working groups and three supporting technical working groups.

The Executive Council provides broad policy and strategic leadership, including compliance with OGAC guidance and earmarks, as well as maximum congruence with GOE priorities. It reviews recommendations endorsed by the Collaborative Team, and guides the technical working groups or Collaborative Team to solutions of difficult and occasionally contentious issues. The Council is chaired by the Coordinator.

All TWG operate under terms of reference that are reviewed annually. The TWG are: Prevention, Care and Support, Treatment, and Strategic Information. In FY07, as a result of the growing importance of activities and relationships, the Collaborative Team created two new TWG: Policy and System Strengthening and Government and Donor Relations.

The Government and Donor Relations TWG promotes productive, collaborative relationships with the MOH, national and regional HAPCO, regional health bureaus, other Ministries (e.g., Education, Women's Affairs), numerous bilateral donors, and the Global Fund to strengthen the response to the HIV/AIDS epidemic.

The Collaborative Team is at the core of PEPFAR and the lynchpin of the interagency structure. It provides technical leadership and direction in the planning, implementation, monitoring, and strengthening of PEPFAR in Ethiopia, ensuring that programs are consistent with guidance from headquarters and the Executive Council. It is through the Collaborative Team that critical, cross-cutting issues are identified and addressed, and the relationship between PEPFAR's COP and the GOE's HIV/AIDS Strategic Plan is monitored. The Team uses a consensus model of decision-making in its weekly meetings. By its nature, this is a challenging approach, but, over time, it has become an important tool that keeps the interagency team focused and reminds it of its commitment to being "one team."

The Collaborative Team is comprised of the chairs of all working groups and includes the CDC's Deputy Director for Programs, USAID's HIV/AIDS Team Leader, and representatives from the DoD, and the DOS' Office of PRM. The Coordinator chairs the Collaborative Team.

In FY07, the Coordination Office faced many challenges that affected its ability to function effectively. In FY08, PEPFAR Ethiopia, under the leadership of the Ambassador and DCM, seeks to maximize the role of the Coordination Office—and the role of the Coordinator, in particular. The Ambassador appointed the Coordinator as chair of the Executive Council in order to improve coordination and the flow of critical information between the Collaborative Team, the Coordination Office, and the Council.

In the two years there has been a full-time Coordinator, the necessity of having a well-resourced Coordination Office has become evident. In FY08, PEPFAR Ethiopia's proposal to enhance staffing is a key step to strengthening the office. The staffing plan begins with the addition of two Deputy Coordinators: one for Administration and Finance and the other for Program Services.

To support the interagency commitment to strengthening activities in the regions, six Regional PEPFAR Program Coordinators (RPPC) are proposed. The RPPC is responsible for providing support and leadership for a complex range of services to strengthen the interagency PEPFAR program within a specified region of the country. The RPPC assists the Deputy Coordinator for Program Services in providing oversight and technical direction to PEPFAR partners and government officials in the designated region.

### CORE STRENGTHS OF AGENCIES

CDC's mission is to reduce the incidence of HIV by supporting integrated prevention, treatment, care, and support interventions, and by building the capacity of indigenous organizations to manage and deliver effective services that will prevent or control the HIV epidemic in Ethiopia.

CDC has strong ties to the MOH and is focused on strengthening Ethiopia's health-sector response to the epidemic through science-based technical guidance. CDC's care and treatment efforts concentrate on strengthening comprehensive, hospital-based services. CDC works closely with both the public and private sectors, including the MOH, the Ethiopian Health and Nutrition Research Institute, the National Defense Force of Ethiopia, the Ethiopian Public Health Association, Federal and regional HAPCO, RHB, and local universities. The agency also works with US-based university partners and international

nongovernmental organizations, as well as other agencies of the US Mission in Ethiopia.

USAID manages PEPFAR activities as one of several programs in its health portfolio. USAID focuses on programs at the health-center and community levels and 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 has a wide range of expertise on critical issues, including child survival, nutrition, training and education, malaria, health economics, and food security. USAID works with USG partners to ensure service delivery in primary and community healthcare settings. It focuses on integrating services, social mobilization, prevention, human capacity development (strengthening management at community level), renovations, etc.

#### RELATIONSHIP WITH THE GOE

In FY07 the PEPFAR Ethiopia team expanded its relationship to the MOH and HAPCO. Two key coordinating mechanisms were established. First, a weekly meeting, chaired by the Director General of HAPCO and the Coordinator, allows issues and problems to be addressed in a timely manner. These meetings have been instrumental in building trust and transparency. The second is a monthly meeting co-chaired by the Minister of Health and the USG Ambassador. This meeting is understandably more focused on strategic concerns and identifying broad policy issues emerging from, or directly affecting, the implementation of the PEPFAR program.

Through the efforts of members of the PEPFAR Ethiopia team, several of the government's national technical working groups have been re-activated. PEPFAR Ethiopia was a consistent participant in the complex undertaking of drafting the new national strategic plan for HIV/AIDS.

The development of the FY08 COP established an unprecedented level of cooperation between PEPFAR and the GOE. Evidence of this can be found in the letter from Dr. Tedros, the Federal Minister of Health, which has been uploaded as a supporting document.

In FY08 we will further support the GOE through the secondment or direct funding support for the hiring of key personnel for the Federal HAPCO, as well as regional HAPCO and health offices.

#### STAFFING FOR RESULTS

Ethiopia was the first PEPFAR country to establish a "staffing for results" approach. In August 2004, the four lead agencies (Peace Corps had not yet returned to Ethiopia) undertook a Team Building Retreat to establish an organizational structure for coordination and decision-making. They established structures and processes which remain the basis for collaboration today. The fact that Ethiopia was the first PEPFAR country to so organize itself and maintain the structures over three years is impressive.

