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2009

Ethiopia

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Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
2009 COP Executive summary - Ethiopia.doc	application/msword	11/18/2008		HTilahun

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 [X] No

Description:

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
Ambassador Letter.pdf	application/pdf	11/18/2008		HTilahun

Country Contacts

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Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009?	$0
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, 2009

Prevention	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
End of Plan Goal	810,202			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	355,280	0	355,280
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	15,613	0	15,613
Care (1)	**National 2-7-10**	**USG Downstream (Direct) Target End FY2009**	**USG Upstream (Indirect) Target End FY2009**	**USG Total Target End FY2009**
		1,147,047	0	1,147,047
End of Plan Goal	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	589,077	0	589,077
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
Treatment	**National 2-7-10**	**USG Downstream (Direct) Target End FY2009**	**USG Upstream (Indirect) Target End FY2009**	**USG Total Target End FY2009**
		168,600	0	168,600
End of Plan Goal	210,000			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	168,600	0	168,600
Human Resources for Health	**National 2-7-10**	**USG Downstream (Direct) Target End FY2009**	**USG Upstream (Indirect) Target End FY2009**	**USG Total Target End FY2009**
		0	0	0
End of Plan Goal	0			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	0	0

2.2 Targets for Reporting Period Ending September 30, 2010

Prevention	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
End of Plan Goal			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	355,280	1,765,633	2,120,913
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	10,803	37,978	48,781

Care (1)	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	1,088,850	4,490	1,093,340
End of Plan Goal			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	447,600	4,490	452,090
***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)	29,938	4,490	34,428
8.1 - Number of OVC served by OVC programs	641,250	0	641,250
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	2,000,000	5,100,000	7,100,000

Treatment	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	241,200	0	241,200
End of Plan Goal			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	241,200	0	241,200

Human Resources for Health	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	2,635	3,215	5,850
End of Plan Goal			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	2,635	3,215	5,850

(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: Civil Society

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5527.09
System ID: 11564
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: ENDF Surveillance Survey

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8159.09
System ID: 11571
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Grant
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Food by Prescription

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7597.09
System ID: 11569
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Livelihood

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7588.09
System ID: 11565
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: New PHEs

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8863.09
System ID: 11936
Planned Funding($): [redacted]
Procurement/Assistance Instrument: USG Core
Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD/CDC

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5483.09
System ID: 11563
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Sub-Partner: Family Guidance Association of Ethiopia
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVCT - Prevention: Counseling and Testing

Sub-Partner: Addis Ababa University
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Jimma University
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Gondar University
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes:

Sub-Partner: ALERT Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: Yes

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes:

Sub-Partner: Addis Ababa Counselors Support Association
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Mechanism Name: *

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 683.09
System ID: 11590
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: APS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8222.09
System ID: 11575
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Corridors

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7599.09
System ID: 11584
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: EGAT-Pastoralist Marketplace Wraparound

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11746.09
System ID: 11746
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Health Center Renovations

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4067.09
System ID: 11589
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Improving Integrated Labaratory Service Delivery

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11724.09
System ID: 11724
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Improving Laboratory Standards and Quality Control for Diagnosis of HIV/AIDS/STI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11723.09
System ID: 11723
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: New PHEs

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11940.09
System ID: 11940
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Private Sector Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 645.09
System ID: 11598
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Sub-Partner: IntraHealth International, Inc
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Population Services International
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Banyan Global
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Public Health Evaluations

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8248.09
System ID: 11577
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Tourism and HIV Prevention

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7611.09
System ID: 11585
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Health Systems 2020

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11727.09
System ID: 11727
Planned Funding($): $320,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Abt Associates
New Partner: No

Mechanism Name: Health Care Financing

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7612.09
System ID: 11586
Planned Funding($): $3,143,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Abt Associates
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Nutrition Technical Assistance

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7589.09
System ID: 11566
Planned Funding($): $750,000
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

Mechanism Name: Presidential Malaria Initiative Wraparound

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7590.09
System ID: 11602
Planned Funding($): $1,250,000
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

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: 651.09
System ID: 11599
Planned Funding($): $2,258,300
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: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Zewditu Memorial Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Table 3.1: Funding Mechanisms and Source

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 494.09
System ID: 11597
Planned Funding($): $367,688
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: ANECCA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7600.09
System ID: 11603
Planned Funding($): $560,000
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

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: 3802.09
System ID: 11594
Planned Funding($): $81,000
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: 3806.09
System ID: 11595
Planned Funding($): $2,580,400
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

Table 3.1: Funding Mechanisms and Source

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: 677.09
System ID: 11600
Planned Funding($): $125,000
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: 678.09
System ID: 11601
Planned Funding($): $200,000
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

Mechanism Name: EPHTI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3819.09
System ID: 11596
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: 609.09
System ID: 11456
Planned Funding($): $706,405
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: Yes

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Ethiopian Catholic Church Social and Development Coordination Office
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Mechanism Name: CRS Faith based ART services

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11749.09
System ID: 11749
Planned Funding($): $900,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: USAID-CRS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 637.09
System ID: 11457
Planned Funding($): $1,299,659
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: Yes
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Missionaries of Charity
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Organization of Social Services for AIDS, Ethiopia
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Alem Tena Catholic Church
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Progress Integrated Community Development Organization
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Ethiopian Catholic Church Social and Development Coordination Office
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Mechanism Name: Laboratory Standards Improvement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8273.09
System ID: 11459
Planned Funding($): $200,000
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: 3784.09
System ID: 11460
Planned Funding($): $12,629,309
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: Family Guidance Association of Ethiopia
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC-Ethiopia Public Affairs Services

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8270.09
System ID: 11461
Planned Funding($): $260,300
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: 3799.09
System ID: 11462
Planned Funding($): $161,000
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: 3805.09
System ID: 11463
Planned Funding($): $126,000
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: Local - Locally procured, country funded
Mechanism ID: 3795.09
System ID: 11473
Planned Funding($): $2,245,536
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: Yes
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Mulu Wongel Believers Church
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Hiwot HIV/AIDS Prevention Care and Support Organization, Ethiopia
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Pro Poor
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Common Vision for Development Association
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Medhanealem Orphans and Destitute Families Support and Training Center
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Bridge to Israel
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Organization of Social Services for AIDS, Ethiopia
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Welfare for the Street Mothers and Children Organization
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Progress Integrated Community Development Organization
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Social Welfare Development Association
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Addis Hiwot PLWHAs and AIDS Orphans Rehabilitation and Reintegration Association
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Association of Netsebrak Reproductive Health and Social Development Organization
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Family Guidance Association of Ethiopia
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Ethiopian Kale Hiwot Church
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 673.09
System ID: 11475
Planned Funding($): $7,000,000
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

Table 3.1: Funding Mechanisms and Source

Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes:

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

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8557.09
System ID: 11476
Planned Funding($): $200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ethiopian Medical Association
New Partner: No

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 674.09
System ID: 11477
Planned Funding($): $3,222,125
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: Improving HIV/AIDS/STD/TB Related Public Health Practice and Service Delivery

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11754.09
System ID: 11754
Planned Funding($): $162,000
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 434.09
System ID: 11485
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: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HMBL - Biomedical Prevention: Blood

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 496.09
System ID: 11486
Planned Funding($): $3,792,000
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: Yes
New Partner: No
Associated Program Budget Codes:

Mechanism Name: MOH-USAID

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5486.09
System ID: 11487
Planned Funding($): $5,000,000
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

Table 3.1: Funding Mechanisms and Source

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2249.09
System ID: 11488
Planned Funding($): $192,000
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: 7610.09
System ID: 11489
Planned Funding($): $850,000
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: 608.09
System ID: 11490
Planned Funding($): $409,559
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: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Ethiopian Kale Hiwot Church
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Life in Abundance
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Save Lives Ethiopia
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Mechanism Name: Construction Inspection and Technical Support

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11735.09
System ID: 11735
Planned Funding($): $1,000,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Global Architect-Engineer (A&E) Infrastructure Services IQC
New Partner: Yes

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3803.09
System ID: 11501
Planned Funding($): $126,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Gondar University
New Partner: No

Mechanism Name: FBO-IOCC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 603.09
System ID: 11503
Planned Funding($): $2,300,000
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: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 649.09
System ID: 11504
Planned Funding($): $828,594
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: 7606.09
System ID: 11511
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: Media Training

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7608.09
System ID: 11570
Planned Funding($): $240,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Internews
New Partner: No

Mechanism Name: Capacity Project (HCD)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 593.09
System ID: 11512
Planned Funding($): $560,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: IntraHealth International, Inc
New Partner: No

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: 3801.09
System ID: 11514
Planned Funding($): $161,000
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: Former Track 1 now HQ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 619.09
System ID: 11518
Planned Funding($): $2,273,827
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: 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: 3787.09
System ID: 11465
Planned Funding($): $12,408,436
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: Support for program implementation through US-based universities in the FDRE

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11937.09
System ID: 11937
Planned Funding($): $0
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

Table 3.1: Funding Mechanisms and Source

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11938.09
System ID: 11938
Planned Funding($): $0
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: 655.09
System ID: 11466
Planned Funding($): $6,026,750
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

Mechanism Name: HCP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1210.09
System ID: 11467
Planned Funding($): $2,380,000
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: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Ethiopia Muslim Development Agency
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Ethiopian Orthodox Church, Development Inter-Church Aid Commission
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Ethiopian Youth Network
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Family Health International
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Save the Children US
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Academy for Educational Development
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Mechanism Name: EGAT-Small Scale Dairy Wraparound

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7601.09
System ID: 11468
Planned Funding($): $1,296,000
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: Demographic and Health Survey

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11720.09
System ID: 11720
Planned Funding($): $1,500,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Macro International
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: GFATM Technical Support

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7613.09
System ID: 11469
Planned Funding($): $2,000,000
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: RPM Plus/SPS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3798.09
System ID: 11470
Planned Funding($): $2,503,120
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: 7609.09
System ID: 11471
Planned Funding($): $18,794,400
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: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HTXS - Treatment: Adult Treatment, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Save the Children US
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Dawn of Hope Ethiopia
Planned Funding: $0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Ethiopian Interfaith Forum for Development, Dialogue and Action
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

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: 3804.09
System ID: 11534
Planned Funding($): $161,000
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: 2250.09
System ID: 11535
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

Mechanism Name: Unallocated

Mechanism Type: Unallocated (GHCS)
Mechanism ID: 11944.09
System ID: 11944
Planned Funding($): $0
Procurement/Assistance Instrument:
Agency:
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner:

Table 3.1: Funding Mechanisms and Source

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: 2534.09
System ID: 11536
Planned Funding($): $911,000
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: 8259.09
System ID: 11537
Planned Funding($): $200,000
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: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 610.09
System ID: 11539
Planned Funding($): $720,000
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: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: African network for Prevention and Protection Against Child Abuse and Neglect - Ethiopian Chapter
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Amhara Development Association
Planned Funding: $0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Children Aid Ethiopia
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Emanuel Development Association
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Ethiopian Evangelical Church Mekane Yesus/South Western Synod
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Ethiopian Muslim Relief and Development Association
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Ethiopian Muslim Relief and Development Association
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Forum on Street Children
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Harari Relief and Development Association
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Integrated Service for AIDS Prevention & Support Organization
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Meserete Kirstos Church Relief and Development Association
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Progynist
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Ratson: Women, Youth and Children Development Program
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Rift Valley Children and Women Development
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Save Your Generation
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Save your Holy Land Association
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Tila Association of Women Living with HIV/AIDS
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Women Support Organization
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Young Men Christian Association
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Adult and Non Formal Education Association in Ethiopia
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Berhan Integrated Community development Organization
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Children and Youth Welfare and Development Association
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Kind Hearts Children and Youth Organization
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Women & Child Development Organization
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Mechanism Name: Prevention in Gambella

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 604.09
System ID: 11540
Planned Funding($): $350,000
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

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Ogaden Welfare and Development Association
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Rohi Weddu Women Development Organization
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Mechanism Name: PSCMS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5499.09
System ID: 11543
Planned Funding($): $35,345,979
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: Yes
New Partner: No
Associated Program Budget Codes: HTXD - ARV Drugs

Sub-Partner: Management Sciences for Health
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HTXD - ARV Drugs

Sub-Partner: Map International
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HTXD - ARV Drugs

Sub-Partner: Program for Appropriate Technology in Health
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HTXD - ARV Drugs

Sub-Partner: Voxiva
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HTXD - ARV Drugs

Sub-Partner: Affordable Medicines for Africa
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HTXD - ARV Drugs

Sub-Partner: AMFA Foundation
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HTXD - ARV Drugs

Sub-Partner: Booz Allen Hamilton
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HTXD - ARV Drugs

Sub-Partner: Crown Agents Consultancy, Inc
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HTXD - ARV Drugs

Sub-Partner: The Manoff Group
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HTXD - ARV Drugs

Sub-Partner: North-West University
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HTXD - ARV Drugs

Sub-Partner: Northrop Grumman
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HTXD - ARV Drugs

Table 3.1: Funding Mechanisms and Source

Sub-Partner: UPS Supply Chain Solutions
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HTXD - ARV Drugs

Sub-Partner: 3I Infotech
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HTXD - ARV Drugs

Sub-Partner: The Fuel Logistics Group
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HTXD - ARV Drugs

Sub-Partner: IDA Solutions
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HTXD - ARV Drugs

Mechanism Name: Maternal and Child Health Wraparound

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7604.09
System ID: 11582
Planned Funding($): $750,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Pathfinder International
New Partner: Yes

Mechanism Name: Vulnerable Adolescent Girls

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3789.09
System ID: 11544
Planned Funding($): $2,740,000
Procurement/Assistance Instrument: Cooperative Agreement
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: Yes

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Ethiopia Muslim Development Agency
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Mechanism Name: Preventive Care Package

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7596.09
System ID: 11568
Planned Funding($): $1,900,800
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Population Services International
New Partner: No

Mechanism Name: Condom Promotion

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7598.09
System ID: 11583
Planned Funding($): $2,652,314
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
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: 314.09
System ID: 11546
Planned Funding($): $345,485
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
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Family Health International
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Pact, Inc.
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: The Futures Group International
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name: RPSO

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8275.09
System ID: 11547
Planned Funding($): $10,949,100
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: REST

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 310.09
System ID: 11548
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: HQ - Headquarters procured, country funded
Mechanism ID: 8135.09
System ID: 11549
Planned Funding($): $662,500
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: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1531.09
System ID: 11551
Planned Funding($): $813,139
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: Community School Partnership Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7595.09
System ID: 11588
Planned Funding($): $660,000
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

Mechanism Name: Rapid expansion of successful and innovative treatment programs

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11763.09
System ID: 11763
Planned Funding($): $250,000
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3790.09
System ID: 11554
Planned Funding($): $1,184,016
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: Drug Quality Assurance

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11770.09
System ID: 11770
Planned Funding($): $1,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: United States Pharmacopeia
New Partner: Yes

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3785.09
System ID: 11555
Planned Funding($): $7,310,072
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: 8141.09
System ID: 11557
Planned Funding($): $200,000
Procurement/Assistance Instrument: Grant
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: University of Connecticut
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Rapid expansion of successful and innovative treatment programs

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3786.09
System ID: 11464
Planned Funding($): $13,443,150
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: Yes
New Partner: No
Associated Program Budget Codes:

Mechanism Name: Central Commodities Procurement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7594.09
System ID: 11480
Planned Funding($): $2,400,000
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: 118.09
System ID: 11478
Planned Funding($): $11,294,211
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC-CSCS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8269.09
System ID: 11492
Planned Funding($): $1,458,300
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

Mechanism Name: CDC-ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8268.09
System ID: 11491
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

Mechanism Name: CDC-IRM

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8271.09
System ID: 11493
Planned Funding($): $607,400
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

Mechanism Name: CDC-M&S

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7887.09
System ID: 11482
Planned Funding($): $2,343,400
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC-M&S

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8181.09
System ID: 11799
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

Mechanism Name: Rapid expansion of successful and innovative treatment programs

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3792.09
System ID: 11481
Planned Funding($): $2,334,600
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

Mechanism Name: DOD M&S

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8142.09
System ID: 11495
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: 119.09
System ID: 11494
Planned Funding($): $2,027,000
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 116.09
System ID: 11497
Planned Funding($): $891,187
Procurement/Assistance Instrument: Grant
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: ICASS - PEPFAR staff

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11954.09
System ID: 11954
Planned Funding($): $69,919
Procurement/Assistance Instrument: USG Core
Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: pc

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5522.09
System ID: 11498
Planned Funding($): $2,500,000
Procurement/Assistance Instrument: USG Core
Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: US Peace Corps
New Partner: No

Mechanism Name: Urban HIV/AIDS Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3794.09
System ID: 11499
Planned Funding($): $12,223,200
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: Yes
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes:	MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner:	Save the Children US
Planned Funding:	$0
Funding is TO BE DETERMINED:	Yes
New Partner:	No
Associated Program Budget Codes:	MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner:	Organization of Social Services for AIDS, Ethiopia
Planned Funding:	$0
Funding is TO BE DETERMINED:	Yes
New Partner:	No
Associated Program Budget Codes:	MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner:	Medan Acts
Planned Funding:	$0
Funding is TO BE DETERMINED:	Yes
New Partner:	No
Associated Program Budget Codes:	MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner:	Ethiopian Red Cross Society
Planned Funding:	$0
Funding is TO BE DETERMINED:	Yes
New Partner:	No
Associated Program Budget Codes:	MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner:	Ethiopian Orthodox Church
Planned Funding:	$0
Funding is TO BE DETERMINED:	Yes
New Partner:	No
Associated Program Budget Codes:	MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner:	Egna LeEgna
Planned Funding:	$0
Funding is TO BE DETERMINED:	Yes
New Partner:	No
Associated Program Budget Codes:	MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner:	Mekdim Ethiopian National Association
Planned Funding:	$0
Funding is TO BE DETERMINED:	Yes
New Partner:	No
Associated Program Budget Codes:	MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner:	Family Guidance Association of Ethiopia
Planned Funding:	$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Dawn of Hope Ethiopia
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Mums for Mums
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Save Your Generation
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Woreda HIV/AIDS Committees
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HKID - Care: OVC

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3793.09
System ID: 11506
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: Yes
New Partner: No
Associated Program Budget Codes: HMBL - Biomedical Prevention: Blood

Sub-Partner: Ethiopian Red Cross Society
Planned Funding: $0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HMBL - Biomedical Prevention: Blood

Mechanism Name: IMAI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1264.09
System ID: 11505
Planned Funding($): $1,400,000
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: 3793.09
System ID: 11726
Planned Funding($): $2,472,000
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: 7615.09
System ID: 11508
Planned Funding($): $1,550,000
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: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Forum on Street Children
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Table 3.1: Funding Mechanisms and Source

Sub-Partner:	Ratson: Women, Youth and Children Development Program
Planned Funding:	$0
Funding is TO BE DETERMINED:	Yes
New Partner:	No
Associated Program Budget Codes:	HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner:	Kind Hearts Children and Youth Organization
Planned Funding:	$0
Funding is TO BE DETERMINED:	Yes
New Partner:	No
Associated Program Budget Codes:	HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner:	Resurrection and Life Aid Through Development
Planned Funding:	$0
Funding is TO BE DETERMINED:	Yes
New Partner:	No
Associated Program Budget Codes:	HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner:	Sidama Development Action
Planned Funding:	$0
Funding is TO BE DETERMINED:	Yes
New Partner:	No
Associated Program Budget Codes:	HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner:	Network of oromiya People Living with HIV/AIDS Association
Planned Funding:	$0
Funding is TO BE DETERMINED:	Yes
New Partner:	No
Associated Program Budget Codes:	HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner:	South Ethiopian People Development
Planned Funding:	$0
Funding is TO BE DETERMINED:	Yes
New Partner:	No
Associated Program Budget Codes:	HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner:	Medico Socio Development Association
Planned Funding:	$0
Funding is TO BE DETERMINED:	Yes
New Partner:	No
Associated Program Budget Codes:	HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner:	Kulich Youth Reproductive health and Development
Planned Funding:	$0
Funding is TO BE DETERMINED:	Yes
New Partner:	No
Associated Program Budget Codes:	HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

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

Table 3.1: Funding Mechanisms and Source

Planned Funding:	$0
Funding is TO BE DETERMINED:	Yes
New Partner:	No
Associated Program Budget Codes:	HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Mechanism Name: WLI