That history notwithstanding, the challenge of understanding the different organizational perspectives and cultures amongst the USG organizations continues. This can be seen in the discussions over contentious activities that were proposed for the FY08 COP, for example. The activities were proxies for much deeper and underlying differences in the PEPFAR Ethiopia vision of what we are and where we are going.

In FY08, with the leadership of the Ambassador and DCM, and the long-term engagement of a professional team-building consultant, we expect to make great strides towards addressing many of these challenges. We will begin the effort by (re) developing a common vision for PEPFAR Ethiopia and engage in sustained teambuilding efforts. We are approaching Staffing For Results as an ongoing process of self-improvement, and implementation will be continuous throughout FY08. We will need to take into consideration the construction of a new embassy compound in the coming months.

With more resources going to the regions, we will regularly send interagency teams to visit and assess programs there. We are committed to developing stronger leadership within PEPFAR to support the overarching goal of preventing the spread of HIV in Ethiopia and providing care and support for those already affected by the epidemic. Improving USG personnel resources is essential to achieving that goal, and to meeting our FY08 goals and targets.

#### BUDGET

The total proposed management and staffing budget for FY08 is 4.8% of the total OGAC-recommended funding for the year.

#### Program Area Downstream Targets:

#### Custom Targets:

**Table 3.3.15: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 8142.08	<b>Mechanism:</b> DOD M&S
<b>Prime Partner:</b> US Department of Defense	<b>USG Agency:</b> Department of Defense
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Management and Staffing
<b>Budget Code:</b> HVMS	<b>Program Area Code:</b> 15
<b>Activity ID:</b> 5574.08	<b>Planned Funds:</b> \$172,000
<b>Activity System ID:</b> 16714	

**Activity Narrative:** The Military HIV/AIDS Program works in partnership with the Ethiopian National Defense Forces Health Services and implements planned activities on 41 sites. Because of the broad spectrum of these activities, expansion of staff to the following levels has been required to manage them.

Mil. HIV/AIDS& STD Program Management Officer: Directed by the Security Assistant Officer, within the limits of resources allocated, and authorization obtained from the Defense HIV/AIDS Prevention Program (DHAPP). The Military HIV/AIDS and STD Prevention and Treatment Program Management Office provides financial and technical support to the Ethiopian Ministry of National Defense for its HIV/AIDS prevention and treatment efforts.

Program Assistant Officer: The program assistant officer under the office of the Military HIV/AIDS Program Management Office assists the Military HIV/AIDS & STD Prevention & Treatment Manager on all financial, administrative, and clerical duties.

Program Officer: Operates from European Command (EUCOM), HIV/AIDS Office.

Contracting Officer: Operates from Naval Regional Contracting Center (NRCC), Naples, Italy Head Office.

In FY08, DOD will maintain the same management team for better support of its ongoing activities.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10563

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28053	5574.28053.09	Department of Defense	US Department of Defense	11495	8142.09	DOD M&S	\$172,000
10563	5574.07	Department of Defense	US Department of Defense	5538	119.07		\$135,800
5574	5574.06	Department of Defense	US Department of Defense	3749	119.06		\$166,000

**Table 3.3.15: Activities by Funding Mechanism**

**Mechanism ID:** 5522.08

**Mechanism:** pc

**Prime Partner:** US Peace Corps

**USG Agency:** Peace Corps

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Area Code:** 15

**Activity ID:** 10662.08

**Planned Funds:** \$521,000

**Activity System ID:** 16685

**Activity Narrative:** Management and Staffing: Peace Corps  
Budget Details

This is a continuation of activity from FY07.

In October 2008, PC/ET will receive 30 PEPFAR-funded and 15 Peace Corps-funded volunteers. This will bring the projected total of PEPFAR-funded volunteers to 60 and Peace Corps-funded volunteers to 25, for a total of 85 volunteers. In 2008, all the volunteers will continue to work in Amhara and Oromiya regions and PC/ET will explore other geographic areas for expansion of volunteer placements. All volunteers receive PEPFAR-funded HIV/AIDS training and have access to Volunteer Activities Support and Training (VAST) funds to support community-initiated HIV/AIDS activities.

In order to support the current number of 40 volunteers, Peace Corps will need to continue to support 17 personal-service contractor (PSC) positions. These include one each of the following: Executive Secretary, Safety and Security Coordinator, Training Manager, Emergency Plan Coordinator, Medical Officer (USPSC), Medical Secretary, Administrative Assistant, Voucher Examiner, Information Technology Specialist, Receptionist, General Service Manager, General Services Assistant, and Janitor. It also includes four Drivers.

In order to support the additional group of volunteers, the program will need to hire an Assistant Peace Corps Director (APCD) for Health, a part-time Medical Officer, a Volunteer Records Clerk, and one Driver. Necessary office equipment (e.g., furniture, computers) will be procured. Peace Corps will need to purchase an additional vehicle to support the four new staff, as well as a bus to transport the volunteers. Management and Staffing funds will also be used to support technical assistance from key Peace Corps headquarters offices on program expansion and implementation, volunteer site development, and programmatic planning for future fiscal years, as well as on ICASS services.

This activity contributes to the overall PEPFAR to support the GOE strategy for accelerated access to HIV/AIDS prevention, care, and treatment in Ethiopia.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10662

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28064	10662.2806 4.09	Peace Corps	US Peace Corps	11498	5522.09	pc	\$500,000
10662	10662.07	Peace Corps	US Peace Corps	5522	5522.07	pc	\$555,000

**Table 3.3.15: Activities by Funding Mechanism**

<b>Mechanism ID:</b> 116.08	<b>Mechanism:</b> N/A
<b>Prime Partner:</b> US Department of State	<b>USG Agency:</b> Department of State / African Affairs
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Management and Staffing
<b>Budget Code:</b> HVMS	<b>Program Area Code:</b> 15
<b>Activity ID:</b> 5643.08	<b>Planned Funds:</b> \$343,886
<b>Activity System ID:</b> 16612	

**Activity Narrative:** In FY07 the Coordination Office staffing level did not keep pace with the continual expansion of duties and responsibilities assumed or assigned to it. Indeed cancellation of searches for positions by the former DCM left the Coordination Office for several periods with just the Coordinator and Administrative Assistant. Coordination of the five PEPFAR agencies is inherently challenging, and made more so when the office mandated to perform the function is understaffed. Under the leadership of our new Ambassador, the Coordination Office has performed a staffing assessment and bases its staffing proposal on it.

In FY2008, the Coordination Office proposes to recruit two deputy coordinators: one focused on administration and finance, and the other on program services. These positions will greatly strengthen the Coordination Office's role in supporting our USG agencies charges with implementation of the PEPFAR program. The positions proposed support the essential elements of interagency coordination and will be key to achieving the Staffing for Results objectives. Summaries of the new positions follow.

**Deputy Coordinator for Program Services -** The Deputy Coordinator for Program Services (DCPS) is responsible for providing a support and leadership for a complex range services to support and strengthen the interagency PEPFAR program. The DCPS assists the Country Coordinator in providing oversight and technical direction. The scope of this work involves strengthening programmatic coordination and ensuring that all technical/program areas are of the highest quality and integrated making the most effective use of PEPFAR resources. The DCPS is responsive for maintaining excellent working relationships with and between implementing partners, government officials and other PEPFAR stakeholders. The DCPS will be responsible for promoting effective communication between the PEPFAR Ethiopia Country Team. As a member of the Coordination Office leadership team, the DCPS is expected to play a key role in policy or management related decisions and subsequent actions.

**Deputy Coordinator for Administration and Finance -** The Deputy Coordinator for Administration and Finance (DCAF) is responsible for management of the Coordination Office and provision of key support services within the area of finance and administration. The DCAF will ensure this support is of high quality and meets needs identified with program staff. The DCAF will oversee strategic budgeting and budget formulation and control, procurement planning and execution, human resources, administration, logistics, and IT staff. S/he will lead the development and implementation of appropriate systems in these areas, ensuring proper implementation and adherence to USG and PEPFAR Ethiopia policies, procedures and guidelines. The DCAF will also be a key participant in the Country Operational Plan planning process to ensure the provision of relevant and timely financial data for regular monitoring and strategic processes. The DCAF will be responsible for promoting effective communication between the PEPFAR Ethiopia Country Team. As a member of the Coordination Office leadership team, the DCAF is expected to play a key role in policy or management related decisions and subsequent actions.

**Country Operational Plan and Information Systems Manager -** The Country Operational Plan and Information Systems Manager is responsible for the coordination, compilation, verification, revision and completion of the Country Operating Plan, and development and maintenance of various information systems that support the work of the PEPFAR Ethiopia Country Team.

**Regional PEPFAR Program Coordinators (RPPC) (6) –** The RPPC is responsible for providing support and leadership for a complex range services to support and strengthen the interagency PEPFAR program within a specified region of the country. The RPPC assists the Deputy Coordinator for Program Services in providing oversight and technical direction to PEPFAR partners and government officials in the designated region. The scope of this work involves providing technical assistance and support in the coordination of the design, implementation, and evaluation of PEPFAR activities. The RPPC will coordinate and develop further links between the GFATM and PEPFAR. The RPPC will work to strengthen programmatic coordination and ensure that all technical/program areas are of the highest quality and integrated thus making the most effective use of PEPFAR resources. The RPPC is responsible for maintaining excellent working relationships with and between implementing partners, government officials and other PEPFAR stakeholders in the designated major regions.

**The Health Resources Capacity Advisor (HRCA) –** The HRCA is responsible for overseeing and working at the federal level to oversee linkages between the Global Fund, the World Bank and PEPFAR. The HRCA will have direct communication with HRCAs that will be located at the RHBS in 11 different regions throughout Ethiopia. The HRCA will provide technical assistance and support in the design, implementation and evaluation of health professional development activities and interventions for the 11 regional HRCAs. The Advisor will apply cutting edge methodologies for harmonization, analyze data and evaluate GF and PEPFAR performance and work to increase the human capital and retention in the regions.

**Health Resources Capacity Advisor (11) -** The Health Resources Capacity Advisors will be in 11 different regions throughout Ethiopia and will provide technical assistance and support in the design, implementation and evaluation of health professional development activities and interventions. The Advisors will coordinate and develop further links between the Global Fund and PEPFAR.

**Technical Support Advisor -** The Technical Support Advisor serves as the Coordination Office's operational, logistical and administrative assistant and is responsible for developing, supporting and advancing the utilization of technical tools and documents that serve to strengthen the scientific foundation of the PEPFAR Ethiopia program. The Technical Advisor will assist the Country Coordinator to support the PEPFAR team by developing, supporting and advancing the utilization of a variety of technical tools and documents that serve to strengthen the implementation of the PEPFAR Ethiopia program. Specific responsibilities include: Chair the Policy Analysis and System Strengthening Technical Working Group; provide writing and editing support to the Coordinator and edit technical documents prepared by PEPFAR Ethiopia teams and members; research and draft technical papers under the guidance of appropriate technical officers on the USG team and in implementing partner organizations, donors, and the Government of Ethiopia; provide logistical support in events planning including PEPFAR-related visits, such as technical assistance and core team visits, as well as periodic partner meetings and conferences; oversee planning of PEPFAR Ethiopia team field visits and coordinate logistical planning with the CDC and Embassy Events Planners; provide analytical, organizational, administrative, and logistical support to various special projects and event; undertake research efforts in support of the work of the TWG, Collaborative Team and Executive Council; and Lead special PEPFAR Ethiopia research initiatives; develop and maintain a database of technical resources including official OGAC and GOE technical documents, NGO, academic and implementing