Mechanism Type:	Local - Locally procured, country funded
Mechanism ID:	4059.09
System ID:	11507
Planned Funding($):	$3,952,500
Procurement/Assistance Instrument:	Contract
Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)
Prime Partner:	World Learning
New Partner:	No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
651.09	11599	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	Y	$0
651.09	11599	Addis Ababa Regional HIV/AIDS Prevention and Control Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Zewditu Memorial Hospital	Y	$0
609.09	11456	Catholic Relief Services	U.S. Agency for International Development	Central GHCS (State)	Catholic Secreteriat of Ethiopia	Y	$0
609.09	11456	Catholic Relief Services	U.S. Agency for International Development	Central GHCS (State)	Ethiopian Catholic Church Social and Development Coordination Office	Y	$0
637.09	11457	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Alem Tena Catholic Church	Y	$0
637.09	11457	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Ethiopian Catholic Church Social and Development Coordination Office	Y	$0
637.09	11457	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Medical Missionaries of Mary	Y	$0
637.09	11457	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Missionaries of Charity	Y	$0
637.09	11457	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Organization of Social Services for AIDS, Ethiopia	Y	$0
637.09	11457	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Progress Integrated Community Development Organization	Y	$0
3784.09	11460	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Family Guidance Association of Ethiopia	Y	$0
3795.09	11473	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Addis Hiwot PLWHAs and AIDS Orphans Rehabilitation and Reintegration Association	Y	$0
3795.09	11473	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Association of Netsebrak Reproductive Health and Social Development Organization	Y	$0
3795.09	11473	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Bridge to Israel	Y	$0
3795.09	11473	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Common Vision for Development Association	Y	$0
3795.09	11473	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Ethiopian Kale Hiwot Church	Y	$0
3795.09	11473	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Family Guidance Association of Ethiopia	Y	$0
3795.09	11473	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Hiwot HIV/AIDS Prevention Care and Support Organization, Ethiopia	Y	$0
3795.09	11473	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Integrated Service for AIDS Prevention & Support Organization	Y	$0
3795.09	11473	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Medhanealem Orphans and Destitute Families Support and Training Center	Y	$0
3795.09	11473	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Mulu Wongel Believers Church	Y	$0
3795.09	11473	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Organization of Social Services for AIDS, Ethiopia	Y	$0
3795.09	11473	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Pro Poor	Y	$0
3795.09	11473	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Progress Integrated Community Development Organization	Y	$0
3795.09	11473	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Social Welfare Development Association	Y	$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3795.09	11473	Development Associates Inc.	U.S. Agency for International Development	GHCS (State)	Welfare for the Street Mothers and Children Organization	Y	$0
673.09	11475	Ethiopian Health and Nutrition Research Institute	HHS/Centers for Disease Control & Prevention	GHCS (State)	Regional Health Bureaus	Y	$0
434.09	11485	Federal Ministry of Health, Ethiopia	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Ethiopian Red Cross Society	Y	$0
496.09	11486	Federal Ministry of Health, Ethiopia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Regional Health Bureaus	Y	$0
608.09	11490	Food for the Hungry	U.S. Agency for International Development	Central GHCS (State)	Ethiopian Kale Hiwot Church	Y	$0
608.09	11490	Food for the Hungry	U.S. Agency for International Development	Central GHCS (State)	Life in Abundance	Y	$0
608.09	11490	Food for the Hungry	U.S. Agency for International Development	Central GHCS (State)	Nazarene Compassionate Ministries	Y	$0
608.09	11490	Food for the Hungry	U.S. Agency for International Development	Central GHCS (State)	Save Lives Ethiopia	Y	$0
603.09	11503	International Orthodox Christian Charities	U.S. Agency for International Development	GHCS (State)	Ethiopian Orthodox Church	Y	$0
1210.09	11467	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Academy for Educational Development	Y	$0
1210.09	11467	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Ethiopia Muslim Development Agency	Y	$0
1210.09	11467	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Ethiopian Orthodox Church, Development Inter-Church Aid Commission	Y	$0
1210.09	11467	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Ethiopian Youth Network	Y	$0
1210.09	11467	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Family Health International	Y	$0
1210.09	11467	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Ministry of Youth, Sports and Culture, Ethiopia	Y	$0
1210.09	11467	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Save the Children US	Y	$0
7609.09	11471	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Dawn of Hope Ethiopia	Y	$0
7609.09	11471	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Ethiopian Interfaith Forum for Development, Dialogue and Action	Y	$0
7609.09	11471	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	IntraHealth International, Inc	Y	$0
7609.09	11471	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Save the Children US	Y	$0
604.09	11540	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Ethiopia Muslim Development Agency	Y	$0
604.09	11540	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Ogaden Welfare and Development Association	Y	$0
604.09	11540	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Rohi Weddu Women Development Organization	Y	$0
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Abebech Gobena Yehitsanat Kebekabena Limat Dirijit	Y	$0
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Adult and Non Formal Education Association in Ethiopia	Y	$0
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	African network for Prevention and Protection Against Child Abuse and Neglect - Ethiopian Chapter	Y	$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Amhara Development Association	Y	$0
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Berhan Integrated Community development Organization	Y	$0
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Children Aid Ethiopia	Y	$0
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Children and Youth Welfare and Development Association	Y	$0
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Emanuel Development Association	Y	$0
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Ethiopian Evangelical Church Mekane Yesus/South Western Synod	Y	$0
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Ethiopian Muslim Relief and Development Association	Y	$0
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Ethiopian Muslim Relief and Development Association	Y	$0
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Forum on Street Children	Y	$0
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Harari Relief and Development Association	Y	$0
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Integrated Service for AIDS Prevention & Support Organization	Y	$0
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Kind Hearts Children and Youth Organization	Y	$0
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Meserete Kirstos Church Relief and Development Association	Y	$0
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Progynist	Y	$0
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Ratson: Women, Youth and Children Development Program	Y	$0
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Rift Valley Children and Women Development	Y	$0
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Save Your Generation	Y	$0
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Save your Holy Land Association	Y	$0
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Tila Association of Women Living with HIV/AIDS	Y	$0
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Women & Child Development Organization	Y	$0
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Women Support Organization	Y	$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
610.09	11539	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Young Men Christian Association	Y	$0
5499.09	11543	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	3I Infotech	Y	$0
5499.09	11543	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Affordable Medicines for Africa	Y	$0
5499.09	11543	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	AMFA Foundation	Y	$0
5499.09	11543	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Booz Allen Hamilton	Y	$0
5499.09	11543	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Crown Agents Consultancy, Inc	Y	$0
5499.09	11543	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	IDA Solutions	Y	$0
5499.09	11543	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	John Snow, Inc.	Y	$0
5499.09	11543	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Management Sciences for Health	Y	$0
5499.09	11543	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Map International	Y	$0
5499.09	11543	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Northrop Grumman	Y	$0
5499.09	11543	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	North-West University	Y	$0
5499.09	11543	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Program for Appropriate Technology in Health	Y	$0
5499.09	11543	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	The Fuel Logistics Group	Y	$0
5499.09	11543	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	The Manoff Group	Y	$0
5499.09	11543	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	UPS Supply Chain Solutions	Y	$0
5499.09	11543	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Voxiva	Y	$0
3789.09	11544	Population Council	U.S. Agency for International Development	GHCS (State)	Ethiopia Muslim Development Agency	Y	$0
3789.09	11544	Population Council	U.S. Agency for International Development	GHCS (State)	Ethiopian Orthodox Church	Y	$0
314.09	11546	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Family Health International	Y	$0
314.09	11546	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Hiwot HIV/AIDS Prevention Care and Support Organization, Ethiopia	Y	$0
314.09	11546	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Pact, Inc.	Y	$0
314.09	11546	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	The Futures Group International	Y	$0
5483.09	11563	To Be Determined	HHS/Centers for Disease Control & Prevention	GHCS (State)	Addis Ababa Counselors Support Association	Y	$0
5483.09	11563	To Be Determined	HHS/Centers for Disease Control & Prevention	GHCS (State)	Addis Ababa University	Y	[redacted]
5483.09	11563	To Be Determined	HHS/Centers for Disease Control & Prevention	GHCS (State)	ALERT Hospital	Y	[redacted]
5483.09	11563	To Be Determined	HHS/Centers for Disease Control & Prevention	GHCS (State)	Family Guidance Association of Ethiopia	Y	[redacted]
5483.09	11563	To Be Determined	HHS/Centers for Disease Control & Prevention	GHCS (State)	Gondar University	Y	[redacted]

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5483.09	11563	To Be Determined	HHS/Centers for Disease Control & Prevention	GHCS (State)	Jimma University	Y	[redacted]
645.09	11598	To Be Determined	U.S. Agency for International Development	GHCS (State)	Banyan Global	Y	[redacted]
645.09	11598	To Be Determined	U.S. Agency for International Development	GHCS (State)	IntraHealth International, Inc	Y	[redacted]
645.09	11598	To Be Determined	U.S. Agency for International Development	GHCS (State)	Population Services International	Y	[redacted]
3786.09	11464	University of Washington	HHS/Health Resources Services Administration	GHCS (State)	Ethiopian Nurses Association	Y	$0
3794.09	11499	World Food Program	U.S. Agency for International Development	GHCS (State)	Addis Ababa/Other Towns HIV/AIDS Prevention and Control Offices	Y	$0
3794.09	11499	World Food Program	U.S. Agency for International Development	GHCS (State)	Dawn of Hope Ethiopia	Y	$0
3794.09	11499	World Food Program	U.S. Agency for International Development	GHCS (State)	Egna LeEgna	Y	$0
3794.09	11499	World Food Program	U.S. Agency for International Development	GHCS (State)	Ethiopian Orthodox Church	Y	$0
3794.09	11499	World Food Program	U.S. Agency for International Development	GHCS (State)	Ethiopian Red Cross Society	Y	$0
3794.09	11499	World Food Program	U.S. Agency for International Development	GHCS (State)	Family Guidance Association of Ethiopia	Y	$0
3794.09	11499	World Food Program	U.S. Agency for International Development	GHCS (State)	Medan Acts	Y	$0
3794.09	11499	World Food Program	U.S. Agency for International Development	GHCS (State)	Mekdim Ethiopian National Association	Y	$0
3794.09	11499	World Food Program	U.S. Agency for International Development	GHCS (State)	Mums for Mums	Y	$0
3794.09	11499	World Food Program	U.S. Agency for International Development	GHCS (State)	Organization of Social Services for AIDS, Ethiopia	Y	$0
3794.09	11499	World Food Program	U.S. Agency for International Development	GHCS (State)	Save the Children US	Y	$0
3794.09	11499	World Food Program	U.S. Agency for International Development	GHCS (State)	Save Your Generation	Y	$0
3794.09	11499	World Food Program	U.S. Agency for International Development	GHCS (State)	Woreda HIV/AIDS Committees	Y	$0
3793.09	11506	World Health Organization	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Ethiopian Red Cross Society	Y	$0
3793.09	11506	World Health Organization	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Federal Ministry of Health, Ethiopia	Y	$0
7615.09	11508	World Learning	U.S. Agency for International Development	GHCS (State)	Forum on Street Children	Y	$0
7615.09	11508	World Learning	U.S. Agency for International Development	GHCS (State)	Hiwot HIV/AIDS Prevention Care and Support Organization, Ethiopia	Y	$0
7615.09	11508	World Learning	U.S. Agency for International Development	GHCS (State)	Kind Hearts Children and Youth Organization	Y	$0
7615.09	11508	World Learning	U.S. Agency for International Development	GHCS (State)	Kulich Youth Reproductive health and Development	Y	$0
7615.09	11508	World Learning	U.S. Agency for International Development	GHCS (State)	Medico Socio Development Association	Y	$0
7615.09	11508	World Learning	U.S. Agency for International Development	GHCS (State)	Network of oromiya People Living with HIV/AIDS Association	Y	$0
7615.09	11508	World Learning	U.S. Agency for International Development	GHCS (State)	Ratson: Women, Youth and Children Development Program	Y	$0
7615.09	11508	World Learning	U.S. Agency for International Development	GHCS (State)	Resurrection and Life Aid Through Development	Y	$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
7615.09	11508	World Learning	U.S. Agency for International Development	GHCS (State)	Sidama Development Action	Y	$0
7615.09	11508	World Learning	U.S. Agency for International Development	GHCS (State)	South Ethiopian People Development	Y	$0
7615.09	11508	World Learning	U.S. Agency for International Development	GHCS (State)	Tila Association of Women Living with HIV/AIDS	Y	$0

Table 3.3: Program Budget Code and Progam Narrative Planning Table of Contents

Program Budget Code: 01 - MTCT Prevention: PMTCT

Total Planned Funding for Program Budget Code: $19,686,735

Program Area Narrative:

Although remarkable achievements have been made in expanding services, the PMTCT coverage in Ethiopia remains low compared to the other 14 PEPFAR focus countries. PEPFAR Ethiopia and the Government of Ethiopia have designated PMTCT as a top priority for 2009. Globally, as well, PMTCT programs are lagging behind progress being made in ART scale up, and have not yet achieved the original goals of 80% coverage and 40% reduction in infant infection.

“Know Your Epidemic” is paramount to the success of the PEPFAR/Ethiopia Team. The 2008 estimate indicates a low-level generalized epidemic for Ethiopia with an overall HIV prevalence of 2.2%. This prevalence estimate does not, however, tell the full story of the epidemic here where the majority of infections occur in urban settings. The 2008 single point prevalence study estimates urban prevalence is 7.7% (602,740) persons living with HIV and AIDS (PLWH)) and rural prevalence is 0.9% (374,654 PLWH).

The main challenges to increasing uptake of PMTCT services include low national ANC coverage (28%) and low institutional delivery rate (6%), lack of integration of PMTCT with MCH service, lack of awareness of the benefits of PMTCT services, low male involvement, stigma and discrimination, shortage and high turn over of staff, shortage of PMTCT commodities (test kits and reagents), lost to follow up of women and children and poor linkage with pediatric care and treatment program including early infant diagnosis. With an estimated 3.2 million women becoming pregnant in 2008, there were limited numbers of sites offering PMTCT services. There is huge gap between the existing PMTCT sites (719) and the Government of Ethiopia’s planned number of facilities providing PMTCT services (2269) by the end of 2008. Another clear gap is the lack of services available at the community level for HIV + woman and their families.

After receiving valuable feedback from an external PMTCT review team and a core team visit, taking into account the Government of Ethiopia’s (GOE) strategies and flat-lined PEPFAR 2009 resources, the PEPFAR/Ethiopia team has adopted a multi-tiered targeted approach. Urban areas are at the center of our target, with the greatest access to services, highest HIV prevalence and the greatest concentration of potential beneficiaries. Here, the PEPFAR team has concentrated USG resources. Just outside the center are peri-urban areas and at the outer most ring of the target are rural areas of Ethiopia with much lower prevalence (0.9%), but where 85% of the population and 40% of the HIV/AIDS epidemic resides.

The PMTCT portfolio has taken into consideration the national HIV/AIDS Road Map, 2007-2010: Accelerated Access to HIV/AIDS prevention, Care and Treatment in Ethiopia and the PMTCT scale up and implementation plan based on the single point HIV-prevalence estimate developed by the GOE. In 2008, the single point HIV prevalence was estimated as 2.2%.

The Road Map sets an ambitious universal access target of reaching at least 80% (72,167) of positive pregnant women by 2010. It is important to reiterate that PEPFAR will focus primarily on urban and peri-urban areas where the epidemic is highest. There is an urgent need of massive scaling up of PMTCT. In 2008, with the estimated 3.2 million births, the projected number of pregnant women living with HIV and the number of annual HIV positive births were 79,183 and 14,093 respectively. In 2009, there will be an estimated 84,189 HIV positive pregnancies and 14,140 annual HIV positive births. The estimated number of annual HIV+ births in 2008 was calculated with the assumption that there will be about 45% PMTCT coverage which results in reduction of perinatal transmission.

Though slowly improving, the PMTCT cascade in Ethiopia remains an enormous challenge. Between July 2007 and June 2008, the FMOH reported a total of 429,310 pregnant women (13.4% of the national total) were enrolled into ANC at the 719 sites, of which 292,150 (68.1%) were counseled and 215,851 (50%) were tested (~8% of all pregnant women nationwide). A total of 8,534 (4%) new ANC clients were positive, out of which 4,478 (52.5%) women received ARV prophylaxis (mostly SD-NVP) (~6 % of all HIV-positive pregnant women in the country), and 3,502 babies received ARV prophylaxis. As of June 2008, there were only 437 children <18 months who had ever started antiretroviral therapy (ART) (~0.3% of total people ever started on ART) and only 1,455 (1%) of patients ever started on ART were pregnant women.

To improve performance and to assist the Government of Ethiopia with its goal of achieving universal access by 2010, PEPFAR Ethiopia will build on select best practices including the consolidation of opt-out rapid HIV testing at all ANC and delivery sites, optimizing ARV prophylaxis regimens and ART for eligible women, integration of PMTCT into routine ANC and delivery services, expansion of collaboration with the private sector, expansion of mother support groups, (MSG’s), enhanced family centered approaches to care and treatment as well as primary prevention. There will be an expansion of wraparound activities in the areas of family planning, (FP), TB and nutrition, leveraging non-PEPFAR funded resources and skills. There will be an increased focus to link facilities with the community level to improve access and support to PMTCT services.

PMTCT activities will work cooperatively to enhance linkages to other key activities under the Care and Treatment portion of the

PEPFAR portfolio as well as to support the overall vision and strategy of PEPFAR in Ethiopia. This includes a focus on urban and peri-urban areas as well as identified 'hot spots' for HIV, ensuring targeting of populations most at-risk of HIV, mainstreaming gender including the expansion of activities that support inclusion of men, sustainability through transfer of both skills and responsibilities to indigenous organizations and civil society, addressing human resources as a key characteristic of sustainability, promotion of family centered approaches, enhance quality of services, and data quality and usage.

PEPFAR will support rapid expansion of PMTCT services from 354 PMTCT sites in March 2008 to an estimated 804 health facilities by the end of FY10. In addition to prioritizing service consolidation in new and existing health facilities, PEPFAR partners will expand programs at community level, such as outreach MNCH/PMTCT services, Health Extension Workers (HEW), and other cadres of community workers to deliver PMTCT services where appropriate. The out reach service is an innovative approach, which is planned to address the lack of access to facility-based PMTCT services focusing on areas of higher HIV prevalence. These programs can be linked to the community HEW program; PLWH groups and MSG to improve access, adherence, infant feeding practices in support of exclusive breastfeeding, and ensure follow up. In FY09, PEPFAR partners will ensure implementation of the revised PMTCT guidelines at all existing health facilities, promote the use of PMTCT Testing and Counseling support tools, support strategies and plans to coordinate Prevention with positive (PWP) programs with PMTCT, and expand Mothers' Support Groups to improve quality and uptake of PMTCT services.

PEPFAR contributions will continue to advance the national PMTCT agenda. The PMTCT TWG organized under the Federal HIV/AIDS and Control Office (FHAPCO) is responsible for the coordination of the national PMTCT program. At a national level, PEPFAR and its partners are represented as members of the national PMTCT TWG and supported FHAPCO in developing PMTCT guidelines, implementation manual and action plans to effectively coordinate the national PMTCT program. At a regional level, PEPFAR partners have provided technical support to implement the PMTCT program at hospitals, health centers, and private and NGO health facilities that provide MCH services.

In FY08, PEPFAR supported the GOE in rolling out the revised national PMTCT Guidelines (July 2007) which promote: provision of comprehensive PMTCT services, integration of PMTCT with MCH services, opt-out counseling and testing approach, use of more effective PMTCT prophylaxis and treatment regimens, and strengthening linkages with HIV and other programs. The guidelines emphasize that all eligible HIV-positive pregnant women should receive ART for their own health and those not eligible should receive combination prophylaxis beginning in the 3rd trimester. SD-NVP should be used only as a phasing out strategy where combination ARV drugs are not available, such as in remote villages.

In July 2008, PEPFAR conducted a PMTCT portfolio review with the objectives of providing recommendations for scale up and improvement of the PMTCT service delivery in Ethiopia. Based on this review, the team has made important recommendations to improve uptake and quality of PMTCT in Ethiopia. One recommendation was for PEPFAR to build national and regional capacity on PMTCT program coordination through secondment of a PMTCT advisor to the FHD of the Federal Ministry of Health and 3 key regional health bureaus. Access to PMTCT services will be increased by expanding the services to all existing health facilities that provide MNCH services, as most of these facilities are located in the urban and peri-urban areas, where HIV prevalence is high. Furthermore, PEPFAR will continue expanding the PMTCT services in the private health facilities and NGO clinics to increase coverage in high HIV prevalence areas and ensure sustainability.

In addition to access to ART, the PEPFAR integrated PMTCT program will provide a basic care package for HIV-positive pregnant women, including patient education, TB screening, cotrimoxazole prophylaxis, nutritional support, and insecticide-treated bed nets when indicated. Pregnant and lactating women enrolled in PMTCT will be provided with Food by Prescription (PBS) to generate routine attendance at ANC, assisted delivery and postpartum follow up. The program will promote postnatal follow up of the HIV+ mother and HIV-exposed infant. The HIV+ mother will be linked to adult HIV/AIDS care and treatment services and HIV-exposed infants will be linked to HIV-exposed infant clinic to ensure early infant diagnosis (EID) by DNA PCR using dried-blood spot (DBS).

Wraparound activities add necessary dimension as well as resources to the goal of reaching HIV + woman and ensuring access and provision of PMTCT services. Funds leveraged through the various wrap around activities in COP09 (described below) total over 12 million dollars.

New activities include a FP and RH program to be carried out by Pathfinder that will increase access for all ANC clients to VCT and FP; increase access for all FP clients to VCT; and increase access for VCT clients and HIV-positive women on ART to FP services. There is also, a new activity that engages pastoralist in market towns with a range of HIV/AIDS prevention care and treatment services. This activity will address PMTCT among pastoralist women who have migrated to urban and peri-urban areas in 25 towns along transportation corridors in Afar, Oromiya and Somali regions. The goal of this activity is to increases total ANC enrollment through interpersonal and interactive communications

There will be a continuation of the wrap around activity from FY08 with the President's Malaria Initiative (PMI). This program will continue 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. This activity is implemented in urban and peri-urban areas of Amhara and Oromiya. This activity reaches women aged 15 – 45 years old.

The community-based ANC and postnatal care and delivery referral activity will be linked to facility-based PMTCT activities by EngenderHealth as well as a new TBD that will increase the community-based mobilization necessary to link woman to health centers and health posts for services. It will also be linked to the USAID FP/MCH, which will use the Community-based Reproductive Health Agents CBRHA for expanding access to family planning and other reproductive health activities. The focused ANC services will link with malaria and syphilis programs that have a major impact on pregnancy outcomes.

Two new activities in FY 09 will work to strengthen safe infant feeding practices. One activity will work within the exciting mother to mother support program. PEPFAR partner, JHPIEGO, will provide a technical assistance for PMTCT partners on strengthening

safe infant feeding practice. This program will complement the Food by prescription and other nutritional program in care and PMTCT programs. The second new activity involves a new partner, PATH, who will also focus the assessment of services, programs and practices related to infant and young child feeding in the context of HIV.

PEPFAR will continue implementing quality improvement approaches to improve quality of PMTCT services. JHPIEGO and MSH are involved in the implementation of the Standard Based Management and Recognition (SBM-R) and Fully Functional Service Delivery Point approaches at hospitals and health centers respectively. PEPFAR will also expand renovation of ANC, labor and delivery services and ensure supply of equipment to PMTCT sites to improve quality and uptake of PMTCT services. In FY09, PEPFAR Ethiopia plans to renovate up to 8 hospitals and procure labor and delivery beds and equipments. PEPFAR will work with Global Fund, Supply Chain and Management System (SCMS), Regional Health Bureaus and sites to ensure timely distribution of ARVs, cotrimoxazole, test kits and other supplies needed for PMTCT and pediatric HIV care and treatment.

A PMTCT Behavior Change and Communication (BCC) Campaign will be implemented at the national level in FY09, to increase awareness and utilization of PMTCT services. The campaign will be targeting women and men of reproductive age group, health care providers, families and the community. Moreover, national PMTCT communication guideline will be developed as part of this campaign to harmonize and deliver standardized messages of PMTCT nationwide.

Ethiopia has undertaken solid efforts to integrate PMTCT indicators into the revised HMIS registers and tools. However, the monthly summary reports, which currently provide limited PMTCT information, have not yet been revised to include these indicators. While HMIS tries to limit the number of overall national indicators, additional PMTCT indicators may be needed at facility and regional level. In FY09, PEPFAR PMTCT and SI programs will make coordinated efforts to revise the PMTCT monthly summary report to include all national PMTCT indicators, in line with the revised national health management information system (HMIS).

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	649.09	**Mechanism:**	N/A
Prime Partner:	International Rescue Committee	**USG Agency:**	Department of State / Population, Refugees, and Migration
Funding Source:	GHCS (State)	**Program Area:**	Prevention: PMTCT
Budget Code:	MTCT	**Program Budget Code:**	01
Activity ID:	18625.28080.09	**Planned Funds:**	$126,000
Activity System ID:	28080		

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

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

IRC is currently providing PMTC services to Sherkole Refugee Camp in the Benishangul-Gumuz region and Shimelba Refugee Camp in Tigray. IRC will expand the geographic scope of this activity in FY09 to cover refugee and host community pregnant women who test positive in My Ayni Refugee Camp, which opened in May 2008 to accommodate the continued influx of Eritrean asylum seekers entering Ethiopia. In addition, IRC will provide transport and per diem funds for women in the host communities surrounding both Shimelba and My Ayni who test positive and are referred to the Shire health facility for treatment. Including host community beneficiaries is a critical aspect of refugee assistance programming. Because treatment services are not yet available in Shimelba or My Ayni, positive pregnant women are referred to facilities in Shire for services (approximately three hours away). Due to their mandate to serve refugees, the Government of Ethiopia's Administration for Refugee and Returnee Affairs is unable to provide support for host community women who are referred for services leading to a high loss to follow-up rate for these women as they cannot afford to make the trip without assistance. To date, My Ayni hosts a temporary clinic providing basic health care, but does not have the capacity to provide VCT or PMTCT services. This activity links directly to IRC's PEPFAR-funded VCT program that also has plans to expand services to My Ayni during FY09.

Per current ARRA protocols, dual therapy will be administered in place of Nevirapine as ART becomes available in the camps. ART and dual therapy services are currently available in Sherkole Refugee Camp, but are not yet available in Shimelba or My Ayni refugee camps. However, single-dose Nevirapine is available in Shimelba camp. IRC has been working with the Tigray Regional Health Bureau and providing training through the University of Washington/I-TECH to bring ART and dual therapy to Shimelba. High staff turnover and the isolated location of the camp have delayed implementation of those services to date.

COP08 ACTIVITY NARRATIVE

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 FY0,7with 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.

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18625

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18625	18625.08	Department of State / Population, Refugees, and Migration	International Rescue Committee	7516	649.08		$74,649

Emphasis Areas

Health-related Wraparound Programs

* Malaria (PMI)
* TB

Refugees/Internally Displaced Persons

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 593.09
Mechanism: Capacity Project (HCD)
Prime Partner: IntraHealth International, Inc
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 5586.28102.09
Planned Funds: $0
Activity System ID: 28102

Activity Narrative: Expansion of Integrated ANC/PMTCT Services

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity from COP 08. Activities were formally implemented by Intrahealth.

Substantive changes were made in the COP 08 narrative and are as follows: This activity will provide a comprehensive and tailored package of quality improvement support, training, supervision and technical assistance in FY09 to existing community groups, Health Extension workers, (HEW's), Traditional Birth Attendants, (TBA's), to support and increased uptake of PMTCT services at the community level. In addition it will provide targeted promotion and community level campaigns to support PMTCT access and understanding at the community level as well as expansion and scope of the Urban HEW program.

Trainings will be conducted for TBA's, HEW's, and 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. This activity will ensure collaboration with EngenderHealth to incorporate Men as Partners activities into their program which are currently at health posts. This activity will support facilities to significantly increase the number of male partners tested during ANC visits.

Increasing the capacity of TBA and HEW to render household-level service delivery is vital to overcoming the prevailing poor uptake of PMTCT services. This activity will work closely with Pathfinder on 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.

This activity will incorporate 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.

COP08 ACTIVITY NARRATIVE

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

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 16721

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16721	5586.08	U.S. Agency for International Development	IntraHealth International, Inc	7523	593.08	Capacity Project (HCD)	$1,000,000
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

Emphasis Areas

Gender

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

Health-related Wraparound Programs

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	3784.09	**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: PMTCT
Budget Code:	MTCT	**Program Budget Code:**	01
Activity ID:	5637.27897.09	**Planned Funds:**	$1,400,000
Activity System ID:	27897		

Activity Narrative: PMTCT Services at Hospital and Health Center Level by Region - Columbia University

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity from FY08. In FY08 the International Center for AIDS Care and Treatment, Columbia University (ICAP-CU) supported PMTCT services in 42 hospital networks in Dire Dawa, Harari, Oromiya, and Somali regions. The partner's achievement in meeting the targets set for all the selected PMTCT indicators has been remarkable. It has provided ongoing site level implementation support to health facilities providing PMTCT services to improve uptake and quality of services.

ICAP has been successful, particularly with regards to the provision of HIV counseling and testing services at labor and delivery. The success in this regard has also encouraged other PMTCT partners to provide HIV counseling and testing services at labor and delivery. Furthermore, it has introduced point of service testing and early infant diagnosis using DBS at some health facilities, which has helped to improve the quality and uptake of PMTCT services.

Furthermore, ICAP has actively participated in the national TWG and supported the rolling out of the revised national PMTCT Guidelines.

While supporting the PMTCT program at facility level, ICAP has faced shortage and high staff turnover at health facilities, lack of reporting on key PMTCT indicators, due to weak M&E system. There were shortages of equipments, test kits and IP supplies at ANC, labor and delivery services. Furthermore, there was low male involvement in PMTCT program.

In FY 09, ICAP will work to address the above challenges and will also build on FY 08 activities and continue on expanding and strengthening the PMTCT program at 57 health facilities in Dire Dawa, Harari, Oromia and Somali regions. In COP09 ICAP will scale up the PMTCT program in addition to the FY 08 planned activities by including the following:
1) Support the transitioning of the national PMTCT program from Federal HAPCO to the Family Health Department (FHD) of the Federal MOH through active participation in the national PMTCT TWG and also support integration of PMTCT with MCH services
2) Support regional health bureaus and PMTCT TWG to build PMTCT program management capacity at a regional level and ensure sustainability. ICAP will second a PMTCT advisor to Oromia Regional Health Bureau to assist in the scale-up, integration, coordination, quality assurance and oversight of PMTCT program.
3) Promote the Testing and Counseling Support tools for PMTCT at all PMTCT sites.
4) Expand outreach PMTCT services focusing on higher prevalence areas to reach large number of women not coming to health facilities for ANC or delivery
5) Support strategies and program plans to coordinate Prevention With Positives (PWP) with PMTCT
6) Expand Mothers' Support Group (MSG) to additional 10 sites
7) Assist to strengthen the PMTCT M&E system: ICAP will assist the national and regional PMTCT program to improve data collection and reporting on key PMTCT indicators

COP08 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.

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16667

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16667	5637.08	HHS/Centers for Disease Control & Prevention	Columbia University	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	$1,100,000
10451	5637.07	HHS/Centers for Disease Control & Prevention	Columbia University	5506	3784.07		$420,000
5637	5637.06	HHS/Centers for Disease Control & Prevention	Columbia University	3784	3784.06		$160,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5483.09
Mechanism: TBD/CDC
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 5569.28144.09
Planned Funds: [redacted]
Activity System ID: 28144

Activity Narrative: Standards Based Management and Recognition (SBM-R) for HIV/AIDS Service Performance

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Standards Based Management and Recognition (SBM-R) for HIV/AIDS Service Performance

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity from FY08. In FY09, TBD partner will continue to expand the SBM-R services in health facilities, including health centers in the emerging regions and other sites where there is no program for quality. It will strengthen the recognition activities in the health facilities currently implementing the program and expand the services to six private hospitals in different regions.

Building on experiences, TBD partner will work towards institutionalization and sustainability of the quality improvement and measurement of HIV/AIDS services in the country. TBD partner will support the establishment of a separate office for quality improvement of HIV/AIDS services which will be accountable for the MOH, in close collaboration and consultation with FHAPCO, health service department of FMOH and RHBs.

TBD partner will conduct four SBM-R experience sharing workshops, advocacy workshop on the establishment of an independent quality assurance and regulatory system at national level, and host one regional forum for sharing experience on the implementation of SBM-R.

Furthermore, TBD partner will support the strengthening of the pre-service education on health service quality improvement at the masters' level education for public health and hospital administration studies in Ethiopia.

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, SBMR 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 staffs 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

Activity Narrative: 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.

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 staffs 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16572

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16572	5569.08	HHS/Centers for Disease Control & Prevention	JHPIEGO	7473	3746.08	University Technical Assistance Projects in Support of the Global AIDS Program	$500,000
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

Health-related Wraparound Programs

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5483.09
Mechanism: TBD/CDC
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 11161.28145.09
Planned Funds: [redacted]
Activity System ID: 28145

Activity Narrative: Expansion of PMTCT Services at Family Guidance Association of Ethiopia Clinics

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity from FY08. In FY 09, TBD partner will build on FY 08 activities and continue strengthening the PMTCT program at a national level and FGAE clinics. In FY 09 TBD partner will scale up the PMTCT program in addition to the FY 08 planned activities by including the following:

1) Support the transitioning of the national PMTCT program from Federal HAPCO to the Family Health Department (FHD) of the Federal MOH through active participation in the national PMTCT TWG
2) TBD partner will focus on supporting strategic directions and programmatic gaps such as: PMTCT program management support for managers at central and regional level and integration of PMTCT with MNCH services. Program management training and supportive supervision for managers at different levels will be expanded. TBD partner will use expertise namely MNCH and HIV/AIDS to help the FHD and HAPCO to integrate PMTCT with MNCH services
3) Promote the Testing and Counseling Support tools for PMTCT at all PMTCT sites
4) As part of its sustainability and exit strategy, TBD partner will strengthen its support for FGAE in the provision of comprehensive PMTCT/MNCH and HIV care and treatment for women coming to FGAE clinics as well as through outreach program which FGAE is implementing. It will continue supporting the PMTCT services at FGAE clinics selected in FY 08 and support establishment of labor and delivery services at eight of these health facilities. Furthermore, the PMTCT services will be expanded to additional 12 sites.
5) JHPIEGO has been supporting MSG in FY 07 and FY 08. In FY 09, however, TBD partner will facilitate smooth transfer of the MSG sites to the respective university partners, as the university partners are well positioned to implement these programs.
6) Assist to strengthen the PMTCT M&E system: TBD partner will assist the national PMTCT program to improve data collection and reporting on key PMTCT indicators

COP08 ACTIVITY NARRATIVE

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16625

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16625	11161.08	HHS/Centers for Disease Control & Prevention	JHPIEGO	7473	3746.08	University Technical Assistance Projects in Support of the Global AIDS Program	$500,000
11161	11161.07	HHS/Centers for Disease Control & Prevention	To Be Determined	5483	5483.07	TBD/CDC	[redacted]

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 674.09

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: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 12242.27979.09

Planned Funds: $400,000

Activity System ID: 27979

Activity Narrative: Expanding PMTCT Services in Private Health Sectors in Ethiopia

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 09, the Ethiopian Public Health Association (EPHA) will continue prior-year activity by serving as the prime PEPFAR partner implementing expansion of PMTCT services in private health institutions. EPHA will subcontract with the Ethiopian Society of Obstetricians & Gynecologists (ESOG). In FY 09, ESOG will continue supporting expansion of PMTCT services in hospitals and special clinics with maternal-child health (MCH) services in Addis Ababa and other major towns in the country.

In FY08 ESOG had assessed knowledge, attitude and practice of PMTCT among health professionals working in the private health facilities in Addis Ababa. A tripartite MOU between ESOG, JHU and Addis Ababa Regional Health Bureau was signed to implement PMTCT in private health facilities. So far, the society has conducted 3 rounds of training on the new PMTCT Guidelines for 52 private health workers trained, in preparation to implement the PMTCT program.

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.

In COP08, 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.

In FY 09, the number of private facilities providing the minimum package of PMTCT according to national and international standards will be increased from 30 to 40, and 150 health professionals in these institutions will be trained to provide PMTCT service to 12,660 pregnant women and provide a complete course of ARV prophylaxis to 1,440 HIV-positive pregnant women. Referral linkages among health facilities will be established and supportive supervision will be provided for the effective implementation of PMTCT. EPHA/ESOG will continue a strong collaboration with the Addis Ababa Health Bureau, JHU/TSEHAI and associations of private health workers to implement the PMTCT program in the private health facilities. Furthermore, EPHA/ESOG will closely work with ABT Associates (a private-sector partner) and other PEPFAR PMTCT implementing partners in order to harmonize and avoid duplication of efforts in implementing PMTCT services in the private health facilities.

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.

COP08 ACTIVITY NARRATIVE

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16648

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16648	12242.08	HHS/Centers for Disease Control & Prevention	Ethiopian Public Health Association	7489	674.08	Improving HIV/AIDS/STD/TB Related Public Health Practice and Service Delivery	$250,000
12242	12242.07	HHS/Centers for Disease Control & Prevention	Ethiopian Public Health Association	5491	674.07		$150,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 8275.09 **Mechanism:** RPSO

Prime Partner: Regional Procurement Support Office/Frankfurt **USG Agency:** Department of State / African Affairs

Funding Source: GHCS (State) **Program Area:** Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 18843.28189.09

Planned Funds: $1,200,000

Activity System ID: 28189

Activity Narrative: Renovation: Enabling quality PMTCT services at hospitals

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Construction costs have risen dramatically recently, reaching a five-time increase from 2006 to the present in Ethiopia. Global market forces including oil price increases, shipping cost acceleration, and increased demand for Portland Concrete Cement (PCC) and rebar have all contributed to this reality. Internal factors include a rapidly growing foreign exchange shortage, especially in available US dollars, and rampant restrictions on imported concrete for non-Government of Ethiopia (GoE) partnered entities are also contributory factors. Furthermore, the GoE is importing 1.4 million metric tons of PCC for low-income housing construction which highlights other internal constraints.

The harsh realities of the clinical space for pregnant women are an obstacle to quality PMTCT programs. Poorly ventilated, foul smelling, labor & delivery and postpartum facilities are a deterrent to women seeking care and contribute to low morale amongst health personnel. In addition to poor PMTCT coverage, inadequate and low quality health infrastructure contributes to Ethiopia's high maternal mortality rate, one of the highest in the world.

To advance PMTCT success in areas of higher HIV-prevalence, efforts will be focused on interventions that were previously viewed as non-critical to PMTCT achievement. The entire MCH suite will undergo a much-needed transformation, including labor and delivery (L&D), pre- and post-partum, operation rooms (ORs), and any other spaces pertinent to safe maternal care and delivery. Coupling an appropriate clinical infrastructure with a welcoming environment (inclusive of healing gardens & art), maternity wards will no longer be viewed as a place for the last and least health resort.

Creating a welcoming, caring and nurturing environment is paramount for any effort that seeks behavioral change. Privacy (both visual & hearing) will be addressed through semi-private and private spaces, buffered by sound retarding walling & flooring systems. Concurrent to aesthetic improvements will be an appropriate overhaul of plumbing and sanitary systems, electrical wiring, and waste management controls. The establishment of optimized clinical and patient flow, proper lighting and ventilation, fire protection and water purification systems will comprehensively rehabilitate the clinical space for this gateway program.

Staff retention rates and recruitment efforts will be positively impacted through the same mechanisms of art & healing gardens being used for patient perspective change. Such activities, along with comprehensive renovations, will enable PMTCT at these facilities to become centers of excellence for safe and quality healthcare through innovative & effective practices. This is a requirement for image enhancement within the community and the catchment area of these facilities. Once complete, exemplary quality healthcare will become the norm as such facilities will become leaders in their regions and beyond. Again, all activities lend themselves towards the creation of a safe, comfortable and welcoming environment that empowers patients and staff alike.

Coordination efforts between and among donor partners (e.g. - the Global Fund and Packard Foundation) are slowly gaining momentum. Furniture, fixtures, and equipment that are not being covered within this activity are expected to be supported through synchronized efforts with the aforementioned donor entities. Acquisition of environmentally-friendly finishes (No VOC), solid surface furniture, seamless flooring requiring no edging, inverter battery systems for ORs, and sensor-operated fixtures will be covered. Assessment of equipment stockpiles within a facility will also be conducted, determining the actual need of a facility in which new equipment purchases are required.

The rehabilitation of MCH spaces is ultimately coordinated with other ART and HIV-related rehabilitative work for seamless construction and/or renovation work at hospitals, health centers, and regional labs. Subsequently, acceptance of US/International building practices is slowly becoming standardized amongst the major donor groups. This is vital as the GoE continues to show nascent interest in superior and long-established building practices. And with the issue of maintenance, which is generally non-existent at all health facilities, it is expected that all procured equipment & furnishings will be backed by service contracts supported by manufacturer-designated business entities. And whenever possible, cost savings to the rehabilitated facility will be directed towards establishing a maintenance department in-house, continuing existing service contracts, or engaging in new third-party contracted services.

The rehabilitation pipeline for PMTCT is $400,000. This amount along with the COP09 funding request will support comprehensive work at about 5-8 hospitals. The flat-line budget scenario for PEPFAR in 2009 will impact the ability of PEPFAR partners to provide ancillary support to this specific activity. Additionally, changing priorities and mandates and interests of other donor partners is another important factor to take into consideration. A weighted-scoring system (Current ART population, HCT quarterly population, HCT prevalence (regional), Pregnant women attending ANC) has been used to prioritize all of Ethiopia's public & uniformed hospitals. Consideration of infrastructure condition is included in the overall prioritization as well. For 2008, only one (1) hospital is undergoing rehabilitation per this novel strategy for high-impact PMTCT success.

COP08 ACTIVITY NARRATIVE

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.

Activity Narrative: 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 heath 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18843

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18843	18843.08	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	8275	8275.08	RPSO	$600,000

Emphasis Areas

Construction/Renovation

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7590.09

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: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 6632.28329.09

Planned Funds: $750,000

Activity System ID: 28329

Activity Narrative: Targeted Promotion and Community Mobilization for Antenatal Care

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Substantive changes were made in the COP 08 narrative and are as follows: C-Change, through its prime AED, and core partners CARE, Internews, and the University of Washington's I-TECH, will provide support to the Federal Ministry of Health with the design and implementation of high impact communication strategies. The goal is to integrate mass media, interpersonal communication, and community engagement to empower Ethiopian families to take malaria-related and ANC/MNCH actions that will improve their health status. C-Change will streamline formative research and pre-testing methods, and create easy-touse, front-line teaching tools and short skills-based training that can be managed by woreda and kebele level teams. It will strengthen the capacity of regional, woreda, and kebele structures to create sustainable, cost-effective interventions that resonate with the key audiences. Key objectives, include:

• Establishing a culture for long lasting insecticidal (LLIN) net culture, including increased demand for LLINs, increased LLIN ownership and correct and consistent use, especially among the most vulnerable groups: children under age five and pregnant women.
• Increasing community awareness about the effectiveness of indoor residual spraying (IRS) and facilitate reduced replastering.
• Improving treatment-seeking behavior (e.g., timeliness, appropriateness).
• Increasing community knowledge regarding malaria diagnosis, treatment, prevention, and control.
• Integrating HIV/AIDS programming with the activities of the President's Malaria Initiative in Ethiopia to boost antenatal care visits and enroll women in PMTCT services in Amhara and Oromia.

All activities will follow five cross-cutting communication strategies:
Strategy 1: Use research to inform strategy development and programmatic design. Strategy 2: Strengthen interpersonal communication at the service delivery level. Continue work with UNICEF, the FMOH, and other partners to fill gaps and ensure all technical information can easily be communicated via a system of technical job aids. Strategy 3: Actively engage the community. Draw from ongoing programs to design a methodology and reporting system that facilitates rapid scale-up and allows community leaders to take ownership. Strategy 4: Use mass media to catalyze, change, and unify programs. Develop a strategic media mix that uses radio to promote essential actions to families and reinforces success in all aspects of malaria control and ANC/MNCH. Strategy 5: Strengthen capacity in communication. This will include mapping with each regional partner an explicit BCC capacity-building strategy that emphasizes on-the-job training and establishment of a mentoring relationship at all levels.

A Micro-Planning Workshop will be carried out in the first quarter, C-Change will conduct preparatory meetings with partners to assess the scope of current malaria-related activities, review BCC tools, and discuss priority communication needs. An important outcome of the Micro-Planning Workshop will be a revitalized, active BCC Task Force for Malaria that will be managed jointly by the HEC with technical support from C-Change. Given the urgent need for strengthened communication for PMI and ANC/MNCH activities, C-Change will work through the task force to jump-start activities by leveraging on-going programs. If there are important gaps in partners' overall understanding of the malaria-related behaviors and determinants, C-Change will draw up a priority list of research questions and ensure that a rapid qualitative survey is carried out. Once the results of the qualitative research are available, C-Change will organize a follow-on Communication Strategy Design Workshop that will tie together the five core strategies into one cohesive, comprehensive plan. C-Change will guide the development and production of communication tools and materials, a flexible community-based approach, and a mass-media component that includes radio spots and programs that capture and reinforce the success of ongoing efforts. The programs will be rolled out in 20 highly malarious woredas and at least 20 schools. Other community-based initiatives will be taken as appropriate.

The overall approach will be to strengthen local networks of organizations, including the private sector/workplaces, schools, faith-based organizations, and other community-based organizations, while closely collaborating with the FMOH and the RHB. C-Change will focus on a skills-based competency approach and will devolve technical and management support roles to key partners over the life of the project. To help catalyze networks and community-based activity, C-Change will institute a small grants program. Grants will range from large awards to regional networks, such as faith-based initiatives, to small awards given to local organizations with innovative ideas.