**Activity Narrative:** partner resources, and online sites.

Public Policy Advisor – (part-time) - The Public Policy Advisor (PPA) is responsible for development, oversight, review, and evaluation of PEPFAR Ethiopia, Government of Ethiopia, United States Government, Office of the Global AIDS Coordinator policies and regulations, and Global Fund for AIDS, TB and Malaria policies regarding their affect on the planning, implementation and management of the Country Operational Plan and related activities by the PEPFAR Ethiopia Country Team. The PPA will be the recognized in-country authority and point of contact for the USG and implementing organizations staff on issues related to PEPFAR policies.

Finally, in FY08 the Coordination Office will require funding to support the costs related to (a) meetings held in commercial spaces such as our quarterly All Partners meetings, COP planning meetings, and special technically-focused meetings; (b) invitational travel – primarily for government officials to attend the PEPFAR annual meeting and special regional meetings; (c) printing of PEPFAR and MOH HIV/AIDS publications; (d) Coordination office staff travel in-country travel and to PEPFAR the PEPFAR annual meeting; and (e) equipment needed to fulfill the duties of the office.

Funds for the Ambassadors small grants program were incorrectly included in the PEPFAR Coordinator budget, so \$200,000 is being moved to a new OHPS activity for small grants. In addition, \$356,114 from the CDC/RPSO budget was spent by the Coordinator's office in FY07, and needs to be repaid.

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10409

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28056	5643.28056.09	Department of State / African Affairs	US Department of State	11497	116.09		\$410,000
10409	5643.07	Department of State / African Affairs	US Department of State	5476	116.07		\$745,419
5643	5643.06	Department of State / African Affairs	US Department of State	3747	116.06		\$110,000

**Table 3.3.15: Activities by Funding Mechansim**

**Mechanism ID:** 118.08

**Mechanism:** USAID M&S

**Prime Partner:** US Agency for International Development

**USG Agency:** U.S. Agency for International Development

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Area Code:** 15

**Activity ID:** 5573.08

**Planned Funds:** \$5,442,888

**Activity System ID:** 16608

## Activity Narrative: USAID Management & Staffing

### Summary

USAID-managed activities under the PEPFAR program have rapidly expanded. In FY004, USAID had eight technical and one administrative positions to manage the \$27M program. By 2007, this had grown to 11 technical and one administrative positions for the \$147M program. The proposed FY08 USAID-managed budget of \$208M will place increased demands on this dedicated but overstretched staff. As USAID-managed programs continue to evolve and expand geographically and technically to meet PEPFAR country objectives, USAID staffing must expand to provide prudent USG oversight and direction. In addition, Ethiopia is a PEPFAR Food Focus Country which entails greater complexity in food and nutrition programming for therapeutic feeding and longer-term household support.

### Management and Staffing: Staffing For Results (SFR)

In August 2007, USAID presented the following core competencies to the SFR Team:

- Strengthening national health systems, in coordination with other health donors including the Global Fund to Fight AIDS, Malaria, and Tuberculosis and the World Bank.
- Improving community health and care services with regional and district health offices through performance-based contracting, capacity building, and strengthening local partners
- Expanding health services through non-state actors, such as civil society and the private commercial sector. Leveraging private resources, specifically mobilizing professionals and expanding service delivery for public health goals, including using healthcare financing, private pharmacies, and training institutions to supplement local capacity.
- Mobilizing communities beyond the facility level on public health issues, through community and faith-based networks
- Maximizing opportunities for wraparounds to strengthen inter-linkages with food security, economic growth, good governance, and gender programming

In addition, USAID presented its program management objectives to the SFR team:

- Focus on distinct requirements of primary healthcare and community-based care programming
- Support implementation by regions and district health offices with technical assistance and direct financing, specifically in policy, planning, training, and supportive supervision activities
- Maintain technical leadership in: food and nutrition; OVC; primary care; community services; logistics; condom programming; private sector programming; gender; national health management information system (HMIS) strengthening; and malaria
- Maintain in-country contracting capabilities to design and administer bilateral programming
- Leverage resources from other USG programs, specifically long-established, health-sector programs (e.g., family health, tuberculosis (TB), malaria) and other programs, such as PL 480 Title II food assistance, basic education, and economic growth
- Maintain strong collaboration with USAID/East Africa and USAID/Washington for technical assistance and services

### USAID's Proposed Staffing Patterns for FY08

Program expansion requires technical and administrative expansion to meet the growing financial and technical oversight required of a complex program. Past restrictions on USAID staffing levels because of plans for relocation to the new Embassy compound drastically limited the ability to add staff. This resulted in an overstretched USAID technical team and inadequate technical monitoring. Senior program management has determined that it is essential to expand USAID staff to meet the needs of the rapidly growing program, and has committed to find space for additional technical personnel. The FY08 program-management plan includes several additional technical advisors to be based in Addis Ababa, as well as field monitors and additional administrative support staff. In addition, FY08 includes provision for USAID funding for technical specialists based at regional health bureaus (RHB) to support increased nutrition, commodity security, and systems strengthening.

Management structures to permit this expansion are being phased into the PEPFAR country team. Within the PEPFAR country team, USAID's own team is structuring itself into four management clusters: 1) clinical services; 2) community services; 3) cross-cutting systems strengthening (logistics, private sector, gender, healthcare financing, quality assurance); and 4) program services (e.g., contracting, financial management, management services). The division of "clinical" and "community" services applies to all PEPFAR program areas, and staff would participate in SFR technical working groups accordingly, enriching the overall country team.

The proposed management structure maximizes potential for wraparounds with USAID's technical specializations in economic growth, education, and PL480 Title II food assistance. A major emphasis will be to build stronger linkages with other bilateral and multilateral donor programs and leverage non-PEPFAR USG development-assistance funding.

USAID's proposal to expand technical staffing will:

- Expand systems-level support to the Federal Ministry of Health and RHB with the placement of technical specialists
- Improve program implementation and oversight with additional field monitors
- Strengthen the PEPFAR team in food and nutrition programs, primary care, community services, logistics, local organizational capacity-building, and quality assurance
- Strengthen program services for USAID-managed activities
- Maximize collaboration and potential for wraparounds with non-PEPFAR programs

USAID Management and Staffing program-area funding covers four full-time US Direct Hire (USDH) positions: the HIV/PEPFAR Team Leader, the HIV/AIDS Facility/Community Services Advisor, the Executive Officer, and 70% time of a Contracting Officer. These key, supervisory positions oversee the functioning of all technical and management positions covered in earlier program areas, as well as the key

**Activity Narrative:** management and administrative staff discussed below.

**Key Personnel**

The HIV/AIDS Team Leader for USAID Ethiopia has overall responsibility for USAID's contribution to PEPFAR implementation, in collaboration with other USG agencies. Within the Health, AIDS, Population, and Nutrition (HAPN) office, the HIV/AIDS Team Leader serves as deputy and acts in the absence of the Chief.

In addition, based on guidance from the Office of the Global AIDS Coordinator (OGAC), several technical personnel operating in multiple program areas are included in HVMS as detailed below:

The HIV/AIDS Medical Specialist and Deputy Team Leader supervises several locally engaged staff (LES) within Care and Support services and plays a critical role in the planning, design, implementation, and evaluation of USAID PEPFAR activities, and provides operational oversight to the entire portfolio. S/he represents the Agency at high-level meetings with the Government of Ethiopia (GOE) and serves as the Chair of the PEPFAR Interagency Care and Support Working Group. S/he serves as the lead USAID advisor on TB/HIV and supports some aspects of the treatment portfolio.

The Senior Prevention Advisor provides technical, operational, and management support to the USAID HIV/AIDS Team and is responsible for providing direction, management, technical assistance and oversight to the portfolio of HIV/AIDS prevention projects and activities in the HAPN Office.

The Strategic Information (SI) Advisor provides technical, operational, and management support to USAID PEPFAR activities. S/he is involved in the planning, design, data management, and reporting of project activities and results.

The Family/Community Service Advisor will provide technical, operational, and management support to the USAID HIV/AIDS Team.

The Contracting Officer (CO) has delegated authority to execute all acquisition and assistance instruments and serves as a critical member of the PEPFAR team. The CO, supported by two Acquisition and Assistance Management Specialists, provides technical expertise for procurement and related aspects of the administration of contracts and assistance instruments.

One Program Development Advisor will sit in the HAPN office and support program and financial actions, oversee audits, and work closely with the Contracting Office to process and monitor awards. Funding is also provided for one Budget Analyst, two Financial Management Specialists, a Financial Analyst, and a Voucher Examiner.

The PEPFAR Executive Officer oversees all administrative and management support for the PEPFAR program. The Executive Officer supervises seven PEPFAR drivers.

A new PEPFAR Communications Officer, teamed with the non-PEPFAR Communications Officer will support public diplomacy programs.

Funding in this program area also includes \$1,193,986 for office equipment and \$1,195,000 for other costs, in addition to modest, short-term, technical assistance for program management purposes. USAID reprograms \$400,000 from (Activity ID 18898.08) as well as \$50,000 from (Activity #18896.08) from a Small Grants activity to be used to cover unpaid bills from the last PEPFAR Coordinator and to cover the currently unbudgeted costs for a new PEPFAR Coordinator. The remaining \$622,972 in additional funding will be reprogrammed from SCMS (Activity ID 10532.08) to cover USAID Operating Expenses (OE).

**HQ Technical Area:**

**New/Continuing Activity:** Continuing Activity

**Continuing Activity:** 10405

**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27998	5573.27998.09	U.S. Agency for International Development	US Agency for International Development	11478	118.09	USAID M&S	\$5,856,723
10405	5573.07	U.S. Agency for International Development	US Agency for International Development	5475	118.07		\$3,033,735
5573	5573.06	U.S. Agency for International Development	US Agency for International Development	3748	118.06		\$2,104,000



**Table 3.3.15: Activities by Funding Mechansim**

**Mechanism ID:** 118.08 **Mechanism:** USAID M&S  
**Prime Partner:** US Agency for International Development **USG Agency:** U.S. Agency for International Development  
**Funding Source:** GHCS (State) **Program Area:** Management and Staffing  
**Budget Code:** HVMS **Program Area Code:** 15  
**Activity ID:** 10659.08 **Planned Funds:** \$665,605  
**Activity System ID:** 16609  
**Activity Narrative:** Cost of Doing Business  
 USAID's costs of doing business for FY08 are \$665,605 for International Cooperative Administrative Support Services (ICASS), IRM, and other taxes.  
**HQ Technical Area:**  
**New/Continuing Activity:** Continuing Activity  
**Continuing Activity:** 10659  
**Related Activity:**

**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27997	10659.2799 7.09	U.S. Agency for International Development	US Agency for International Development	11478	118.09	USAID M&S	\$793,103

**Table 3.3.15: Activities by Funding Mechansim**

**Mechanism ID:** 7887.08 **Mechanism:** CDC-Management and Staffing  
**Prime Partner:** US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention  
**Funding Source:** GHCS (State) **Program Area:** Management and Staffing  
**Budget Code:** HVMS **Program Area Code:** 15  
**Activity ID:** 18760.08 **Planned Funds:** \$1,191,500  
**Activity System ID:** 18760  
**Activity Narrative:** This activity includes direct hire salaries, contractors, and technical support contracts.