AED, as C-Change lead, will build on its extensive global and Ethiopian experience in BCC for health including malaria to provide the overall strategic vision, lead the development and implementation of the communication strategy, and spearhead capacity-building at all levels. AED also will apply its expertise in creating assessment and monitoring and evaluation tools specifically for malaria. CARE has experience in Oromia where it is implementing projects in East Shoa. CARE will manage implementation of the community-based program in approximately five East Shoa woredas, and manage the small grants program in the three remaining zones. CARE will collaborate closely and guide the NGOs, CBOs, and FBOs during the entire grants process, including technical review, approval, and preparations for activity launch. Internews through its technical trainings and workshops will improve capacity of the local journalists in understanding and reporting on malaria prevention and treatment, and lead to increased health awareness and health-seeking behaviors among the Ethiopian population, especially among vulnerable groups. I-TECH will provide technical support for curriculum development for capacity-building modules on BCC for malaria and PMTCT for health workers, building on their extensive experience training FMOH health workers.

To measure the impact of the communication strategy, C-Change will undertake a baseline assessment and establish indicators for all areas, and then repeat a rapid assessment annually to determine which intervention or mix of interventions is achieving the desired change most rapidly. C-Change will make mid-course corrections based on the survey

Activity Narrative: COP08 ACTIVITY NARRATIVE

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.

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18539

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18539	6632.08	U.S. Agency for International Development	Academy for Educational Development	7590	7590.08	Presidential Malaria Initiative Wraparound	$340,000
10569	6632.07	U.S. Agency for International Development	Academy for Educational Development	5542	4135.07	Academy for Educational Development/FANTA	$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

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	3790.09	**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:**	Prevention: PMTCT
Budget Code:	MTCT	**Program Budget Code:**	01
Activity ID:	18267.28205.09	**Planned Funds:**	$115,560
Activity System ID:	28205		

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

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY07 UNHCR identified the need for PMTCT in refugee camps and initiated services through its VCT program by delivering single-dose Nevirapine to pregnant mothers in the camps when possible and providing referrals for mothers for treatment in regional hospitals when necessary. In FY08 UNHCR began to expand services through separate PMTCT funding to include: training of midwives and TBA on safe delivery and infant feeding; training of counseling and testing staff in testing of all pregnant women presenting at antenatal sites; training of health clinic staff in provision of PMTCT treatment; and provision of psychosocial services for mothers testing positive for HIV.

In FY09 UNHCR will expand the geographic scope of this activity to cover refugee and host community women who test positive in Aw Barre Refugee Camp and the new Sheder Camp in Ethiopia's Somali region and Asayita Refugee Camp in Ethiopia's Afar region. In addition, per ARRA's current protocols, dual therapy will be administered in place of Nevirapine in refugee camps where ART treatment is provided. Since COP planning fro FY08, Ethiopia has experienced a continued influx of Somali refugees, many fleeing the current political insecurity in Mogadishu. A second camp, Aw Barre, was established in Ethiopia's Somali Region in July 2007 and a third camp, Sheder, was established in April 2008 to accommodate this influx. Given the current situation it is expected that this number will continue to rise. This program links directly to UNHCR's VCT services, which are expected to be expanded in FY09 to cover the new refugee camps in the Somali region.

COP08 ACTIVITY NARRATIVE

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18267

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18267	18267.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	7506	3790.08		$85,600

Emphasis Areas

Health-related Wraparound Programs

* TB

Refugees/Internally Displaced Persons

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 118.09
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: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 18715.27984.09
Planned Funds: $684,363
Activity System ID: 27984

Activity Narrative: Management and Staffing

THERE HAS BEEN NO CHANGE IN STAFFING SINCE COP 08

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). The three positions in FY09 to support PMTCT: an MCH/PMTCT Advisor (Global Health Fellow), PMTCT Technical Specialist (Locally Engaged Staff, or LES), and PMTCT Health Network Monitor. In addition, there is a HIV/ Malaria Specialist whose time is split between PMTCT and Pediatric Care and Support.

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/PICT, ANC, tuberculosis (TB)/PMTCT linkages 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, fluent in local languages/dialects, 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 USAID/East Africa.

HIV/Malaria Specialist on HIV/AIDS Team works to "wrap-around" HIV/AIDS activities with activities supported by PMI to provide greater leverage and support to strengthen both initiatives. The HIV/Malaria Specialist liaises with Ethiopia's National Malaria Control Program (NMCP), the Ethiopian Health and Nutrition Institute (EHNRI), Ministry of Health (MOH), HIV Prevention and Control Office (HAPCO) and other government ministries and agencies, as well as in a wide range of civil society and private organizations, other donor and international organizations, and other United States Government (USG) entities working on HIV and Malaria prevention and control.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18715

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18715	18715.08	U.S. Agency for International Development	US Agency for International Development	7479	118.08	USAID M&S	$386,398

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3785.09

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: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 5638.28214.09

Planned Funds: $500,000

Activity System ID: 28214

Activity Narrative: PMTCT Implementation Support at Uniformed Services Health Facilities

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

This is a continuing activity from FY08. In FY08 UCSD has provided support to PMTCT program in 24 uniformed health facilities. The SAPR indicates that the partner has achieved its target of two quarters in terms of the number of women counseled and tested and those who received ARV prophylaxis. UCSD has been working with JHPIEGO to expand MSG to new PMTCT sites and to strengthen those already established groups. Moreover, it has played significant role in the rolling out of the revised PMTCT Guidelines.

In FY08 UCSD faced several challenges while supporting PMTCT program at uniformed health facilities. These challenges are considered for COP09 planning of PMTCT program. Many of the military health facilities have inadequate infrastructure and the existing ones need major renovations. Like other PEPFAR partners UCSD also faced high attrition of staff at PMTCT sites. Furthermore, the weak national and facility level M&E system of PMTCT program has affected reporting system and resulted in the under reporting of performances of the partner.

In FY 09, UCSD will work to address the above challenges and will also build on FY 08 activities and continue strengthening the PMTCT program at 39uniformed health facilities nationally. The number of service outlets have deceased from 45 in COP08 to 39 in COP09, because recent evaluation indicated that the existing poor infrastructure and the very low patient load does not justify initiation of the program at 6 of the military health facilities. In COP09 UCSD will scale up the PMTCT program in addition to the COP08 planned activities by including the following:
1) Support the transitioning of the national PMTCT program from Federal HAPCO to the Family Health Department (FHD) of the Federal MOH through active participation in the national PMTCT TWG and also support integration of PMTCT with MCH services
2) Support the uniformed health service departments to build PMTCT program management capacity and ensure sustainability.
3) Promote the use Testing and Counseling Support Tools for PMTCT at all PMTCT sites.
4) Support strategies and program plans to coordinate Prevention With Positives (PWP) with PMTCT
5) Expand Mother Support Groups (MSG) to additional 10 sites
6) Assist to strengthen the PMTCT M&E system: UCSD will assist the national and uniformed services PMTCT program to improve data collection and reporting on key PMTCT indicators

COP08 ACTIVITY NARRATIVE

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

Activity Narrative: 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 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

New/Continuing Activity: Continuing Activity

Continuing Activity: 16617

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16617	5638.08	HHS/Centers for Disease Control & Prevention	University of California at San Diego	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	$400,000
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

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	3786.09	**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: PMTCT
Budget Code:	MTCT	**Program Budget Code:**	01
Activity ID:	5639.27912.09	**Planned Funds:**	$1,300,000
Activity System ID:	27912		

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

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity from FY08. In FY08, ITECH has supported 35 health facilities to provide PMTCT services in Afar, Tigray and Amhara regions. The partner has been successful in promoting PMTCT services in these regions. Furthermore, ITECH has been actively involved in the national TWG and supported the rolling out of the revised national PMTCT Guidelines.

ITECH has faced challenges of underutilization of PMTCT services due to low ANC uptake and low institutional delivery. There was underreporting of key PMTCT indicators, because the PMTCT registration books at facility level do not capture data on PMTCT program performance at labor and delivery. High staff turnover at facility level is another challenge that the partner faced. Deteriorating labor and delivery rooms that need major renovation and shortage of IP supplies at labor and delivery rooms were also other challenges in FY08.

In FY 09, ITECH will work to address the above challenges and will also build on FY 08 activities and continue strengthening the PMTCT program at 42 health facilities in Amhara, Tigray and Afar regions. The number of service outlets has decreased from the planned COP08 targets, because further assessment revealed that there were logistic problems, poor infrastructure and low patient load, which does not justify initiation of the program at these health facilities.

In FY 09 ITECH will scale up the PMTCT program in addition to the FY 08 planned activities by including the following:
1) Support the transitioning of the national PMTCT program from Federal HAPCO to the Family Health Department (FHD) of the Federal MOH through active participation in the national PMTCT TWG and also support integration of PMTCT with MCH services
2) Support regional health bureaus and PMTCT TWG to build PMTCT program management capacity at a regional level and ensure sustainability. ITECH will second a PMTCT advisor to Amhara Regional Health Bureau to assist in the scale-up, integration, coordination, quality assurance and oversight of PMTCT program.
3) Promote the Testing and Counseling Support tools for PMTCT at all PMTCT sites.
4) Expand outreach PMTCT services focusing on higher prevalence areas to reach large number of women not coming to health facilities for ANC or delivery
5) Support strategies and program plans to coordinate Prevention With Positives (PWP) with PMTCT
6) Expand Mothers' Support Group (MSG) to additional 10 sites
7) Assist to strengthen the PMTCT M&E system: ITECH will assist the national and regional PMTCT program to improve data collection and reporting on key PMTCT indicators

COP08 ACTIVITY NARRATIVE

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

Activity Narrative: 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.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16656

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16656	5639.08	HHS/Health Resources Services Administration	University of Washington	7487	3786.08	Rapid expansion of successful and innovative treatment programs	$1,100,000
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

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3787.09

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: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 5641.27922.09

Activity System ID: 27922

Planned Funds: $1,300,000

Activity Narrative: PMTCT Services at Hospital and Health Center Level by Region - Johns Hopkins University

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity from FY08. In FY08 JHU has supported PMTCT program at 34 health facilities in Addis Ababa, Benshangul- Gumuz, Gambella and the Southern Nations, Nationalities, and Peoples Regions (SNNPR). JHU TSEHAI expanded and enhanced interventions to prevent Mother-to-child transmission and to link HIV-positive pregnant women and their families to comprehensive HIV care and treatment services. The SAPR indicates that the partner has achieved all its PMTCT targets for the two quarters. The partner has adopted innovative mechanisms like outreach ANC/PMTCT service delivery and assignment of case managers to facilitate effective PMTCT service provision at facility level. It has also played significant role in supporting FHAPCO to strengthen the national Program leadership. JHU TSEHAI is still working to build PMTCT coordination capacity through secondment of a PMTCT advisor to the FHD at the Ministry of Health. Furthermore, JHU has actively participated in the rolling out of the revised national PMTCT Guidelines.

In FY08, JHU experienced high staff turn over at facility level and interruption in the supply of test kits. The weak M&E system for PMTCT and PMTCT registers not capturing some important indicators on PMTCT program has also affected the partner's performance. Very low ANC attendance rate, loss to follow up of mothers and infants, low male involvement in PMTCT program and need for renovation of labor and delivery at most PMTCT sites are some of the challenges that the partner faced in the last fiscal year.

In FY 09, JHU will work to address the above challenges and will also build on FY 08 activities and continue strengthening the PMTCT program at 45 health facilities in Addis Ababa, SNNPR, Benshangul Gumuz and Gambella regions. In FY 09 JHU will scale up the PMTCT program in addition to the FY 08 planned activities by including the following:
1) Support the transitioning of the national PMTCT program from Federal HAPCO to the Family Health Department (FHD) of the Federal MOH through active participation in the national PMTCT TWG and also support integration of PMTCT with MCH services
2) Support regional health bureaus and PMTCT TWG to build PMTCT program management capacity at a regional level and ensure sustainability. JHU will second a PMTCT advisor to SNNPR Regional Health Bureau to assist in the scale-up, integration, coordination, quality assurance and oversight of PMTCT program.
3) Promote the use of PMTCT TC Support tools at all PMTCT sites.
4) Expand outreach PMTCT services focusing on higher prevalence areas to reach large number of women not coming to health facilities for ANC or delivery
5) Support strategies and program plans to coordinate Prevention With Positives (PWP) with PMTCT
6) Expand Mothers' Support Group (MSG) to additional 10 sites
7) Assist to strengthen the PMTCT M&E system: JHU will assist the national and regional PMTCT program to improve data collection and reporting on key PMTCT indicators

COP08 ACTIVITY NARRATIVE

This is a continuing activity from FY07. In FY07, Johns Hopkins University/ Technical Support for the Ethiopia HIV/AIDS ART Initiative (JHU TSEHAI) supported PMTCT services in 30 hospital networks in Addis Ababa, Benshangul- Gumuz, Gambella and the Southern Nations, Nationalities, and Peoples Regions (SNNPR). JHU TSEHAI 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

Activity Narrative: 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-TSEHAI 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16631

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16631	5641.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	7485	3787.08	Support for program implementation through US-based universities in the FDRE	$1,100,000
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 gender equity in HIV/AIDS programs

Health-related Wraparound Programs

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3794.09 **Mechanism:** Urban HIV/AIDS Program

Prime Partner: World Food Program **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Prevention: PMTCT

Budget Code: MTCT **Program Budget Code:** 01

Activity ID: 18585.28065.09 **Planned Funds:** $1,688,000

Activity System ID: 28065

Activity Narrative: WFP's Urban HIV/AIDS Program

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is continuing activity from COP 08. The proposed budgetary increase in COP09 funding is necessary to mitigate the 40 % rise in world food price. The activities will focus on increased reach to HIV positive pregnant woman and their newborns at PMTCT clinics in health facilities.

There are an estimated 2.8 million annual deliveries in Ethiopia. Approximately 61,600 HIV-positive women deliver each year (2008 "single-point" estimate of 2.2). With no intervention, approximately 21,560 would be expected to have HIV-infected infants annually (assuming a 35% transmission rate).

Overall MNCH coverage is very low, although much higher in urban areas. The 2005 Ethiopia Demographic Health Survey (DHS) indicates that approximately 28% of pregnant women attend ANC at least once and an estimated 6% deliver in health facilities. In urban areas, 69% of women attend ANC and 45% deliver in a health facility. In Addis Ababa, nearly 90% of women attend ANC and over 75% deliver in a health facility. There are currently a total of 1,069 hospitals, health centers and private clinics in Ethiopia. In addition to preventing transmission from mother-to-child, Ethiopia is working with the Ministry of Health to provide family-centered treatment and care services for pregnant HIV positive mothers and their newborn infants.

COP08 ACTIVITY NARRATIVE

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.

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18585

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18585	18585.08	U.S. Agency for International Development	World Food Program	7503	3794.08	Urban HIV/AIDS Program	$1,000,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Family Planning
* Malaria (PMI)
* Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$19,500

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities	$1,458,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening	$22,500

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7609.09

Mechanism: Care and Support Project

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 18562.27955.09

Planned Funds: $1,500,000

Activity System ID: 27955

Activity Narrative: Support for Integrated ANC/PMTCT Services

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity from COP 08. The activities and narrative remain similar for COP09 with the exception of targets. Health center service outlets will be increased to 550. There will be a greater emphasis on community-based PMTCT services and integration with ANC/ PMTCT services. This activity is linked with the overall PMTCT activities at hospitals, health centers, and at the community level, as well as with pediatric care and treatment services at facility levels. This activity is also linked with OVC, food and nutrition support services and maternal and child health wrap-around programs. Emphasis will be given to scaling-up PMTCT services at both the facility and community levels using mother support groups (MSG's) and integration of PMTCT services with ANC and Family Planning.

COP08 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18562

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18562	18562.08	U.S. Agency for International Development	Management Sciences for Health	7609	7609.08	Care and Support Project	$500,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7597.09
Mechanism: Food by Prescription
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 10640.28254.09
Planned Funds: [redacted]
Activity System ID: 28254

Activity Narrative: Food by Prescription (FPB) For Pregnant and Lactating Women, Exposed Infants

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity. The 40% increase in budget is essential to maintain COP08 target with a 10% increase and to mitigate the 40% rise in food price. PEPFAR Ethiopia will start to implement therapeutic feeding in the form of Food by Prescription (FBP) in selected hospitals and health centers. The program will expand to more sites and enroll severely malnourished people living with HIV/AIDS (PLWH), HIV-positive pregnant women in PMTCT programs, HIV-positive lactating women in the first six months post-partum, their infants, and OVC. Food by Prescription for PMTCT clients is part of comprehensive PMTCT services at health facilities that include: prevention, treatment, and care and support. Food by Prescription is a care and support service. In view of the low PMTCT uptake in the country, the initiation of the Food by Prescription program may play a key role in encouraging pregnant and lactating mothers to use health facility services.

COP08 ACTIVITY NARRATIVE

The Food by Prescription (FBP) activity is a continuing activity designed in FY07 that aims to target 8,000 HIV-positive pregnant women and their infants over six months of age. For FY08, FBP activities total $4.6 million ($1 million in palliative care, $3 million in treatment, and $600,000 in PMTCT) which leverages $31,900,000 in food.

Studies have established clinical malnutrition as a risk factor for HIV progression and mortality for pre-ART and ART patients, as well as for birth outcomes among HIV-positive women. As HIV infection progresses, hyper-metabolism, mal-absorption of nutrients, diarrhea, and anorexia can all become severe challenges to maintenance of adequate nutritional status. In addition, poor nutritional status and inadequate dietary intake can adversely affect adherence to and efficacy of drug treatments. According to the World Health Organization (WHO), energy requirements are increased by 10% in asymptomatic adults, 20-30% in symptomatic adults and as much as 50-100% in infected children with growth faltering. According to WHO, dietary protein levels should be maintained at 12-15% of total energy intake (approximately twice the level typically found in cereal- or tuber-based diets with minimal animal-source food intake), and a single RDA level of essential vitamins and minerals (which many PLWH in resource-limited settings are unable to consume through their regular diets) is needed.

This situation, combined with the very high levels of malnutrition and food insecurity present in Ethiopia, implies that clinically malnourished PLWH in care and treatment programs in Ethiopia have an immediate and critical need for nutrient-dense foods that can be readily and safely prepared and consumed to improve their nutritional and immunological status, especially as an adjunct to ART.

In response to this situation, PEPFAR Ethiopia included a FBP program in FY07 on a pilot basis in 20 hospitals and 25 health centers. This will involve expanding to approximately 30 new health facilities, bringing the total number of targeted facilities to 75. The targets will be adjusted depending on actual unit costs for food, as well as on observed levels of operational costs.

The program involves procurement and distribution of a ready-to-use therapeutic food (RUTF) and a nutrient-dense, blended flour product to targeted health facilities, from where the food is provided to severely malnourished ART and pre-ART clients and to HIV-positive pregnant and lactating women. Anthropometric entry and exit criteria based on WHO classification of malnutrition are used. The program is being implemented by partners in Ethiopia in coordination with the Ministry of Health (MOH)/HIV/AIDS Prevention and Control Office (HAPCO) and with technical assistance from Food and Nutrition Technical Assistance Project (FANTA, HBHC-10571.08).

Based on the experience and results of the pilot program, PEPFAR Ethiopia will scale up the program to reach a larger target group of health facilities and eligible beneficiaries. In addition, an assessment of the acceptability of RUTF among adult clients will be carried out, and based on the results the use of food products may be refined and improved if needed. As part of the broader technical assistance activity for nutrition and HIV, the pilot program will be assessed and lessons will be used to inform refinement of the program for scale-up. Lastly, this activity will extend support to strengthen therapeutic feeding services for pediatric HIV patients and OVC and extend these services to areas of high HIV prevalence. Malnutrition is a severe problem among pediatric HIV patients in Ethiopia and PEPFAR will support partners experienced in addressing child malnutrition to ensure pediatric HIV clients and OVC are covered in therapeutic feeding and care services. The program seeks to refer beneficiaries to household food assistance and livelihood support, where such services are available.

Supplementary food will be provided on a monthly basis for women in select PMTCT programs during pregnancy until the infant in weaned (~4-6 months of age), at which time food will continue to be provided on a monthly basis for the infant until two years of age. FANTA will assist in establishing the product specifications and production standards (e.g., good manufacturing practices and safety) for the low-cost, nutrient dense supplementary food(s) to be procured under this activity.

A significant part of this activity will focus on linkages and coordination with the MOH/HAPCO, UNICEF, World Food Program (WFP), and other implementing partners to ensure that the FBP activity will not cause negative consequences in health facilities. Since the food can only be provided to PLWH, the FBP activity seeks to coordinate with other partners, where available, to help provide comprehensive food and nutritional services for beneficiaries not targeted by the FBP activity.

Pregnant and lactating women will be provided with FBP to generate routine attendance at antenatal care (ANC), assisted delivery and postpartum follow-up. Through PEPFAR support, the FBP program has the opportunity to decrease malnutrition rates among HIV-positive pregnant and lactating women. This activity will provide food support to approximately 8,000 HIV-positive women and their infants over six months at

Activity Narrative: HIV care and treatment facilities, contributing to improved functioning, quality of life, and treatment outcomes. The activity aims to improve ARV adherence and the nutritional status of the beneficiaries.

The food provided to PMTCT clients at health centers may serve as an incentive for them to return for counseling and ANC since often they are provided drugs at hospitals, but the counseling and ANC occurs at the health centers. By ensuring that the food needs of malnourished PLWH are met, this activity will strengthen the care and support, ART, and other services that PEPFAR Ethiopia is supporting through the care-and-support contracts and the ART scale-up activities listed above. Implementing partners will work closely with the partners for these activities to ensure coordination in integrating food into these clinical services. Partners will also coordinate with UNICEF, WFP, the Clinton Foundation HIV/AIDS Initiative, and other partners providing nutritional support to HIV-affected populations to ensure coordinated coverage and consistent approaches and protocols.

The food program will also serve as a critical component of PEPFAR Ethiopia's broader effort to strengthen integration of nutrition into HIV services, and the assessment and counseling services offered through that integration effort are important components of the FBP program.

Severely malnourished PLWH (ART and pre-ART clients), and HIV-positive pregnant women will be reached with food support and complementary services at hospitals and health centers. Service providers will be trained to assess clients' eligibility for food, provide FBP, and counsel clients in use of the food and in related nutritional practices. This activity will target women in urban and peri-urban sites in Ethiopia and also infants, who are priorities for PEPFAR.