Current Staffing: CDC staffing includes management support and technical staff to implement evidence-informed 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 which have led to increased competition. We are actively recruiting to fill vacant positions.

Reprogrammed/New Positions: Reprogramming includes Care & Treatment Advisor to TB/HIV Expert in order to: improve the tuberculosis (TB)/HIV monitoring and evaluation; scale up provider-initiated counseling and testing of TB patients; improve TB diagnosis in HIV-positive persons; and strengthen linkages and referrals between TB and HIV care units within a facility and across the health network.

We are also requesting a direct-hire Resident Advisor for the Field Epidemiology Training Program (FELTP) to facilitate the development and implementation of the curriculum, maintain scientific excellence of the training, oversee trainees, consult on epidemiologic methods, supervise the evaluation of trainees, and provide technical support to the field supervisors.

**HQ Technical Area:**  
**New/Continuing Activity:** New Activity  
**Continuing Activity:**  
**Related Activity:**

**Table 3.3.15: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 8268.08	<b>Mechanism:</b> CDC-ICASS
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Management and Staffing
<b>Budget Code:</b> HVMS	<b>Program Area Code:</b> 15
<b>Activity ID:</b> 18833.08	<b>Planned Funds:</b> \$550,000
<b>Activity System ID:</b> 18833	
<b>Activity Narrative:</b> Management and staffing (HVMS) ICASS Charges CDC Ethiopia	

The International Cooperative Administrative Support Services (ICASS) program is one through which the USG provides and shares the cost of common administrative support at post. To obtain generic administrative support functions wherever possible and practical and rather than set up a separate support apparatus, CDC continues to rely heavily upon ICASS service abroad. CDC Ethiopia subscribes to full ICASS services, with some at a reduced rate. The estimated cost of FY08 ICASS charges is \$500,000. This amount includes services for 10 USDH and PSC employees (including for PSC for the Coordinator's Office) along with FSN employees.

**HQ Technical Area:**  
**New/Continuing Activity:** New Activity  
**Continuing Activity:**  
**Related Activity:**

**Table 3.3.15: Activities by Funding Mechansim**

<b>Mechanism ID:</b> 8269.08	<b>Mechanism:</b> CDC-CSCS
<b>Prime Partner:</b> US Centers for Disease Control and Prevention	<b>USG Agency:</b> HHS/Centers for Disease Control & Prevention
<b>Funding Source:</b> GHCS (State)	<b>Program Area:</b> Management and Staffing
<b>Budget Code:</b> HVMS	<b>Program Area Code:</b> 15
<b>Activity ID:</b> 18835.08	<b>Planned Funds:</b> \$1,233,000
<b>Activity System ID:</b> 18835	

**Activity Narrative:** Management and staffing (HVMS) CSCS Charges CDC Ethiopia

Background: The CSCS Program is designed to (1) generate \$17.5 billion over 14 years to accelerate the construction of approximately 150 new secure, safe, and functional diplomatic and consular office facilities for all U.S. Government personnel overseas, and (2) provide an incentive for all Departments and agencies to right size their overseas staff by taking into account the capital costs of providing facilities for their staff. To achieve these objectives, the CSCS Program imposes a per capita charge for (a) each authorized or existing overseas position in U.S. diplomatic facilities, and (b) each projected position above current authorized positions in those New Embassy Compounds (NECs) that have already been included in the President's Budget or for which a contract has already been awarded.

FY08 CSCS charges are included for 73 unclassified desk positions, 18 non-desk positions, and CDC Ethiopia share of CSCS for ICASS, and rent credits are as follows:

desk 1,196,543.00  
non-desk 51,066.00  
office rent (66,000.00)  
warehouse rent (29,028.00)  
share of CSCS for ICASS 79,740.00

total 1,232,321.00

rounded 1,233,000

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.15: Activities by Funding Mechansim**

**Mechanism ID:** 8181.08

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

**Funding Source:** GAP

**Budget Code:** HVMS

**Activity ID:** 18758.08

**Activity System ID:** 18758

**Mechanism:** CDC-M&S

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Program Area:** Management and Staffing

**Program Area Code:** 15

**Planned Funds:** \$4,196,946

**Activity Narrative:** CDC staffing includes management support and technical staff to implement programs and to support implementation of projects by indigenous partners. Direct hires and contractors are used to provide leadership. Local staff have key roles in assisting partners with project implementation and providing administrative support.

Reprogrammed/New Positions: Reprogramming includes HR Coordinator to Office Manager for the Ethiopian Health and Nutrition Research Institute (EHNRI) Extension Office. This staff member will manage the day-to-day operations of the branch office at EHNRI, supervise administrative support staff, maintain time and attendance records for the branch office staff, and coordinate a variety of general office services in support of the smooth operation of the branch office.

In FY08, some of our strategic priorities include strengthening the national HIV Reference Laboratory at EHNRI to support: surveillance of HIV/AIDS, sexually transmitted infections (STI), and opportunistic infections (OI); quality assurance and referral testing; strengthening the regional laboratories to decentralize the tiered-laboratory-services approach, including external quality assurance and early infant diagnosis; and supporting laboratory diagnosis and monitoring services for evidence-informed planning of HIV care and treatment programs.

We are requesting a Branch Chief for Laboratory to coordinate the overall PEPFAR laboratory support to Ethiopia. The Branch Chief will work very closely with the respective government bodies to strengthen the national laboratory system, provide technical assistance for tiered laboratory services, and support regional labs for regionalized and decentralized laboratory services.

Our FY08 strategic information priorities include improving the generation, analysis, and use of quality data to ensure that PEPFAR programs are planned and implemented based on evidence and support the National Health Management Information System.

We are requesting a Lead Statistician who can design and oversee data collection, management, analysis, geographic information system (GIS), and related research activities.

We are requesting an Assistant LAN Administrator to supervise the day-to-day functioning of CDC Ethiopia's ICT infrastructure (both hardware and software) and provide day to day ICT support to CDC staff as well as partners/grantees.

We are requesting a Monitoring and Evaluation Officer to coordinate the monitoring and evaluation (M&E) activities for PEPFAR Ethiopia. S/he will develop standards and guidelines for M&E of HIV/AIDS/STI/tuberculosis (TB). S/he will provide training and communication and advocacy work related to the M&E of HIV/AIDS/STI/TB programs.

Treatment FY08 strategic priorities include: coordinating PEPFAR Ethiopia support for treatment services at regional levels; coordinating the implementation of a health-network model and tiered health services; and coordinating with regional health bureaus/HIV/AIDS Prevention and Control Office (RHB/HAPCO) for improvement of quality services, sustainability, and system strengthening.

We are requesting four Regional Coordinators to: serve as focal technical experts in linking PEPFAR Ethiopia and implementing partners; serve as liaisons between partners and RHB/HAPCO; and support strengthening linkages and referrals across health networks, including treatment, care, and support services.

We are requesting a Construction Technician to provide assistance to the Engineering/Facilities Team. Duties will include follow-up on construction, renovation, and maintenance projects, tracking projects, and providing support to engineering efforts.

We are requesting a Financial Assistant who will be responsible for data collection and entry of all financial transactions into the MIP and maintenance of all necessary supporting documents.

We are requesting a Procurement Agent to assist the Procurement Unit in purchasing and follow-up duties to: ensure an uninterrupted supply of materials, including laboratory and medical supplies; inspect incoming goods and services; and reconcile received goods and services against receiving documents.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.15: Activities by Funding Mechansim**

**Mechanism ID:** 8275.08

**Mechanism:** RPSO

**Prime Partner:** Regional Procurement Support Office/Frankfurt

**USG Agency:** Department of State / African Affairs

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Area Code:** 15

**Activity ID:** 19567.08

**Planned Funds:** \$2,066,700

**Activity System ID:** 19567

**Activity Narrative:** Prime partner entered in COPRS as TBD and should be in RPSO.

Management and Staffing (HVMS) Renovation of Office Building

This activity includes the renovation of building to expand the current collaboration with the Federal Ministry of Health. Half of CDC staff is presently in the process of moving into a facility located within Ethiopian Health and Nutrition Research Institute (EHNRI) compound that was renovated in collaboration with the Institute. The other half of CDC staff will remain at our current location within a leased private facility. Since CDC Ethiopia's programs and number of staff have and will continue to expand, both buildings are unable to accommodate our staffing size, even in the present. Thus, newly renovated building will enable all CDC staff to be located in one building and further expand on collaboration with MOH.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.15: Activities by Funding Mechansim**

**Mechanism ID:** 8270.08

**Mechanism:** CDC-Ethiopia Public Affairs Services

**Prime Partner:** Danya International, Inc

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Area Code:** 15

**Activity ID:** 18837.08

**Planned Funds:** \$123,000

**Activity System ID:** 18837

**Activity Narrative:** Management and staffing (HVMS) Public Affairs Services for CDC Ethiopia

This Task Order contract assists CDC Ethiopia with the following:

1. developing and implementing a systematic and proactive public affairs approach to external communication with policymakers, partners, and the general public, and internally to optimize CDC Ethiopia's performance and help the program meet its organizational goals; and
2. ensuring that CDC Ethiopia has adequate media relations support services to effectively implement its programs.

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 3.3.15: Activities by Funding Mechansim**

**Mechanism ID:** 8271.08

**Mechanism:** CDC-IRM

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

**USG Agency:** HHS/Centers for Disease Control & Prevention

**Funding Source:** GHCS (State)

**Program Area:** Management and Staffing

**Budget Code:** HVMS

**Program Area Code:** 15

**Activity ID:** 18838.08

**Planned Funds:** \$387,200

**Activity System ID:** 18838

**Activity Narrative:** Management and staffing (HVMS) IRM Charges CDC Ethiopia

The CDC Information Technology Services Office (ITSO) has established a support cost of \$3200 dollars per workstation and laptop at each location for Fiscal Year 2008 to cover the cost of Information Technology Infrastructure Services and Support provided by ITSO. This includes the funding to provide base level of connectivity for the primary CDC office located in each country and connecting them into the CDC Global network, to keep the IT equipment located at these offices refreshed or updated on a regular cycle, to fund for expanding the ITSO Global Activities Team in Atlanta and to fully implement the ITSO Regional Technology Services Executives in the field. This is a structured cost model that represents what is considered as the "cost of doing business" for each location.

CDC Ethiopia receives International Infrastructure Services Support through a service level agreement (SLA) with the headquarters' Information Technology Services Office. The SLA covers the following:

- Personal Computing Hardware & Software
- Customer Service Support
- Infrastructure Directory Services
- E-mail
- Infrastructure Software
- Application Server Hosting
- IT Infrastructure Security
- Networking
- Telecommunications
- Optional Services
- Remote Access
- Video conferencing
- Special Projects

The FY08 estimated costs includes services for 121 workstations (includes staff and TDY workstations and laptops).