In response to the urgent need for food to support successful care and treatment, PEPFAR resources will be used to provide therapeutic food to malnourished PLWH, including pregnant and lactating women and OVC. The activity also seeks to enhance nutritional assessment, training and counseling to promote adherence and improve nutritional care among the beneficiaries.

Through the provision of food, this activity will increase attendance at ANC clinics, therefore improving maternal and child health issues.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16590

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16590	10640.08	U.S. Agency for International Development	To Be Determined	7597	7597.08	Food by Prescription	[redacted]
10640	10640.07	U.S. Agency for International Development	To Be Determined	5474	683.07	*	[redacted]

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	7604.09	**Mechanism:**	Maternal and Child Health Wraparound
Prime Partner:	Pathfinder International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Prevention: PMTCT
Budget Code:	MTCT	**Program Budget Code:**	01
Activity ID:	18614.28284.09	**Planned Funds:**	$750,000
Activity System ID:	28284		

Activity Narrative: FP/MCH Program

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Substantive changes were made in the COP 08 narrative and are as follows: This is a wrap around program and a continuing activity from FY 08. The program activities began in September 2008.

Ethiopia has adopted the four-pronged PMTCT strategy as a key entry point to HIV care for women, men, and families. The 4-prongs are: primary prevention of HIV infection; prevention of unintended pregnancies among HIV-positive women; prevention of HIV transmission from infected women to their infants; and treatment, care, and support of HIV-positive women, their infants, and their families. To support implementation of this strategy, the new family planning/maternal-child health (FP/MCH) program will aim to integrate FP and MCH with HIV services.

USAID's Population Program support to the national FP program has contributed greatly to an increase in the contraceptive prevalence rate (CPR) from 6% to 14% over the past five years. The backbone of the program consists of over 10,000 community-based reproductive health agents (CBRHA) in rural, semi-urban, and urban areas. Over the past five years, USAID (through Pathfinder International and its community network) referred over 1.5 million mothers for different maternal care including antenatal care (ANC), delivery services, and postnatal care. In addition, through the CBRHA, it was possible to confirm referrals for 40,000 clients for voluntary counseling and testing services and 70,000 people with suspected sexually transmitted infections (STI) for diagnosis and treatment. About 75% of the referral sites for Pathfinder International (health centers and hospitals) are in urban and semi-urban areas, where the HIV epidemic is concentrated.

In 2004, USAID introduced the integration of FP into VCT sites through training of providers, and provision of teaching aids and contraceptives. VCT service providers were trained in family planning counseling and service provision. In addition, through collaborative efforts of partners a training curriculum, participant manual and service protocol for the integrated service has been developed. Currently FP is integrated into VCT service in 139 facilities (30 in Tigray, 25 in Oromiya, 42 in Amhara, and 42 in SNNP regions). The funding source for the trainings was from USAID FP/RH program. Contraceptives made available for the VCT clients are part of USAID's procurement, which costs, on average, $ 6 million for the whole FP/RH program area. Integrating FP/RH with existing HIV services will support the national PMTCT strategy's primary prevention of HIV infection and prevention of unintended pregnancy among HIV-positive women. In addition, sexually active men, women, couples, and youth attending the different HIV/AIDS related services, regardless of their sero-status, need to make proper planning for the future through the different FP/RH information provided at the service sites.

A new five-year program will support FP/RH/child survival services and also cover safe-motherhood and neonatal health. This program was awarded to Pathfinder International in July 2008 and will have the support of all three teams with USAID's Office of Health, AIDS, Population and Nutrition, i.e. PEPFAR; Health, Population and Nutrition and PMI.

The ultimate goal of PMTCT is to improve overall maternal and child survival. PEPFAR will use this award to employ the social ties and status that CBRHA have in their communities for sensitizing the community at large about the importance of ANC, skilled attendance at delivery, postnatal care, and PMTCT. They can identify the pregnant women through targeted house-to-house visits to encourage and refer them for ANC and postnatal care. They will continue to follow up with the pregnant women for subsequent visits and referral for delivery within health facilities. CBRHA will also follow up with home visits for postpartum women and their newborns to address the issue of postnatal drop-out to ensure HIV-exposed infants receive NVP, immunization, and cotrimoxazole. They will also counsel mothers about exclusive breastfeeding, clean cord care, insecticide-treated bed nets, and clean water. The CBRHA are also experienced in couples counseling for family planning and will enhance male involvement in ANC and PMTCT.

This activity will be carried out in selected areas in Oromiya, Amhara, SNNP and Tigray Regions, and Addis Ababa, where the CBRHA program is within a catchment area for 108 health centers offering PMTCT services. This activity will support the linking of FP and HIV services in 200 new health centers and will continue support in the existing 139 facilities already providing integrated FP and HIV services. FP providers will be trained in counseling and testing for HIV so that they can do pre-counseling and link clients to VCT services in the same facility. VCT, PMTCT and ART providers will be trained on FP counseling and basic service provision to ensure that clients have access to voluntary and age-appropriate family planning options. All clients will be offered family planning services and those interested will be given appropriate counseling. Clients may be started on short-term methods such as condoms, pills or injectibles, or lactational amenorrhea method or referred for long-term and permanent methods. Contraceptive commodities procured with USAID health funding or other donor funding will be made available in health facilities supported for ART to ensure that HIV-positive women have access to their choice of family planning methods.

This activity will increase access for all ANC clients to VCT and FP; increase access for all FP clients to VCT; and increase access for VCT clients and HIV-positive women on ART to FP services. It will do so by: (1) strengthening the integration of services in the existing 139 sites and expand to 200 more health facilities providing FP and HIV services; (2) providing FP training for VCT, PMTCT, and ART service providers using the standardized curriculum for FP counseling and basic service provision; (3) training FP service providers in voluntary counseling and testing for HIV; and (4) ensuring that FP commodities are available in the major ART sites through "wrap-around" programming using USG Population and other donor funding.

The community-based ANC and postnatal care and delivery referral activity will be linked to facility-based PMTCT activities by IntraHealth, EngenderHealth and other USG partners. It will also be linked to the USAID FP/MCH and PMI activities, which will use the CBRHA for expanding access to family planning and

Activity Narrative: other reproductive health activities as well as ensuring access to quality malaria case management. Additionally, focused ANC services will link with malaria and syphilis programs that have a major impact on pregnancy outcomes.

This activity presents a unique opportunity to build on demonstrated success of linking FP and VCT services, as well as linking efforts to improve access to PMTCT and improve maternal, newborn and child survival. It will ensure the availability of FP choices to clients of HIV services and also make VCT available to FP clients. The focus populations are pregnant women living in urban and semi-urban areas and their husbands; women accessing VCT centers; PMTCT clients; HIV-positive women on ART for counseling on FP, and FP clients for counseling and testing for HIV.

This activity will also incorporate 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.

This activity will attempt to reach 20,000 pregnant women and refer them for ANC, delivery, and PNC services. The actual number of women counseled for PMTCT, receiving test results and PMTCT services will be counted and recorded by the USG partners implementing PMTCT at the respective facilities. VCT, PMTCT, and ART service providers in 200 health centers will be given in-service training on FP counseling and service. The same facilities will be given in-service training for counseling and testing.

Wrap around with other USAID/E HAPN activities

PMI. Pathfinder International is also being supported by the Presidents Malaria Initiative (PMI) to deliver quality malaria case management at community level in Oromyia. Building on the partners' previous work at community level, PMI will support comprehensive supervision of malaria case management at primary and secondary health facility level as well as work with zonal and district health offices to ensure adequate epidemic detection and response of malaria epidemic outbreaks. Further linkages of work under this activity will be done through the MSH/SPS activity (i.e. ensuring effective management of anti-malarial drugs at health facility level) and Columbia University's laboratory diagnosis strengthening activity (i.e. ensuring the implementation of quality laboratory diagnosis of malaria at health facility level).

New/Continuing Activity: Continuing Activity

Continuing Activity: 18614

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18614	18614.08	U.S. Agency for International Development	To Be Determined	7604	7604.08	Maternal and Child Health Wraparound	[redacted]

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Health-related Wraparound Programs

* Family Planning
* Malaria (PMI)
* Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 683.09
Mechanism: ***
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 28777.09
Planned Funds: [redacted]
Activity System ID: 28777

Activity Narrative: The Infant and Young Child Nutrition (IYCN)

THIS IS A NEW ACTIVITY

LINKS WITH OTHER ACTIVITIES/EMPHASIS AREAS
This new PMTCT activity links to 13-HKID Care: OVC. 08-HBHC Treatment: Adult Care and Support, 10-PDCS Care: Pediatric Care and Support, food security and child survival activities.

SUMMARY OF KEY ACTIVITIES
The COP09 activity in Ethiopia will (1) conduct a rapid assessment of services, programs, and practices related to infant and young child feeding in the context of HIV; (2) strengthen the capacity of facility-based staff to provide quality infant feeding counseling and nutrition services; (3) develop IEC materials on infant feeding and maternal nutrition in the context of HIV; and (4) integrate and expand infant feeding and nutrition in the context of HIV in related programs. For all activities, IYCN will work closely with the F-MOH and partners implementing or supporting PMTCT and HIV and nutrition activities. IYCN will provide technical assistance and leadership at the national level to strengthen the capacity of health workers to promote appropriate feeding practices for children and mothers in the context of HIV.

BACKGROUND
The Infant and Young Child Nutrition (IYCN) project is USAID's flagship project to deliver measurable results at-scale to improve infant and young child growth and nutritional status, HIV-free survival of infants and young children, and maternal nutrition. IYCN is a globally funded five-year cooperative agreement (2006-2011) primed by PATH, with partners CARE, the Manoff Group, and URC. IYCN has developed models to improve infant and young child feeding and maternal nutrition within PMTCT programs in Lesotho, Ivory Coast, Haiti, and Zambia. These models support MOHs and other key stakeholders to develop updated policies, guidelines, curricula and BCC tools for staff, community level workers and HIV support groups; assist with training and supervising staff and identifying successful program approaches and practices.

In Ethiopia, the national adult HIV prevalence rate is 2.2% . Although the prevalence rate is relatively low, Ethiopia's population is estimated to be over 80 million , resulting in a substantial number of HIV-infected individuals. Furthermore, in urban areas the HIV prevalence rate is 7.7%, more than 3 times higher than the national average and about 7 times the rural rate. Women face an increased risk for HIV, and comprise about 59% of the HIV-infected population. About 1 million Ethiopians are living with HIV , 68,136 are children. The number of AIDS-affected orphans is estimated to be about 886,820, leaving them vulnerable to malnutrition and high-risk behavior. The total number of HIV-infected individuals (both adults and children) is growing and is expected to be about 30% greater in 2010 than it was in 2006 .

Poor maternal nutrition and suboptimal infant and young child feeding practices increase the risk of mother-to-child HIV transmission. The nutritional status of Ethiopian women is poor, with 27% percent of all women chronically malnourished . HIV-positive women are at greater nutritional risk and their nutritional status prior to and during pregnancy influences their own health and survival, as well as their children's health, survival and HIV risk. Improving the nutritional status of women living with HIV plays a critical role in preventing mother-to-child transmission.

Children's nutrition status is also poor in Ethiopia. The 2005 DHS data show that 96% of children are breastfed. However, although exclusive breastfeeding is recommended for the first 6 months, only one in three infants in Ethiopia is exclusively breastfed at 4-5 months . This highlights a high level of "mixed feeding" practice of breastfeeding and giving other foods and liquids at the same time, a practice that significantly increases the risk of HIV transmission. This high prevalence of mixed feeding makes appropriate and effective infant feeding counseling especially important for the prevention of mother-to-child transmission.

In 2007, the F-MOH and Federal HIV/AIDS Prevention and Control Office (HAPCO) developed Guidelines for Prevention of Mother-to-Child Transmission in Ethiopia and Guidelines for Pediatric HIV/AIDS Care and Treatment. Both of these documents included guidance on infant feeding in the context of HIV that is compliant with the WHO 2006 guidelines on HIV and infant feeding. Ethiopia's current draft National PMTCT Training Package includes updated content on infant feeding that reflects these guidelines. Despite WHO-compliant IYCF guidelines and training tools, infant feeding counseling in PMTCT programs is limited in practice. In addition, messages are challenging for health workers to communicate and optimal infant feeding practices are difficult for mothers to adopt because of pervasive dangerous cultural practices, stigma, and lack of support for women's feeding choice. Research shows that when HIV-positive women are counseled and supported, optimal infant feeding rates increase, thus limiting the risk of MTCT.

IYCN will work closely with its partner, CARE, who has significant health and HIV program experience in Ethiopia. IYCN will benefit from this experience and begin start-up with a clear understanding of Ethiopia's political, cultural, and social context and strong working relationships with the F-MOH and other NGOs from multiple sectors.

ACTIVITIES AND EXPECTED RESULTS

The goal of this COP09 activity is to integrate, expand and monitor safe infant feeding practices and maternal nutrition as essential components of PMTCT services focused on HIV-positive pregnant and lactating women as well as HIV-exposed infants and young children. IYCN will provide technical assistance to operationalize the National PMTCT Strategy. IYCN will also strengthen and expand current PEPFAR partners' activities in Ethiopia to include and strengthen infant feeding. The project will enhance the capacity of facility-based health staff in PMTCT, ANC and related services to provide appropriate infant feeding counseling and nutrition assessment to HIV- positive women with links to community-based support services

Activity Narrative: IYCN will carry out four major activities to reduce the risk of mother-to-child transmission by strengthening infant feeding counseling and support and to improve the nutritional status of HIV-positive pregnant and lactating women.

1.) Conduct a rapid assessment. -- IYCN will conduct a rapid assessment of current infant and young child feeding practices among HIV+ positive women, as well as the quality of infant feeding counseling offered through PMTCT services. This will include a review of national policies, guidelines, curricula, and materials related to infant and young child feeding and maternal nutrition in the context of HIV and a review of related secondary data from programs, assessments, studies and research. As part of the assessment, IYCN will determine the availability and quality of IYCF counseling as part of PMTCT services and assess the knowledge and counseling skills of PMTCT, ANC and related service providers, including health extension workers, and community support group facilitators. IYCN will also assess infant and young child feeding knowledge, attitudes, and practices among HIV-positive women. IYCN will use the assessment findings to develop strategic messages and materials that address identified barriers to optimal feeding practices. IYCN will also identify training and job aids needed to strengthen infant feeding counseling and support services at the facility and community level.

IYCN will conduct a stakeholders' workshop with the F-MOH; PEPFAR PMTCT HIV and nutrition, and OVC partners; and child survival and nutrition programs to present the findings from the rapid assessment and identify ways to address the gaps identified. This workshop will lay the foundation for ongoing TA and collaboration to integrate and enhance infant feeding and maternal nutrition into current PMTCT activities, particularly with PEPFAR-supported clinical activities. IYCN will link its IYCF in the context of HIV TA to OVC, child survival and other programs.

2.) Strengthen the capacity of facility-based staff to provide quality infant feeding counseling and nutrition services.-- IYCN will review the F-MOH's PMTCT Training Package to strengthen content on infant, young child and maternal nutrition in the context of HIV. Based on IYCN's initial review of the training package, IYCN will expand the maternal nutrition content and include a practical session on infant feeding counseling skills. In addition, IYCN will develop and disseminate a refresher training manual to strengthen the skills of providers previously trained. IYCN will support training activities for PMTCT staff, especially in urban areas, due to the comparatively high HIV rates with later expansion to PMTCT staff in rural areas.

To further strengthen health staff capacity, IYCN will review, revise and develop counseling and nutrition assessment job aids and tools to ensure they are specifically tailored to the needs of HIV-positive women and exposed children. As a first step, IYCN will update the F-MOH PMTCT job aid (originally developed by LINKAGES) to reflect the 2006 WHO HIV and infant feeding guidelines and support training service providers in its use.

To promote quality services, IYCN will assist the F-MOH and partners to assess services and develop quality improvement strategies with periodic reassessment. Based on this information, IYCN will provide tools and assist with supportive supervision for facility staff to ensure high-quality infant feeding counseling is integral to PMTCT services.

3) Develop IEC materials on infant feeding and maternal nutrition in the context of HIV. -- IYCN will provide TA to develop IEC materials on infant feeding and maternal nutrition in the context of HIV based on the findings from the rapid assessment. These materials will strategically respond to perceived and existing barriers to optimal IYCF and maternal nutrition behaviors. IYCN will support sharing and diffusion of these materials among the F-MOH and PEPFAR partners. They will be disseminated to HIV-positive women and their families through service providers, HEWs, and support groups. IYCN will provide TA on material and message development to partners to adapt these materials to meet the needs of the populations with whom they are working.

4) Integrate and expand infant feeding and nutrition in the context of HIV within related programs. IYCN will provide TA to PEPFAR nutrition related HIV projects (i.e., the urban gardens and food-by-prescription projects) to improve outreach staff promotion and support of appropriate IYCF and improved nutrition behaviors. IYCN will provide TA to incorporate key infant and young child feeding content into both program's nutrition education activities. IYCN will work in collaboration with PEPEFAR and government partners to develop training modules, job aids, and BCC materials on infant feeding and HIV for outreach workers, mothers and their families.

The F-MOH National Nutrition Program (NNP) is implementing Ethiopia's first National Nutrition Strategy. The NNP is deploying over 30,000 health extension workers as key resources to implement this program. IYCN will provide TA to the NNP to ensure that infant feeding and nutrition in the context of HIV is integrated into the program's service delivery and institutional strengthening/capacity building activities. IYCN will support training for HEWs to strengthen their capacity to provide consistent and correct information on infant feeding and nutrition for women who are HIV positive, offer adequate support, and refer them to appropriate services. IYCN will develop a TOT refresher training manual, produce related job aids that respond specifically to the needs of HEWs, and provide BCC materials that can be disseminated through current activities.

IYCN will also collaborate with UNICEF's maternal and child activities and USAID-supported child survival activities in the country to integrate IYCF in the context of HIV into their programs. IYCN will share key findings from the rapid assessment to ensure that strategic messages for HIV positive mothers are included, both for maternal nutrition and feeding HIV-exposed children. IYCN will provide TA to review and revise their current tools, training manuals and materials, as well as share current tools and materials to enhance support for women who are HIV positive, help increase infant HIV-free survival and strengthen linkages and referrals for services.

GENDER
IYCN will maintain a gender equity focus through its project approach and empower women to make

Activity Narrative: decisions to improve their own health and that of their children. Key activities include:
1) Health workers will be trained to not only to provide HIV-positive women with information, but will empower them to make infant feeding decisions based on their individual circumstances. Counseling will also help HIV-positive women recognize their own nutritional needs during pregnancy and lactation. Health workers will be trained to counsel and empower women to identify and take action to improve their nutritional status.
2) Staff assessment and counseling will further help women address situations where she may face stigma and violence in her home or community. HIV+ women will be linked with formal or informal women's support groups to help develop skills and confidence and address situations of gender based violence.
3) IYCN will share materials that sensitize men and community leaders to support women's nutritional needs during pregnancy and lactation, and to support optimal infant feeding. IYCN will adapt resources such as PATH's Community Sensitization Manual for Improved Infant Feeding and Maternal Nutrition and share them with partners.

SUSTAINABILITY
IYCN's multipronged approach to sustainability begins by providing TA to existing strategies and programs being implemented by the F-MOH, implanting partners and NGOs, and focuses on developing staff capacity and skills in PMTCT, ART, and well-child/MCH clinics. Well-designed training curricula, job aids, counseling tools, and BCC materials will help maintain high standards over time. IYCN support will build knowledge and skills on infant feeding and nutrition in the context of HIV that will help sustain optimal nutrition practices at the facility, community and household levels. IYCN will also support monitoring and evaluation and develop quality improvement methods and integrate nutrition within PMTCT and increase linkages among ANC, PMTCT, nutrition and child health services. This approach will facilitate referrals; integrate care, decrease dropout rates, and increase PMTCT attendance.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities
* Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 11746.09
Mechanism: EGAT-Pastoralist Marketplace Wraparound
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01

Activity ID: 28778.09 **Planned Funds:** [redacted]

Activity System ID: 28778

Activity Narrative: Pastoralist Livelihood Initiative

THIS IS A NEW ACTIVITY

It is a comprehensive prevention program that will receive money from MTCT, HVAB and HVOP.

This activity that will leverage $3 million from the USAID Business, Environment, Agriculture and Trade office in a wrap around activity called the Pastoralist Livelihoods Initiative – Phase II Livelihoods Component (PLI II). HIV/AIDS prevalence in Ethiopia is concentrated in urban areas. In June of 2008, The Ministry of Health released the Single Point HIV Prevalence Estimate report which gives the latest estimate of national HIV prevalence. That report places the adult prevalence rate at 2.2%, while the corresponding rate in urban populations is more than 3 times higher (7.7%). This wraparound activity will allow PEPFAR Ethiopia to access an important population that forms a bridge between the rural and urban areas in 25 towns along Ethiopia's transportation corridors in Oromia, Afar and Somali regions.

PEPFAR recognizes that marketing opportunities for pastoralists also creates an opportunity to address HIV/AIDS prevention, care and support programming with this population. Pastoralists are a difficult population to reach given their mobile lifestyle, yet they are an essential bridge population in Ethiopia where the HIV/AIDS prevalence is much higher in urban and peri-urban areas than in rural areas. When pastoralists travel from rural areas to towns in order to bring their livestock to market this creates an opportunity for public health programs to impact on HIV/AIDS epidemic as it affects the pastoralist. Additionally, pastoralist women who migrate from rural to urban areas can be at a greater risk of HIV infection than their urban based counterparts due to their economic vulnerability and social isolation. PLI II will receive funding to address HIV/AIDS prevention care and support among pastoralists who travel to markets towns in urban and peri-urban areas through the President's Emergency Plan for AIDS Relief (PEPFAR).

Ethiopia's 2005 Demographic and Health Survey found that low ANC attendance and assisted delivery remain major impediments to progress on PMTCT targets. Additionally, young women who migrate from rural to urban and peri-urban areas may be particularly vulnerable to HIV/AIDS infection. 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 (Ethiopian Demographic and Health Survey (EDHS), 2005). Young women including OVC may be particularly vulnerable to HIV/AIDS infection in market towns where PLI II will impact.