**HQ Technical Area:**

**New/Continuing Activity:** New Activity

**Continuing Activity:**

**Related Activity:**

**Table 5: Planned Data Collection**

<b>Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?</b>	<b>Yes</b>	<b>X</b>	<b>No</b>
If yes, Will HIV testing be included?	Yes	X	No
When will preliminary data be available?			
<b>Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?</b>	<b>Yes</b>	<b>X</b>	<b>No</b>
If yes, Will HIV testing be included?	Yes	X	No
When will preliminary data be available?			
<b>Is a Health Facility Survey planned for fiscal year 2008?</b>	<b>X</b>	<b>Yes</b>	<b>No</b>
When will preliminary data be available?			8/29/2008
<b>Is an Anc Surveillance Study planned for fiscal year 2008?</b>	<b>Yes</b>	<b>X</b>	<b>No</b>
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			

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 2008?

X

Yes

No

## Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
FY2008 SupDoc Logistics 17.09.07.doc	application/msword	9/27/2007	Logistics and Supply Chain Management in Ethiopia	Other	JHeffner2
FY2008 SupDoc Prev Sex Trans 17.09.07.doc	application/msword	9/27/2007	Prevention of Sexual Transmission of HIV in Ethiopia	Other	JHeffner2
FY2008 SupDoc Renovations 17.09.07.doc	application/msword	9/27/2007	Renovation of Health Care Facilities and Support Structures in Ethiopia	Other	JHeffner2
FY2008-SupDoc FY09 Activities 17.09.07.doc	application/msword	9/27/2007	Fiscal Year 2009 Funding Planned Activities	Fiscal Year 2009 Funding Planned Activities*	JHeffner2
PD DCAF 24.08.07.doc	application/msword	9/28/2007	Position Description for the Deputy Coordinator for Administration and Finance	Other	JHeffner2
FY2008 SupDoc HCD Table.doc	application/msword	9/28/2007	Human Capacity Development Table: Estimate of the number of health care workers supported by the USG	Other	JHeffner2
PEPFAR DOS Management Chart.pdf	application/pdf	9/28/2007	PEPFAR's DOS Management Chart	Other	JHeffner2
PRM Chart.pdf	application/pdf	9/28/2007	DOS-PRM Chart	Other	JHeffner2
USAID Chart.pdf	application/pdf	9/28/2007	USAID/Ethiopia Chart	Other	JHeffner2
FY2008 SupDoc Prevalence Calibration 17.09.07.doc	application/msword	9/27/2007	HIV Prevalence Calibration for Ethiopia	Other	JHeffner2
PEPFAR Ethiopia FY2008 COP MOH Letter.pdf	application/pdf	9/27/2007	Letter from H.E. Dr. Tedros Adhanom, Federal Minister of Health, Federal Democratic Republic of Ethiopia	Other	JHeffner2
FY2008 SupDoc PCV Matrix.xls	application/vnd.ms-excel	9/27/2007	Peace Corps Volunteer Matrix for Ethiopia	Other	JHeffner2
FY2008 SupDoc Wraparound Activities 17.09.07.doc	application/msword	9/27/2007	Wraparounds and Leveraging in Ethiopia's FY08 COP	Other	JHeffner2
FY2008 SupDoc Road Map II.doc	application/msword	9/28/2007	Strategic Planning: Ethiopia's New HIV/AIDS "Road Map" and Its Implications for PEPFAR	Other	JHeffner2
FY2008 SupDoc TB-HIV Workplans 09.21.07.doc	application/msword	9/28/2007	TB/HIV Work Plans	Other	JHeffner2
FY2008 SupDoc AB Justification.doc	application/msword	9/28/2007	AB Justification for FY08	Justification for AB Budgetary Requirements	JHeffner2
PD DCPS 24.08.07.doc	application/msword	9/28/2007	Position Description for the Deputy Coordinator for Program Services	Other	JHeffner2
Coordination Office Chart.pdf	application/pdf	9/28/2007	PEPFAR Coordination Office Chart	Other	JHeffner2
FY2008 SupDoc Network Model 17.09.07.doc	application/msword	9/27/2007	The Health Network Model for HIV Program Implementation in Ethiopia	Other	JHeffner2
CDC Chart.pdf	application/pdf	9/28/2007	CDC-Ethiopia Chart	Other	JHeffner2
Peace Corps Chart.pdf	application/pdf	9/28/2007	Peace Corps Chart	Other	JHeffner2
PEPFAR Ethiopia Functional Staffing Map.xls	application/vnd.ms-excel	9/28/2007	PEPFAR Ethiopia Functional Staffing Map	Other	JHeffner2
Ethiopia FY08 COP Submission_BRW.xls	application/vnd.ms-excel	9/28/2007	FY08 Budgetary Worksheet	Budgetary Requirements Worksheet*	JHeffner2
FY2008 SupDoc Global Fund Sup 9.20.07.doc	application/msword	9/27/2007	Global Fund Supplemental: Ethiopia FY 2008 COP	Global Fund Supplemental*	JHeffner2
PEPFAR Ethiopia FY08 COP Executive Summary.doc	application/msword	9/28/2007	PEPFAR Ethiopia FY2008 Country Operational Plan Executive Summary	Executive Summary	JHeffner2
Ambassador Yamamoto's Letter.pdf	application/pdf	9/28/2007	Letter from Ambassador Yamamoto	Ambassador Letter	JHeffner2
FY2008 SupDoc Target Calculation Explanation.doc	application/msword	9/28/2007	Explanation of Targets Calculations	Explanation of Targets Calculations*	JHeffner2