This PMTCT wrap around activity will address PMTCT among pastoralist women who have migrated to urban and peri-urban areas in 25 towns along transportation corridors in Afar, Oromiya and Somali regions. The goal of this activity is to increases total ANC enrollment through interpersonal and interactive communications. As total ANC enrollment increases the number of unique pregnant women utilizing PMTCT services will increase. Activities will include but not be limited to:
1) Reach pregnant women in through appropriate interpersonal and media campaigns promoting routine ANC attendance,
2) Providing services and referrals to pastoralist young women and girls who migrated these market towns. Services to be provided include emotional and social support from adult female mentors, HIV prevention information, livelihoods training including financial literacy and entrepreneurship, and referrals to post-rape counseling, health services, VCT, PMTCT, and ART. Linkages with programs addressing exploitive child labor will be made to leverage experience and capacity.
3) Support for linkages to healthcare facilities to promote uptake of antenatal and PMTCT services and to support follow up of infants enrolled in early infant diagnosis (EID) programs. 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 community to facility levels
3) Promotion of partner testing and a family-centered model of care where appropriate, using PMTCT as an entry point to HIV services for mothers, children, and families

It is anticipated that the PLI II program will work with other programs working in the Afar, Oromiya and Somali regions. For community-based programs it is expected that PLI II will link with the Transportation Corridor Program, Civil Society, Engender Health - Prevention for At Risk Populations in High Prevalence Urban Areas in Ethiopia, PSI - Targeted Condom Promotion and Positive Change: Children, Communities and Care (PC3). For linkages with facilities PLI II will work with I-TECH in Afar, Columbia University in Oromiya and Somali and MSH in Oromiya.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 683.09 **Mechanism:** ***

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 28789.09

Planned Funds: [redacted]

Activity System ID: 28789

Activity Narrative: Expansion and development of community-based supports for PMTCT

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Activities were formally implemented by Intrahealth.

Substantive changes were made in the COP 08 narrative and are as follows: This activity will provide a comprehensive and tailored package of quality improvement support, training, supervision and technical assistance in FY09 to existing community groups, Health Extension workers, (HEW's), Traditional Birth Attendants, (TBA's), to support and increased uptake of PMTCT services at the community level. In addition it will provide targeted promotion and community level campaigns to support PMTCT access and understanding at the community level as well as expansion and scope of the Urban HEW program.

Trainings will be conducted for TBA's, HEW's, and 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. This activity will ensure collaboration with EngenderHealth to incorporate Men as Partners activities into their program which are currently at health posts. This activity will support facilities to significantly increase the number of male partners tested during ANC visits.

Increasing the capacity of TBA and HEW to render household-level service delivery is vital to overcoming the prevailing poor uptake of PMTCT services. This activity will work closely with Pathfinder on 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.

This activity will incorporate 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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 8181.09
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: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 18716.28988.09
Planned Funds: $41,200
Activity System ID: 28988
Activity Narrative: CDC M&S

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

No change to activity. Budget has been adjusted to accommodate potential salary increase.

COP08 ACTIVITY NARRATIVE

This activity represents the direct technical assistance which is provided to partners by CDC Staff. The amount represents the salary and benefit cost for CDC Ethiopia local technical staff. Detailed narrative of CDC –Ethiopia management and Staffing is included in programs Area 15-Management and Staffing HVMS.

New/Continuing Activity: Continuing Activity
Continuing Activity: 18716

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18716	18716.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8181	8181.08	CDC-M&S	$37,500

Program Budget Code: 02 - HVAB Sexual Prevention: AB

Total Planned Funding for Program Budget Code: $9,465,291

Program Area Narrative:

The release of new HIV prevalence surveillance and behavioral data has resulted in a new understanding of the nature of the epidemic in Ethiopia. In early 2007, the Government of Ethiopia, (GOE) and stakeholders developed consensus single point estimates of national and regional HIV prevalence that synthesized and reflected all of the available data. That single-point estimate for HIV prevalence for adults 15-49 stands at 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. Rural HIV prevalence is concentrated primarily along transport corridors and in peri-urban settings.

Sexual prevention activities will continue to work cooperatively to enhance linkages and to support other key activities under the Care and Treatment portion of the PEPFAR portfolio as well as to support the overall vision and strategy of PEPFAR in Ethiopia. This includes a focus on urban and peri-urban areas as well as identified 'hot spots' for HIV, ensuring targeting of populations most at-risk of HIV, mainstreaming gender including the expansion of activities that support inclusion of men, sustainability through transfer of both skills and responsibilities to indigenous organizations and civil society, addressing human resources as a key characteristic of sustainability, promotion of family centered approaches, enhance quality of services, and data quality and usage.

As Prevention becomes more of a focus within PEPFAR some key activities have been identified to sharpen the PEPFAR Prevention approaches and strategies in Ethiopia. The importance of averting new HIV infections is paramount. Key activities will include a Prevention Summit to increase understanding among PEPFAR partners about current best practices and challenges in the area of prevention. There will be an increase of PEPFAR partner meetings and forums to focus on various aspects of prevention i.e. BCC/IEC materials and dissemination, data review and sharing of best practices. There will be increased interaction between the PEPFAR Prevention TWG and the SI, Care and Treatment TWG to ensure that integration and synergy is achieved where possible.

Some ways in which prevention will support and complement activities within care and treatment include behavior change communication approaches that will improve health care seeking behavior and demand creation for services. Prevention programs will work to strengthen the referral systems in place for HCT, ART, PMTCT and TB/HIV through community level engagement with indigenous organizations, existing community structures such as Iddir societies, parent teacher associations, school committees and others.

In FY 09 there will remain a focus on high risk populations with expansion, supported by recent data described below, 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. Community mobilization and outreach activities under condoms and Other Prevention (OP) will be implemented in major cities and towns of major regions and emerging regions where there are evidences of the need for sexual prevention.

Recent data supporting an expansion within these higher risk populations include the HIV/AIDS in Ethiopia, An Epidemiological Synthesis conducted in partnership by Ethiopia HIV/AIDS Prevention and Control Office, (HAPCO) and the Global HIV/AIDS monitoring and Evaluation Team, (GAMET) published by the World Bank in April 2008. This report has indicated that the epidemic may be less severe, less generalized and more heterogeneous than previously believed, with marked regional variations; the diversity of the HIV epidemic seems to be related to sexual behavior patterns; small towns may be HIV hot-spots that have had marginal attention in HIV prevention efforts to date; traditional high-risk groups such as sex workers seem to be reducing some of their risky behaviors. Young populations, most notably never-married sexually active females have the greatest risk of HIV infection in the country; discordant couples are also a concern as there is need to strengthen uptake of couples counseling and testing.

Small towns included in the earlier DHS survey exhibited a higher-than expected prevalence of HIV compared to bigger towns. These small towns may be HIV hotspots that have been neglected in more urban HIV prevention efforts to date. Among the adult

population, a substantial level of unprotected sex was practiced despite presence of knowledge about HIV prevention and self risk perception of infection with HIV has remained low in spite of continued high risk behavior.

A limited report on sero-epidemiological study conducted on Most at Risk Population (MARP) identified commercial sex workers, (CSWs), daily laborers, mobile merchants, students and long distance drivers as MARP. The HIV prevalence among these targets is much higher than the rest of the population. These groups are also serving as bridge populations for HIV sexual transmission.

A Qualitative study of the communities of cross-border towns indicated that the population was highly mobile, and HIV was considered to be one of the major health problems. The high mobility of these populations coupled with premarital sex, multiple sexual partnerships, low levels of condom use, widespread commercial sex work, and use of alcohol and substances, has exacerbated the spread of HIV/AIDS within these towns and from these towns to the center. Low levels of condom use were ascribed to misconceptions about condoms, coerced unprotected sex, lack of information, and decreased self control after consumption of drugs. Utilization of VCT was indicated to be rising; however, VCT has not become widespread because of poor publicity, fear of the stigma linked with being HIV positive, and a lack of care and treatment services for individuals testing positive.

In many instances, however, data is clearly lacking. The uniformed services, truckers, refugees and displaced people, street children, daily laborers, students and other mobile populations may be among the most vulnerable groups in the country; however there is little to no data measuring accurately the recent spread of HIV in these groups and their role in the further spread of HIV to the general population. Emerging issues include the presence of men having sex with men and possibilities of cross bridging of the HIV infection and their high risk sexual and health seeking behaviors are important for doing further research and program consideration. To address the gaps in data PEPFAR will work closely with both the SI TWG and implementing partners to expand knowledge and to collect data. There will also be a possible rapid assessment of MARP conducted through CDC's I-RARE project.

In general, very few data are available on sexually transmitted infections, (STI) in Ethiopia. STI surveillance is practically nonexistent although case reporting is part of the integrated surveillance effort. Available data indicated that the reported number of STI has increased over the past two decades. Findings of the 6th round national sentinel surveillance study revealed a nearly double HIV prevalence rate among pregnant women with antibodies against Syphilis infection (HTPA) compared to those without it (4.9% vs. 2.5%) .

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 FY09. 200,000 STI treatment kits will be distributed and promotion and demand creation for STI services will also be supported. In FY09 eight Confidential STI clinics for MARP 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 on site 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. 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.

Specific partner activity highlights in FY90 include:

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.

CCP/ARC which will improve and expand many of its user services functions as well as continue to provide support and capacity building to both national and regional HAPCO. As in years past, the center will also continue its support to national HAPCO in developing and implementing activities for special events, including World AIDS Day. The Wegen hotline will continue to provide HIV prevention information and risk reduction counseling. The MARCH partners which mainly address uniformed services (Police and Military) and university students will continue and scale up of the print serial drama and linked reinforcement activities will continue. The Men as partners, OGAC initiative, has been mainstreamed in the scripts of the print serial drama and reinforcement activities; technical assistance for this activity is being rendered by EngenderHealth and CCP.

In FY09 PEPFAR Ethiopia will support risk-reduction counseling on alcohol and khat use in the context of HIV/AIDS prevention. Activities include providing accurate information on HIV/AIDS and alcohol and training of health care workers on personal risk assessment and behavioral skills. Alcohol and khat interventions will also be linked with other services, including screening for sexually transmitted infections and referral to psychiatric services.

There are a number of continuing programs on sexual prevention that use IEC/BCC materials and mass media to educate Ethiopians about HIV/AIDS. JHU/CCP will develop new IEC materials under FY09 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.

Several current partners are shifting focus in order to better respond to the epidemiological data. Population Council will develop Men's 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.

USAID will launch two new activities that will address MARP in Ethiopia. One to be implemented by EngenderHealth that will introduce a comprehensive package of HIV prevention services for adults and young people involved in or at risk for transactional sex., and a second implemented by World Learning that will work in collaboration with the private company Astar Advertising (Astar), and the government's Ethiopia Electric Power Corporation (EEPCo), the Ethiopian Roads Authority (ERA) and the Ministry of Water HIV Task Force (MOW) to support and institutionalize the design, implementation and evaluation of HIV prevention interventions and services that address the risks associated with transactional sex in urban centers and "hotspots," particularly in large-scale construction sites and surrounding communities. PEPFAR Ethiopia will implement community outreach activities to address the current epidemic in the smaller towns and hotspots of Amhara region and Gambella through a TBD partner. This activity will include community outreach in other emerging regions as well where community level activities lack.

USAID will use an APS to for solicitation of new indigenous partners to expand the range of activities targeting MARPS.

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, JHU/CCP, YMCA, Addis Ababa University and the new EVOLVE education program to support HIV prevention education in 24 Teachers' Colleges.

USG PEPFAR will continue to coordinate and monitor prevention activities through quarterly partner meetings and biweekly USG PEPFAR Prevention Technical Working Group meetings. PEPFAR sits on Federal HAPCO's newly formed Prevention Task Force which aims to harmonize all prevention efforts across Ethiopia. PEPFAR will continue to support the seconding 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 sexual prevention 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.

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 8181.09
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: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 18717.28989.09
Planned Funds: $17,060
Activity System ID: 28989
Activity Narrative: CDC M&S

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

No change to activity. Budget has been adjusted to accommodate potential salary increase.

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.

New/Continuing Activity: Continuing Activity
Continuing Activity: 18717

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18717	18717.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8181	8181.08	CDC-M&S	$53,200

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 603.09

Mechanism: FBO-IOCC

Prime Partner: International Orthodox Christian Charities

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 28971.09

Planned Funds: $381,000

Activity System ID: 28971

Activity Narrative: Prevention Component of the Ethiopian Orthodox Church Development and Interchurch Aid Commission/IOCC HIV/AIDS Response Mechanism Project

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

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

Activity Narrative: 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 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.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3799.09

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

Prime Partner: Debub University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 29813.09

Planned Funds: $8,000

Activity System ID: 29813

Activity Narrative: APRIL 2009 REPROGRAMMING
Strengthening Higher Learning Institutions' Clinics to Provide HIV Prevention and Friendly STI Services

As a result of the Prevention Portfolio Review, we have determined this activity to have 10% AB component from the previous 100% OP activity.

Strengthening higher learning universities clinics (Jimma, Mekelle, Hawassa) to provide HIV prevention, and youth-friendly STI services. Linked with peer outreach through HCP (USAID partner) and MARCH program, condom promotion and distribution, HCT, reproductive health, care and treatment.

In FY09, based on the experience gained from this activity, expansion of the service to Hawassa University will be done with the following AB activities 1) Assess the HIV/STI and reproductive health messages and prevention activities in Hawassa University 2) Adapt available HIV/STI information, education, and communication materials for use in the Hawassa University 3) Strengthen campus anti-AIDS clubs, university anti-AIDS committees, and gender offices to provide youth-friendly STI and reproductive health information to their members 7) Support making AIDS Resource Center materials available to students at Hawassa University campus.

COP 08 NARRATIVE: This is a continuation activity to provide HIV-prevention messages and friendly services to address sexually transmitted infections (STI) in Universities. Students in higher learning institutions are considered to be fully aware of HIV/AIDS risks and preventive mechanisms. As a result, they are often neglected by HIV/STI interventions. However, on arrival at university, many students encounter new ways of life, with relative independence and freedom as they are away from the immediate control and influence of their parents. Students coming from rural villages and semi-urban areas in particular have difficulty adapting to the new urban environment and group social life. The influence of peers is significant, and there is a high level of desire for new experience. The widely acknowledged attitude that 'you can't be in campus without a girl/boyfriend' causes them to engage in sexual activity that puts them at risk for HIV and STI. Transactional sex is one of the most evident social dynamics around the university campus. For most female students, particularly those from poorer backgrounds, having sex with men who are often older and wealthier is the quickest and easiest way to secure the material goods and lifestyles exemplified by their wealthier peers. The fact that many parents/guardians are not able to support students financially due to economic hardships creates a further financial strain on students. These factors, added to a high level of sexual networking and high HIV prevalence in the cities where the higher institutions are located, put university students at high risk for HIV exposure. The recent UNAIDS report indicates that the percentage of Ethiopian young people aged 15 to 24 who used a condom last time they had sex with a casual partner was only 36.2% among males and 14.6% among females. In the past 12 months, 37.8% males and 34% female adolescents had had casual sex in the past 12 months. All Ethiopian universities have clinics that are supposed to provide comprehensive, primary-level healthcare service to all registered students. But because of the nature of the diverse students enrolled and the limited capacity of the clinics, the clinics are not well-utilized and are not providing standard and quality HIV/STI prevention services. PEPFAR currently supports few interventions in HIV prevention at Ethiopian universities, because most PEPFAR activities are concentrated in the capital and the universities outside Addis Ababa. Therefore, this activity will be conducted in three universities where the prevalence of HIV among students and the surrounding community is high. It will strengthen university clinics to provide HIV prevention and friendly STI services to reduce the occurrence of new infections and break the cycle of HIV/STI infections. In FY08 the following activities are planned; 1) Assess the HIV/STI and reproductive health messaging and prevention activities in three universities: Gondar, Haromaya and Addis Ababa Universities. 2) Strengthen university campus clinics to provide comprehensive HIV/STI and reproductive health services, including voluntary counseling and testing services, to students and staff of the universities 3) Train 12 health workers from the institutional clinics in HIV/STI syndromic management and counseling and testing 4) Adapt available HIV/STI information, education, and communication materials for use in the three universities 5) Recruit one additional health worker to support the HIV prevention services in the clinics 6) Strengthen campus anti-AIDS clubs, university anti-AIDS committees, and gender offices to provide youth-friendly STI and reproductive health information to their members. 7) Support making AIDS Resource Center materials available to students at the three university campuses.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3801.09

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: Sexual Prevention: AB

Budget Code: HVAB **Program Budget Code:** 02

Activity ID: 29815.09 **Planned Funds:** $8,000

Activity System ID: 29815

Activity Narrative: APRIL 2009 REPROGRAMMING
Strengthening Higher Learning Institutions' Clinics to Provide HIV Prevention and Friendly STI Services

As a result of the Prevention Portfolio Review, we have determined this activity to have 10% AB component from the previous 100% OP activity.

Strengthening higher learning universities clinics (Jimma, Mekelle, Hawassa) to provide HIV prevention, and youth-friendly STI services. Linked with peer outreach through HCP (USAID partner) and MARCH program, condom promotion and distribution, HCT, reproductive health, care and treatment.

In FY09, based on the experience gained from this activity, expansion of the service to Hawassa University will be done with the following AB activities 1) Assess the HIV/STI and reproductive health messages and prevention activities in Hawassa University 2) Adapt available HIV/STI information, education, and communication materials for use in the Hawassa University 3) Strengthen campus anti-AIDS clubs, university anti-AIDS committees, and gender offices to provide youth-friendly STI and reproductive health information to their members 7) Support making AIDS Resource Center materials available to students at Hawassa University campus.

COP 08 NARRATIVE: This is a continuation activity to provide HIV-prevention messages and friendly services to address sexually transmitted infections (STI) in Universities. Students in higher learning institutions are considered to be fully aware of HIV/AIDS risks and preventive mechanisms. As a result, they are often neglected by HIV/STI interventions. However, on arrival at university, many students encounter new ways of life, with relative independence and freedom as they are away from the immediate control and influence of their parents. Students coming from rural villages and semi-urban areas in particular have difficulty adapting to the new urban environment and group social life. The influence of peers is significant, and there is a high level of desire for new experience. The widely acknowledged attitude that 'you can't be in campus without a girl/boyfriend' causes them to engage in sexual activity that puts them at risk for HIV and STI. Transactional sex is one of the most evident social dynamics around the university campus. For most female students, particularly those from poorer backgrounds, having sex with men who are often older and wealthier is the quickest and easiest way to secure the material goods and lifestyles exemplified by their wealthier peers. The fact that many parents/guardians are not able to support students financially due to economic hardships creates a further financial strain on students. These factors, added to a high level of sexual networking and high HIV prevalence in the cities where the higher institutions are located, put university students at high risk for HIV exposure. The recent UNAIDS report indicates that the percentage of Ethiopian young people aged 15 to 24 who used a condom last time they had sex with a casual partner was only 36.2% among males and 14.6% among females. In the past 12 months, 37.8% males and 34% female adolescents had had casual sex in the past 12 months. All Ethiopian universities have clinics that are supposed to provide comprehensive, primary-level healthcare service to all registered students. But because of the nature of the diverse students enrolled and the limited capacity of the clinics, the clinics are not well-utilized and are not providing standard and quality HIV/STI prevention services. PEPFAR currently supports few interventions in HIV prevention at Ethiopian universities, because most PEPFAR activities are concentrated in the capital and the universities outside Addis Ababa. Therefore, this activity will be conducted in three universities where the prevalence of HIV among students and the surrounding community is high. It will strengthen university clinics to provide HIV prevention and friendly STI services to reduce the occurrence of new infections and break the cycle of HIV/STI infections. In FY08 the following activities are planned; 1) Assess the HIV/STI and reproductive health messaging and prevention activities in three universities: Gondar, Haromaya and Addis Ababa Universities. 2) Strengthen university campus clinics to provide comprehensive HIV/STI and reproductive health services, including voluntary counseling and testing services, to students and staff of the universities 3) Train 12 health workers from the institutional clinics in HIV/STI syndromic management and counseling and testing 4) Adapt available HIV/STI information, education, and communication materials for use in the three universities 5) Recruit one additional health worker to support the HIV prevention services in the clinics 6) Strengthen campus anti-AIDS clubs, university anti-AIDS committees, and gender offices to provide youth-friendly STI and reproductive health information to their members. 7) Support making AIDS Resource Center materials available to students at the three university campuses.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3804.09

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: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 29816.09

Planned Funds: $8,000

Activity System ID: 29816

Activity Narrative: APRIL 2009 REPROGRAMMING
Strengthening Higher Learning Institutions' Clinics to Provide HIV Prevention and Friendly STI Services

As a result of the Prevention Portfolio Review, we have determined this activity to have 10% AB component from the previous 100% OP activity.

Strengthening higher learning universities clinics (Jimma, Mekelle, Hawassa) to provide HIV prevention, and youth-friendly STI services. Linked with peer outreach through HCP (USAID partner) and MARCH program, condom promotion and distribution, HCT, reproductive health, care and treatment.

In FY09, based on the experience gained from this activity, expansion of the service to Hawassa University will be done with the following AB activities 1) Assess the HIV/STI and reproductive health messages and prevention activities in Hawassa University 2) Adapt available HIV/STI information, education, and communication materials for use in the Hawassa University 3) Strengthen campus anti-AIDS clubs, university anti-AIDS committees, and gender offices to provide youth-friendly STI and reproductive health information to their members 7) Support making AIDS Resource Center materials available to students at Hawassa University campus.

COP 08 NARRATIVE: This is a continuation activity to provide HIV-prevention messages and friendly services to address sexually transmitted infections (STI) in Universities. Students in higher learning institutions are considered to be fully aware of HIV/AIDS risks and preventive mechanisms. As a result, they are often neglected by HIV/STI interventions. However, on arrival at university, many students encounter new ways of life, with relative independence and freedom as they are away from the immediate control and influence of their parents. Students coming from rural villages and semi-urban areas in particular have difficulty adapting to the new urban environment and group social life. The influence of peers is significant, and there is a high level of desire for new experience. The widely acknowledged attitude that 'you can't be in campus without a girl/boyfriend' causes them to engage in sexual activity that puts them at risk for HIV and STI. Transactional sex is one of the most evident social dynamics around the university campus. For most female students, particularly those from poorer backgrounds, having sex with men who are often older and wealthier is the quickest and easiest way to secure the material goods and lifestyles exemplified by their wealthier peers. The fact that many parents/guardians are not able to support students financially due to economic hardships creates a further financial strain on students. These factors, added to a high level of sexual networking and high HIV prevalence in the cities where the higher institutions are located, put university students at high risk for HIV exposure. The recent UNAIDS report indicates that the percentage of Ethiopian young people aged 15 to 24 who used a condom last time they had sex with a casual partner was only 36.2% among males and 14.6% among females. In the past 12 months, 37.8% males and 34% female adolescents had had casual sex in the past 12 months. All Ethiopian universities have clinics that are supposed to provide comprehensive, primary-level healthcare service to all registered students. But because of the nature of the diverse students enrolled and the limited capacity of the clinics, the clinics are not well-utilized and are not providing standard and quality HIV/STI prevention services. PEPFAR currently supports few interventions in HIV prevention at Ethiopian universities, because most PEPFAR activities are concentrated in the capital and the universities outside Addis Ababa. Therefore, this activity will be conducted in three universities where the prevalence of HIV among students and the surrounding community is high. It will strengthen university clinics to provide HIV prevention and friendly STI services to reduce the occurrence of new infections and break the cycle of HIV/STI infections. In FY08 the following activities are planned; 1) Assess the HIV/STI and reproductive health messaging and prevention activities in three universities: Gondar, Haromaya and Addis Ababa Universities. 2) Strengthen university campus clinics to provide comprehensive HIV/STI and reproductive health services, including voluntary counseling and testing services, to students and staff of the universities 3) Train 12 health workers from the institutional clinics in HIV/STI syndromic management and counseling and testing 4) Adapt available HIV/STI information, education, and communication materials for use in the three universities 5) Recruit one additional health worker to support the HIV prevention services in the clinics 6) Strengthen campus anti-AIDS clubs, university anti-AIDS committees, and gender offices to provide youth-friendly STI and reproductive health information to their members. 7) Support making AIDS Resource Center materials available to students at the three university campuses.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3784.09

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: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 29818.09

Planned Funds: $50,000

Activity System ID: 29818

Activity Narrative: APRIL 2009 REPROGRAMMING
Strengthening STI services for MARPs

As a result of the Prevention Portfolio Review, we have determined this activity to have 20% AB component from the previous 100% OP activity.

Expand access to PLHA and other MARPs to comprehensive STI care and treatment services at 52 sites in Oromia, Somali, Harari and Dire Dawa regions.

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& 08, Columbia University's International Center for AIDS Care and Treatment Programs, (ICAPCU) has taken full responsibility for supporting STI activities at public and private health facilities in Dire Dawa, Oromiya, Harari, and Somali regions. The support activities included: Training healthcare providers on syndromic management of STI, and providing technical assistance to implement the syndromic approach at hospital level. 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. A recent study by CDC/EPHA in selected urban and rural areas identified a number of barriers that limit the utilization of STI services in the country, operating at individual, community, health facility, and policy/program levels. These include: at facility level space problems, shortage of basic functioning diagnostic equipment, failure to implement syndromic management guidelines, lack of BCC/IEC materials, poor recordkeeping, lack of confidentiality. At provider level lack of training; health workers lack basic patient counseling and education skills; health workers are judgmental to patients with STDs. At patient level urban patients buy STI drugs to treat their disease without consulting health care; government facilities seen as the last resort; fear of stigma, judgmental clinic staff, breach of confidentiality, long waiting times seen as barriers to attending clinics. One of the major gaps identified by the know your epidemic know your Ethiopian Episynthesis is lack of data on STIs with only few cases being reported from health facilities throughout the country. Therefore, the major focus in FY09 shall include support for sites for STI syndromic data documentation and reporting and support STI surveillance program within the health-delivery structure in the specified Regions FY09 activities at the hospital/facility level will include: 1), Continuation support of STI services for a total of 52 sites supported by ICAP-CU 2) Providing on-site technical assistance to improve STI diagnosis and treatment following national syndromic management guidelines 3) 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. 4) Have core T.O.T trained at the regional and Zonal health offices 5) 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 5) 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 6) STI education focused on risk reduction, screening, and treatment for patients enrolled in HIV/AIDS care and treatment at the hospitals 7) Providing condoms and education on how to use them, to patients enrolled in care and treatment, with a special focus on MARPs 8) 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) 10) 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 11) More Strengthening of STI data recording and reporting system at all levels .Support for sites for STI syndromic data documentation and reporting ICAP-CU will also focus on: 12) Continue targeted STI prevention, diagnosis, and treatment services to MARPs, including commercial sex workers 13) In FY08, ICAP was provided with supplemental funding to mainstream and strengthen IEC and BCC programs with its existing care and treatment activities to conduct outreach activities and promote services with in and outside the health facility areas in four regions of the country (Oromia, Dire Dawa, Harari and Somali regions). In FY09, ICAP will strengthen and continue this activity by expanding sexual prevention outreach activity using the ABC strategy in two local universities in Oromia region (Haromaya and Jimma Universities). In FY09, ICAP will facilitate and coordinate linkages between STI and HIV/AIDS services. One of the major gaps identified by the know your epidemic know your response of Ethiopian Episynthesis is lack of data on STIs with only few cases being reported from health facilities throughout the country. Therefore, the major focus of FY09 shall include support for sites for STI syndromic data documentation and reporting and support STI surveillance program within the health-delivery structure. Others include having core T.O.T trained at the regional and zonal health offices and providing on-site training.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3787.09

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: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 29819.09

Planned Funds: $50,000

Activity System ID: 29819

Activity Narrative: APRIL 2009 REPROGRAMMING
Strengthening STI Services for MARPs

As a result of the Prevention Portfolio Review, we have determined this activity to have 20% AB component from the previous 100% OP activity.

Expand access to PLHA and other MARPs to comprehensive STI care and treatment services at 76 sites in Addis Ababa, SNNPR, Benishangul and Gambella regions.

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&08, Johns Hopkins University Bloomberg School of Public Health (JHU-BSPH) supported STI activities to Addis Ababa, Benishangul-Gumuz, Gambella, and Southern Nations, Nationalities, and Peoples (SNNPR) regions. The support included: training healthcare providers on syndromic management of STI, and providing technical assistance to implement the syndromic approach at hospital level. Development of a work plan and an assessment tool to identify the sources of STI treatment and prevention activities at the hospital level; 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. A recent study by CDC/EPHA in selected urban and rural areas identified a number of barriers that limit the utilization of STI services in the country, operating at individual, community, health facility, and policy/program levels. These include: at facility level space problems, shortage of basic functioning diagnostic equipment, failure to implement syndromic management guidelines, lack of BCC/IEC materials, poor recordkeeping, lack of confidentiality. At provider level lack of training; health workers lack basic patient counseling and education skills; health workers are judgmental to patients with STDs. At patient level urban patients buy STI drugs to treat their disease without consulting health care; government facilities seen as the last resort; fear of stigma, judgmental clinic staff, breach of confidentiality, long waiting times seen as barriers to attending clinics. One of the major gaps identified by the 'Know your epidemic Know your Ethiopian Episynthesis' is lack of data on STIs with only few cases being reported from health facilities throughout the country. Therefore, the major focus in FY09 shall include support for sites for STI syndromic data documentation and reporting and support STI surveillance program within the health-delivery structure in the specified Regions FY09 activities at the hospital/facility level will include: 1) Continuation of support on STI services of 76 sites supported by JHU-BSPH (including hospitals and emerging region health centers) 2) Provision of on-site technical assistance to improve STI diagnosis and treatment following national syndromic management guidelines 3) 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. 4) Have core T.O.T trained at the regional and Zonal health offices 5) 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 5) 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 6) STI education focused on risk reduction, screening, and treatment for patients enrolled in HIV/AIDS care and treatment at the hospitals 7) Provision of condoms, and education on how to use them, to patients enrolled in care and treatment, with a special focus on MARPs 8) 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) 9) 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 10) More Strengthening of STI data recording and reporting system at all levels .Support for sites for STI syndromic data documentation and reporting 11) In FY08, Johns Hopkins University Bloomberg School of Public Health (JHU) was provided with supplemental funding to mainstream and strengthen IEC and BCC programs with its existing care and treatment activities to conduct outreach activities and promote services with in and outside the health facility areas in four regions of the country (Addis Ababa, SNNPR, Gambella and Benishangul regions). In FY09, JHU will strengthen and continue this activity by expanding sexual prevention outreach activity using the ABC strategy in universities in the region (Hawassa University). The target populations are university students. The activity will be implemented in collaboration with JHSPH Behavioral Sciences Department. In FY09, JHU will facilitate and coordinate linkages between STI and HIV/AIDS services. One of the major gaps identified by the know your epidemic know your response of Ethiopian Episynthesis is lack of data on STIs with only few cases being reported from health facilities throughout the country. Therefore, the major focus in FY 09 will be to include support to sites for STI syndromic data documentation and reporting and support STI surveillance program within the health-delivery structure. Others include having core T.O.T trained at the regional and zonal health offices and providing on-site training.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5483.09

Mechanism: TBD/CDC

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 29820.09

Planned Funds: [redacted]

Activity System ID: 29820

Activity Narrative: APRIL 2009 REPROGRAMMING
Prevention for MARPs in Hotspots in Amhara region identified in the 2008 Amhara MARPs study.

B-focused AB.

A study conducted in the Amhara region in 2008 has identified commercial sex workers (CSWs), daily laborers, mobile merchants, students, and long distance drivers as Most at Risk Populations (MARPs) - given that HIV prevalence among these populations is much higher than the rest of the general population in Ethiopia. The study documented HIV prevalence rates in the range of 11.6% to 37% in these populations, rates that are 5-18 times higher compared to the national single-point HIV prevalence estimate of 2.1%; and 2 to 7 times higher than the 5.5% HIV prevalence documented for urban Ethiopia in the 2005 DHS. Consistent with high HIV prevalence, the study also documented high rates of partner change and concurrent sexual partnerships, high prevalence of sexually transmitted infections (STIs), and low and inconsistent rates of condom use. The study has also identified HIV hotspots, defined as a Woreda (district) or an intersection of Woredas where there is a high concentration of population groups/sub-populations with an elevated risk for HIV/AIDS or an area where well-defined high-risk groups (such as sex workers, long distance truck drivers) are congregated, in the region.

The purpose of this program is to increase access to high quality HIV prevention, care and treatment services for MARPs and their partners, particularly in identified rural and urban hotspots in selected Woredas and Zones of the Amhara region. The intervention will provide a range of prevention activities with a particular focus on providing a minimum package of prevention services to affected MARPs with the ultimate goal of reducing HIV transmission among these populations. A minimum package of services includes peer education and outreach, condom distribution and promotion, STI screening and treatment, HIV counseling and testing (HCT), and referral to HIV care and treatment for persons who test positive. Models that are innovative, evidence based and that emphasize increased access to services, and that can be scaled up, are a priority. Innovative models for delivery of HCT to MARPs should be included, including rapid and mobile testing as appropriate to the local context. A coordinated strategy for behavior change communication (BCC) activities will support implementation of the minimum package and promote sexual risk reduction, including correct and consistent condom use, and referral to HCT, STI, and HIV care and treatment services. Implementation of prevention with positives is also a critical component. The program should include training for service providers who interact with MARPs to reduce stigma and discrimination, particularly for service providers who work with sex workers. This activity will be linked with regional AIDS Resource Center outreach activities, which include training and interpersonal communication activities through facilitated small group discussions. The AIDS Resource centers reach older youth and other vulnerable groups; in addition, the strategies are being crafted to reach the MARPs.

Specific objectives include:

• Reaching MARPs in identified hotspots of the Amhara region with a coordinated and intensive behavior change strategy targeted at reducing sexual risk behaviors and increasing the number of MARPs who access HIV prevention, care, and treatment services.
• Developing and implementing models for efficient delivery of a minimum package of services to identified MARPs.
• Establishing national and regional (Amhara Region) MARPS Task Forces to take the lead to roll out and implement this program.
• Supporting the Government of Ethiopia (GOE) in developing a comprehensive national strategy for most-at-risk populations based on the current knowledge of the epidemic.
• Training and mentoring major stakeholders to build capacity for delivering services to MARPs, including planning, implementation. monitoring and evaluation of programs.

Measurable outcomes of the program will be in alignment with the following performance goal(s) for the Emergency Plan:
Measureable outcomes of the program will be in alignment with the goals of PEPFAR and the Ethiopia national AIDS plan. Additionally there will be indicators that monitor program quality and specific service elements. Applicants will develop a plan for reaching objectives for the full project period; however, applicants should include a work plan with associated targets for the first year of implementation:
• 80% of targeted MARPS and their partners receive comprehensive information and education on how to reduce risk, through a multi-level and coordinated BCC strategy that includes training of appropriate agents (e.g. peers, community health extension workers, agricultural extension agents, and women and youth associations) as peer educators.
• Condoms and lubricants are available to targeted MARPs in a timely and sustainable way.
• 40% of targeted MARPS receive HCT through a mix of CT options.
• 50% of targeted MARPS and their partners receive STI services.
• 20% of HIV-positive MARPS receive HIV care and treatment services.
• 30% of government and civil society organizations who deliver services to MARPs receive training in delivery of a minimum package of services to MARPs, including training that addresses reduction of stigma and discrimination.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5483.09 **Mechanism:** TBD/CDC

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 29821.09

Planned Funds: [redacted]

Activity System ID: 29821

Activity Narrative: APRIL 2009 REPROGRAMMING
Demand Creation and Promotion for STIs including genital ulcer and discharge.

As a result of the Prevention Portfolio Review, we have determined this activity to have 10% AB component from the previous 100% OP activity.

This is a continuing activity. The aim is 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 includes intense service-promotion and demand-creation activities for STIs. In FY06, FY07, PSI produced 60,000 STI (urethral discharge) treatment kits to STI patients. 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. In addition, 137 health workers in the private facilities were trained on STI syndromic management, based on the national guidelines. 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 created advertisements with a generic message on STI and health-seeking behaviors were placed, and 5,000 posters and point-of-sale materials were distributed. A recent study by CDC/EPHA in selected urban and rural areas identified a number of barriers that limit the utilization of STI services in the country, operating at individual, community, health facility, and policy/program levels. These include: at facility level space problems, shortage of basic functioning diagnostic equipment, failure to implement syndromic management guidelines, lack of BCC/IEC materials, poor recordkeeping, lack of confidentiality. At provider level lack of training; health workers lack basic patient counseling and education skills; health workers are judgmental to patients with STDs. At patient level urban patients buy STI drugs to treat their disease without consulting health care; government facilities seen as the last resort; fear of stigma, judgmental clinic staff, breach of confidentiality, long waiting times seen as barriers to attending clinics. In FY09, the following major activities in collaboration with the Federal Ministry of Health (MOH) and regional health bureaus (RHB): 1) Distribution of 200, 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. 7) Expansion of coverage areas to other major towns in the country.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 655.09

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: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 29822.09

Planned Funds: $40,000

Activity System ID: 29822

Activity Narrative: APRIL 2009 REPROGRAMMING
Alcohol/Substance Use and HIV Prevention and Control

As a result of the Prevention Portfolio Review, we have determined this activity to have 20% AB component from the previous 100% OP activity.

This is a continuing activity. Introduce a communication strategy around alcohol and substance abuse related to HIV/AIDS prevention. Decreasing khat and alcohol consumption in HIV-positive or at risk persons reduces the spread of HIV and associated diseases. Khat (Catha edulis) is a stimulant that grows in Ethiopia and a few other African countries, and it is chewed to increase energy. In many parts of the country, khat use is closely associated with high alcohol consumption. Khat and alcohol use are associated with high-risk sexual behaviors, which is the major mode of HIV transmission. In persons already infected, the combination of heavy drinking, khat use and HIV has been associated with increased medical and psychiatric complications, delays in seeking treatment, difficulties with HIV medication compliance, and poorer HIV treatment outcomes. In FY06, & FY07, a national targeted evaluation investigated the magnitude and pattern of alcohol and khat consumption and their role in the transmission of HIV infection and ART adherence. The study showed that Alcohol drinking and khat chewing are widespread and the consumption patterns can expose to risky sexual behaviors. Alcohol and khat use substantially and significantly increase the likelihood of having multiple sexual partnerships; those who use alcohol and khat are about twice likely to have MSPs compared to those who are not using these substances. Condom use is less by at least 50% among alcohol and khat users compared to those who do not use these substances. Increased occurrence of sexual violence and rape by persons under the influence of alcohol is noted by key informants. A limited number of intervention activities were initiated, including strategy design to address the problem. In FY08 interventions addressing factors identified by the evaluation is planned to start. In FYO9, Interventions from FY08 will continue encompassing: 1) Interventions in multiple settings, such as development of information, education, and education/behavior -change communication (IEC/BCC) materials, including job aids 2) Application of recommendations to the Wegen Talk-Line and Addis Ababa University, among others Specific interventions will include: 1) Offering IEC programs on HIV/AIDS, including production of anti-alcohol materials (e.g., leaflets, posters, and brochures) targeting both the general population and service providers. These will give detailed information on alcohol risks and suggest actions to address the problem. Such materials are essential to increase community awareness of the hazards of alcohol and khat. 2) Developing a roadmap to guide strategies and interventions at various levels 3) Training professionals on the risks of khat and alcohol and on drug-use counseling 4) Linking ART adherence interventions with drug-use counseling The pilot intervention is including provision of training and external technical assistance on risk reduction counseling. Risk-reduction counseling involves providing accurate HIV/AIDS and alcohol and khat information and training on personal risk assessment and behavioral skills. The intervention was to have offered HIV counseling and testing for individuals who abuse alcohol and khat, so that they can learn their sero-status. Alcohol and khat interventions were also to be linked with other services, including screening for sexually transmitted infections and psychiatric services. This is a continuing activity. Decreasing khat and alcohol consumption in HIV-positive or at risk persons reduces the spread of HIV and associated diseases. Khat (Catha edulis) is a stimulant that grows in Ethiopia and a few other African countries, and it is chewed to increase energy. In many parts of the country, khat use is closely associated with high alcohol consumption. Khat and alcohol use are associated with high-risk sexual behaviors, which is the major mode of HIV transmission. In persons already infected, the combination of heavy drinking, khat use, and HIV has been associated with increased medical and psychiatric complications, delays in seeking treatment, difficulties with HIV medication compliance, and poorer HIV treatment outcomes. In FY06, a national targeted evaluation investigated the magnitude and pattern of alcohol and khat consumption and their role in the transmission of HIV infection and ART adherence. A limited number of intervention activities were initiated, including strategy design to address the problem. In FY07, interventions addressing factors identified by the evaluation were to be carried out. In FY08, interventions will address factors related with drinking; use of alcohol and khat is often thought to be associated with lowering of self-control and greater risk-taking behavior with regard to sex. Bars and nightclubs that sell alcohol and khat-selling houses are often popular meeting places and frequented by people looking for commercial or casual sex. Alcohol and sexual activity are linked in both commercial and social spheres. The alcohol trade is closely intertwined with commercial sex activity. Intervention approaches will encompass: 1) Interventions in multiple settings, such as development of information, education, and education/behavior-change communication (IEC/BCC) materials, including job aids 2) Trainings to integrate alcohol and substance abuse into counseling and integrate referral linkage of alcohol/substance abuse to HIV/AIDS services 3) Technical assistance to PEPFAR Ethiopia partners and the Addis Ababa University psychiatry department on alcohol/substance abuse 4) Application of recommendations to the Wegen Talk-Line and Addis Ababa University, among others Specific interventions will include: 1) Offering IEC programs on HIV/AIDS, including production of anti-alcohol materials (e.g., leaflets, posters, and brochures) targeting both the general population and service providers. These will give detailed information on alcohol risks and suggest actions to address the problem. Such materials are essential to increase community awareness of the hazards of alcohol and khat. 2) Developing a roadmap to guide strategies and interventions at various levels 3) Training professionals on the risks of khat and alcohol and on drug-use counseling 4) Linking ART adherence interventions with drug-use counseling The pilot intervention was to have included provision of training and external technical assistance on risk-reduction counseling. Risk-reduction counseling involves providing accurate HIV/AIDS and alcohol and khat information and training on personal risk assessment and behavioral skills. The intervention was to have offered HIV counseling and testing for individuals who abuse alcohol and khat, so that they can learn their sero-status. Alcohol and khat interventions were also to be linked with other services, including screening for sexually transmitted infections and psychiatric services.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5483.09

Mechanism: TBD/CDC

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 29823.09

Planned Funds: [redacted]

Activity System ID: 29823

Activity Narrative: APRIL 2009 REPROGRAMMING
Activity Title: - Community outreach and Social Mobilization for Prevention of sexual transmission and integrating sexual prevention in Care and treatment setting.

As a result of the Prevention Portfolio Review, we have determined this activity to have 20% AB component from the previous 100% OP activity.

Activity Description: - Creating awareness and comprehensive knowledge in communities throughout Ethiopia is key for successful HIV/AIDS prevention, treatment, care, and support interventions. The recent demographic and health survey (DHS 2005) indicated that only 16% of women and 29% of men have comprehensive knowledge about HIV transmission routes and prevention methods, and that they are subject to common misconceptions.

Social/community mobilization and outreach programs in the context of the HIV/AIDS response is an intervention aimed at creating community involvement and ownership to address problems related to HIV/AIDS prevention, control, treatment, care and support. It focuses on the participation of all possible sectors and the community in the mobilization of local resources, the use of indigenous knowledge and enhancement of people's creativity and productivity through mass campaigns. The concept has an extremely positive significance, since real change can be accelerated through joint efforts against the HIV/AIDS epidemic. The targeted and synchronized grassroots social/community mobilization and outreach interventions can promote skills and knowledge development to combat HIV/AIDS, community empowerment and ownership and ultimately lead to increased utilization of prevention, care, support and treatment services.

Intensifying community mobilization and outreach enables individuals, families and communities to make informed decisions on how to avoid HIV infection, and seek treatment and provide care and support to people infected or affected by HIV/AIDS. Reports have indicated that increased utilization of services was registered with intensified social mobilization and community outreach interventions, particularly since the Millennium AIDS Campaign-Ethiopia began in late 2006. This clearly indicates that social/community mobilization and community outreach programs linked with specific services are key to intensifying the response against HIV/AIDS. As community mobilization and outreach program is a cross-cutting strategic intervention in the fight against HIV/AIDS, it should be scaled in such a way to augment the scale up of programmatic activities to achieve Ethiopian Government universal access targets.

The purpose of this activity is to invite potential partners to design and implement social and community mobilization HIV/AIDS prevention interventions to intensify the comprehensive nationwide response to HIV/AIDS by increased knowledge, a shared sense of urgency, increased community ownership and involvement at the community level, and increased utilization of HIV/AIDS prevention, treatment, care and support services. The interventions should focus on strategies that 1) promote behavioral changes that reduce the risk of HIV infection and transmission; 2) encourage communities to use services [e.g., voluntary counseling and testing (VCT) and ART]; 3) encourage health care providers to routinely offer HIV prevention and treatment services for target populations (pregnant women, TB and STI patients); 4) address problems related to stigma and discrimination towards PLWHA; 5) encourage communities to care for people living with HIV/AIDS (PLWHA) and children orphaned by the epidemic; 6) promote consistent and correct condom use, 7) promote early treatment of sexually transmitted infections (STI); and 8) promote ART adherence and prevention messages for HIV positive persons.

A secondary purpose of the activity is to also strengthen the leadership on HIV prevention at the Federal and Regional levels through advocacy, communication and social mobilization. The program will need to provide technical assistance to Health Extension and Education Center (HEEC) and HIV/AIDS Prevention and Control Offices (HAPCO) of the Federal Ministry of Health. The grantee will collaborate with HEEC on planning, developing, and implementing multi-media communication materials and mainstreaming information, education, and communication (IEC) and behavior change communication (BCC) programs. Overall the program the strategies will be guided by PEPFAR's Abstinence, Faithfulness, and Correct and Consistent condom use (ABC) strategy, including the reduction of concurrent sexual partnerships. The social, community mobilization, and outreach programs will be implemented in Dire Dawa, Somalia, Gambella, Benishangul Gumuz, and Afar.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3792.09
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: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 29824.09
Planned Funds: $20,000
Activity System ID: 29824
Activity Narrative: APRIL 2009 REPROGRAMMING
TA provision from CDC to Amhara region to trinagulate existing data and provide training on rapid assessment using this tool.

This activity will focus on TA support mainly on training for the International Rapid Response and Evaluation (I-RARE) activity using Rapid Assessment Methodologies and Qualitative Analysis Techniques to Understand and Respond to the HIV Epidemic in Vulnerable Populations in particular in Amhara region.

New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3787.09
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: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 29826.09
Planned Funds: $80,000
Activity System ID: 29826

Activity Narrative: APRIL 2009 REPROGRAMMING
Confidential STI Clinics for MARPs

As a result of the Prevention Portfolio Review, we have determined this activity to have 10% AB component from the previous 100% OP activity.

Establish new user-friendly confidential STI clinics including outreach for commercial sex workers and their clients in urban areas. Partnering with local NGOs such as Family Guidance Association of Ethiopia (FGAE).

In FY09 the following major activities will be undertaken to realize the project objectives: 1) Identification of clinic sites and implementing partners and renovation and construction of the model clinics 2) Development of training curricula, procurement of audio-visual educational equipment, training of clinic health and support staff 3) Procurement and provision of condoms 4) Provision of STI medicines 5) Design of referral linkages 6) Promotion of clinics emphasizing their low cost/free services, confidentiality, and quality of service (including hospitality) FY 2008 ACTIVITY NARRATIVE This is a continuation activity. The main objectives of this activity are to establish comprehensive most-at-risk population (MARP)-friendly sexually transmitted infections (STI) services and to link confidential clinics with other services like mobile counseling and testing, ART, PMTCT, the Wegen Talkline, and ABC comprehensive prevention messages. In FY07, three confidential STI clinics were to be renovated/constructed in Addis Ababa, Bahir Dar, and Nazareth to provide comprehensive STI services. In FY08, four more clinics will be renovated /constructed to provide comprehensive STI services, including reproductive health and post-exposure prophylaxis services for rape survivors. Evidence suggests that STI are spreading widely in Ethiopia, particularly among MARPs, which include commercial sex workers and their clients, long-distance truck drivers, low-income women, substance abusers, street people, migrant workers, bar owners, and urban men with money, among others. MARPs have the highest partner rates and are therefore critical targets for comprehensive STI prevention and control. They are often socially marginalized, discriminated against and the last reached by traditional health services. In recent years, increasing poverty in Ethiopia has lead to large-scale unemployment and homelessness, which coupled with widespread commercial sex work, has increased STI prevalence. HIV has spread between Ethiopian cities following the main trading routes. The sixth report on “AIDS in Ethiopia” indicates that the 2005 HIV prevalence was 3.5% (urban 10.5%, rural 1.9%), and indicated the national prevalence had stabilized. However prevalence remains high in MARPs and in rural Amhara. The 2005 STI regional report indicated 13,768 and 14,322 cases of urethral and vaginal discharge respectively; and 5,582 cases of genital ulcer. The 2005 antenatal care survey indicated a general 2.7% syphilis prevalence and a 4.9% prevalence of syphilis among HIV-positive clients, with higher incidence in rural areas. Rates were higher in all settings than they were in 2003. Although it is widely acknowledged that STI are rampant across the country, the number of cases seen at formal health service points is low. The treatment-seeking behavior of STI patients, especially of MARPs with STI, remains poorly understood. They tend to seek treatment from alternative sources, such as drug vendors, traditional healers, and open marketplaces. Services provided there are inferior in terms of provider knowledge, availability of other services like condom supply and voluntary counseling and testing (VCT), provision of promotional/educational materials, etc. Among commercial sex workers, there is lack of knowledge of early STI symptoms and thus lack of early care and treatment seeking; most commercial sex workers also lack the skills to negotiate safer sex with their clients. Most MARPs do not seek STI treatment until it interferes with their routine life, mainly due to stigma and lack of accessible affordable health services. There is also a lack of staff trained in managing such marginalized populations. Therefore, confidential clinics, particularly for MARPs, are essential to reach them. Strategies for this intervention will include: 1) Rapid assessment to decide sites and services for the confidential MARPs clinics 2) Integration of MARPs clinics with partners’ clinics 3) STI diagnosis and treatment, including drug provision, condom promotion and provision, establishment of peer-support groups, STI education and counseling, and referral linkages to VCT, ART and PMTCT 4) Clients will receive messages and educational materials through linking clinics with AIDS Resource Centers 5) Communications skill training will be provided to clinic staff to improve service delivery and to make user-friendly The following major activities will be undertaken to realize the project objectives: 1) Communication/consultation with other PEPFAR partners on implementation of the clinic service 2) Identification of clinic sites and implementing partners and renovation and construction of the model clinics 3) Development of training curricula, procurement of audio-visual educational equipment, training of clinic health and support staff 4) Procurement and provision of condoms 5) Provision of STI medicines 6) Design of referral linkages 7) Promotion of clinics emphasizing their low cost/free services, confidentiality, and quality of service (including hospitality)

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5522.09 **Mechanism:** pc

Prime Partner: US Peace Corps **USG Agency:** Peace Corps

Funding Source: GHCS (State) **Program Area:** Sexual Prevention: AB

Budget Code: HVAB **Program Budget Code:** 02

Activity ID: 29827.09 **Planned Funds:** $200,000

Activity System ID: 29827

Activity Narrative: APRIL 2009 REPROGRAMMING

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
As a result of the Prevention Portfolio Review, we have determined this activity to have 20% AB component from the previous 100% OP activity.

Peace Corps Ethiopia is continuing its Prevention OP activities from FY08. As in FY08, Peace Corps is requesting a total of 40 Volunteers (30 PEPFAR funded, 10 appropriated funded). New for FY09, Peace Corps Ethiopia will expand from the Amhara and Oromiya regions into the neighboring Tigray and Southern Nations (SNNPR) regions.

FY 08 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

Activity Narrative: 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 Idirs (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.

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 communites and build local organiztional capacity. 2) PCV will work through zonal, district, or town health office HIV/AIDS units to strenghten 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.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 683.09 **Mechanism:** ***

Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Sexual Prevention: AB

Budget Code: HVAB **Program Budget Code:** 02

Activity ID: 29828.09 **Planned Funds:** [redacted]

Activity System ID: 29828

Activity Narrative: APRIL REPROGRAMMING

This is an AB/OP shift; originally there was no AB funding. Now it is a 20:80 split

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 674.09

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: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 29870.09

Planned Funds: $18,000

Activity System ID: 29870

Activity Narrative: APRIL 2009 REPROGRAMMING
MSM and HIV Prevention

As a result of the Prevention Portfolio Review, we have determined this activity to have 90% OP component from the previous 100% OP activity.

MSM & HIV Prevention Activities - Disseminate the results of the first MSM assessment in Ethiopia. Ethiopian Public Health Association (EPHA) will work with local partners to improve access to correct and consistent use of condoms & lubricants. Linked with HCT and STI services with the support of peer outreach.

In FY09 the following activities will continue 1) Technical assistance support on HIV interventions among MSM as a hidden population 2) Strengthening of interventions reaching the MSM network with promotion of condoms and counseling and HIV testing. 3) Training of health workers on counseling and working with MSM as a hidden population (in the Ethiopian context) 4) Development and distribution of educational materials adapted to the needs and contexts of MSM. 5) Ensure access to condoms and lubricants. 6) Strengthening referral system for STI and linkages to HIV counseling and testing. 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.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 494.09

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: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 28970.09

Planned Funds: $48,338

Activity System ID: 28970

Activity Narrative: Supporting University Students with AB

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing abstinence and being faithful (AB) activity from FY08, linked to OP activity with Addis Ababa University (AAU) students and Expansion of Wegen National AIDS Talk line and MARCH Model Activities. 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).

The release of new HIV surveillance data has resulted in a new understanding of the nature of HIV epidemic in Ethiopia. In 2007, the single-point estimate for HIV prevalence for adults 15-49 was 2.2%, with an urban rural difference of 7.7% versus 0.9%. All local universities are based at the capital cities or sub-cities of the regional states. 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. The formative assessment conducted on university students also showed that there is a knowledge, attitude and practice gap among this audience. In line with the analysis of HIV concentration in urban settings, MARCH project HIV prevention program continue to focus at most-at risk populations, including university students. 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 (45km 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 sexual behaviors (including improved health care seeking behavior for HIV/AIDS) 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 intervention. This AB focused program promotes abstinence and being faithful prevention 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 entertaining comic print serial dramas, and interpersonal reinforcement. The entertainment component uses role models in a storyline to provide information about AB and other prevention, 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 printed and distributed every month, 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 among the university community.

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. Interactive reinforcement activities focus on issues in the PSD and give students and staff support for behavior change. The AB focused reinforcement activities include public debates, lectures, exhibitions, music concerts, live talk shows, drama, movies, plays, and sports competitions, which give the student community opportunities to discuss on the PSD.

During FY05, 06, 07, and 08 MARCH was implemented in the main AAU campus and medical faculty; it was also expanded to all AAU campuses during these periods. The project reaches 30,000 university students and 3000 staff members through a variety of MARCH activities, including PSD, live theater programs performed by AAU students and faculty employees, observation of World AIDS Day, and an interactive MARCH website. A certificate training curricula program was established and selected students participated to have better knowledge and skill to go beyond a casual knowledge level and make HIV prevention part of their academic and career skill. In FY07, 225 students were trained based on the newly established and revised curricula program and they organized different reinforcement activities including sport competition, dramas, quiz on HIV/AIDS, card plays based on models and characters in the print serial dramas that promote abstinences and faithfulness and the uptake of care and treatment services.

In general, up to FY08, the MARCH project accomplished major activities including the production and distribution of printed serial dramas (PSD) and different information-education-communications (IEC) materials such as newsletters, poem books, fliers, posters, and banners. These materials were 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).

AAU is also in the process of implementing workplace HIV/AIDS interventions to reach university academic and administrative employees. AAU conducted continuous panel discussions with both the academic and administrative staff and the out come so far has been very positive. In FY09, AAU is planning to build the capacity of all faculties to create better infrastructure for the implementation of the project. AAU will conduct

Activity Narrative: situational analysis to design and implement employee tailored behavioral change communication interventions.

During the past period of MARCH program implementation in AAU, it is learnt that the production of printed serial drama every two weeks was difficult. The production of PSDs adjusted from two weeks to a month and this will help to have enough time and space to the limited number of designers and cartoonists to do their job. As the PSD production extended to every month, it is true that gap will be created on peer group discussions every two weeks, however in COP09 gaps created is filled by different linked reinforcement activities including staged dramas, poem and play presentation, penal discussions and quizzes. MARCH program in the AAU will ensure information communication materials enclosure of service availability and access.

So far, there is no cure or vaccine for HIV, the only alternative as a vaccine that we have at hand is promoting and addressing messages geared towards averting new HIV infection, and hence MARCH will continue to be a tool for our prevention programs to bring sustainable behavioral change and to bring a change in behavior and to personalize models in the PSD, MARCH will continue with the appropriate dosage, intensity and coverage. We are observing early signs of behavioral change among the university students, after the introduction of the MARCH program, students are talking and discussing with their peers, partners and family members about the voluntary testing and counseling, and asking information about treatment and care services.

During FY09 among other things, the project will:

1. Strengthen the capacity of the campus liaison offices to implement MARCH with appropriate dosage, intensity and coverage fully in the university;
2. The Print serial drama will be produced every month. Peer groups will conduct peer group discussions every two weeks alternating PSD with student-led linked reinforcement activities.
3. Conduct training for university students in HIV/AIDS prevention and reinforcement activities. From these students, 250 reinforcement agents will be selected and refreshed, using the revised certificate curriculum.
4. Undertake various reinforcement activities to personalize PSD messages through events such as drama, music, exhibitions, quizzes, sport competitions, talk shows, lectures, card plays, documentary films etc.
5. Continue production and distribution of campus newsletters and other IEC materials and ensure the enclosure information regarding VCT service accessibility, referral linkages of care and treatment services
6. Explore possibilities for leveraging experiences in organizing different reinforcement activities of the Federal Police and Ethiopia National defense Force, private universities using AAU materials at other schools in Addis Ababa, including
7. Regularly maintain and upgrade MARCH websites to expand functionality for online interaction
8. Data collection, monitoring, and data analysis. Collect information to conduct a process evaluation to identify major monitoring activities and assess early signs of behavior change.
9. Strengthening of workplace HIV prevention and control programs at the 12 campuses of the university. This activity will target all academic and administrative staff with comprehensive HIV-prevention activities. Major workplace program activities will include:-
• Developing and implementing employee tailored behavioral communication materials such as posters, bill boards, IEC materials, fliers, magazines, newspapers and will conduct various programs that conduct HIV education through entertainment. These will be based on the baseline assessment.
• Conducting BCC training for a selected focal person from each campus;
• Building capacity for AAU staff anti-AIDS clubs with materials and technical support;
• Creating referral linkages for HIV/AIDS services within the university; and establishing HIV resource centers at each faculty's library.

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

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5522.09
Mechanism: pc
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 29739.09
Planned Funds: $0
Activity System ID: 29739
Activity Narrative:
New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3785.09

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: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 29869.09

Planned Funds: $15,000

Activity System ID: 29869

Activity Narrative: APRIL 2009 REPROGRAMMING
Strengthening STI services for MARPs

As a result of the Prevention Portfolio Review, we have determined this activity to have 10% AB component from the previous 100% OP activity.

Include STI services at 76 facilities for police and military uniformed services through training of health care workers on syndromic approach, provision of STI job aids. Also includes STI services to inmates in prison.

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 FY07 USCD & FY08, the University of California, San Diego (UCSD) supported the prevention and control of sexually transmitted infections (STI) in the facilities of the military police and prison. Major accomplishments included: expanded access to STI prevention and treatment services and improved quality of STI services at 76 facilities. A recent study by CDC/EPHA in selected urban and rural areas identified a number of barriers that limit the utilization of STI services in the country, operating at individual, community, health facility, and policy/program levels. These include: at facility level space problems, shortage of basic functioning diagnostic equipment, failure to implement syndromic management guidelines, lack of BCC/IEC materials, poor recordkeeping, lack of confidentiality. At provider level lack of training; health workers lack basic patient counseling and education skills; health workers are judgmental to patients with STDs. At patient level urban patients buy STI drugs to treat their disease without consulting health care; government facilities seen as the last resort; fear of stigma, judgmental clinic staff, breach of confidentiality, long waiting times seen as barriers to attending clinics. In FY09, UCSD will work with commands and divisions of the military to help facilitate and coordinate linkages between STI and HIV/AIDS services. One other major gap identified by the Episynthesis' is lack of data on STIs with only few cases being reported from health facilities throughout the country. Therefore, the major focus of FY09 shall include support for sites for STI syndromic data documentation and reporting and support STI surveillance program within the uniformed services' health-delivery structure. FY09 activities at the hospital/facility level will include: 1) Continuation of STI service support to the existing 76 sites supported by UCSD 2) Provision of on-site technical assistance to improve STI diagnosis and treatment following national syndromic management guidelines 3) Provide on-site 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. 4) Have core T.O.T trained at the regional and Zonal health offices 4) 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 5) 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 6) STI education focused on risk reduction, screening, and treatment for patients enrolled in HIV/AIDS care and treatment at the hospitals. 7) 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). 8) 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 9) 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 10) More Strengthening of STI data recording and reporting system at all levels. Support for sites for STI syndromic data documentation and reporting.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 674.09

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: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 29871.09

Planned Funds: $40,000

Activity System ID: 29871

Activity Narrative: APRIL 2009 REPROGRAMMING
The activity title is renamed to better indicate the acomplishements of the program - and hence is renamed "One Love Campaign" - Reduce Multiple Concurrent Sexual Partnership (MCSP)

"One Love Campaign" - Reduce Multiple Concurrent Sexual Partnership (MCSP); includes formative assessment and pilot intervention-Experience from South Africa; pilot in Addis Ababa; Mass media combined with reinforcement at the individual level through outreach (print materials, drama, discussion forums).

2/3rd of the budget has been allocated to B-focused AB and the OP budget has been reduced.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3786.09

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: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 29825.09

Planned Funds: $55,000

Activity System ID: 29825

Activity Narrative: APRIL 2009 REPROGRAMMING
Strengthening STI services for MARPs

As a result of the Prevention Portfolio Review, we have determined this activity to have 20% AB component from the previous 100% OP activity.

Expand access to PLHA and other MARPs to comprehensive STI care and treatment services at 38 sites in Amhara, Tigray and Afar regions.

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 & FYO8 I-TECH supported STI prevention and control activities at 35 sites in Afar, Amhara, and Tigray regions. The support included training healthcare providers on 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. A recent study by CDC/EPHA in selected urban and rural areas identified a number of barriers that limit the utilization of STI services in the country, operating at individual, community, health facility, and policy/program levels. These include: at facility level space problems, shortage of basic functioning diagnostic equipment, failure to implement syndromic management guidelines, lack of BCC/IEC materials, poor recordkeeping, lack of confidentiality. At provider level lack of training; health workers lack basic patient counseling and education skills; health workers are judgmental to patients with STDs. At patient level urban patients buy STI drugs to treat their disease without consulting health care; government facilities seen as the last resort; fear of stigma, judgmental clinic staff, breach of confidentiality, long waiting times seen as barriers to attending clinics. One of the major gaps identified by the 'Know your epidemic Know your Ethiopian Episynthesis' is lack of data on STIs with only few cases being reported from health facilities throughout the country. Therefore, the major focus of FY09 shall include support for sites for STI syndromic data documentation and reporting and support STI surveillance program within the health-delivery structure in the specified Regions FY09 activities at the hospital/facility level will include: 1) Continuation support of STI services for a total of 38 sites supported by I-TECH (including 30 public hospitals, two private hospitals, and six health centers) 2) Providing on-site technical assistance to improve STI diagnosis and treatment following national syndromic management guidelines 3) Onsite 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. 4) Have core T.O.T trained at the regional and Zonal health offices 5) 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 5) 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 6) Providing STI education focused on risk-reduction, screening, and treatment for patients enrolled in HIV/AIDS care and treatment at the hospitals 7) Providing condoms and education on how to use them, to patients enrolled in care and treatment. There will be a special focus on MARPs. 8) 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 9) 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 10) More Strengthening of STI data recording and reporting system at all levels .Support sites in documenting and reporting STI syndromic 11) In FY08, I-TECH was provided with supplemental funding to mainstream and strengthen IEC and BCC programs with its existing care and treatment activities to conduct outreach activities and promote services with in and outside the health facility areas in three regions of the country (Amhara, Tigray and Afar). In FY09, I-TECH will strengthen and continue this activity by expanding the sexual prevention outreach activity using the ABC strategy in two local universities-Mekelle and Gonder Universities. In FY09, ITECH will facilitate and coordinate linkages between STI and HIV/AIDS services. One of the major gaps identified by the 'Know your epidemic Know your response of Ethiopian Episynthesis' is lack of data on STIs with only few cases being reported from health facilities throughout the country. Therefore, the major focus of FY09 shall include support for sites for STI syndromic data documentation and reporting and support STI surveillance program within health-delivery structure. Others include having core T.O.T trained at the regional and zonal health offices and providing on-site training.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 683.09

Mechanism: ***

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 28776.09

Planned Funds: [redacted]

Activity System ID: 28776

Activity Narrative: Prevention APS

ACTIVITY UNCHANGED FROM FY2008:

This is a continuing activity from FY 07.

Objectives and Targeted Program Areas:
This APS is restricted to programs that will strengthen and expand the PEPFAR/Ethiopia Prevention program in urban, peri-urban, and high prevalence “hotspot” areas by ensuring those at high risk for HIV transmission have access to a full range of prevention services. The goal of this APS is to provide support for the design, implementation and evaluation of prevention interventions and services that address the risks associated with the full spectrum of transactional sex in urban centers and “hotspots.” For the purposes of this APS, transactional sex is defined as the full spectrum of exchanging sex for money or goods, from a self-identified commercial sex worker in a brothel to a woman who does not identify as a sex worker, but who occasionally or frequently exchanges sex for necessary goods or luxury goods permitting upward social mobility.

This APS will focus on reaching adults and young people engaged in transactional sex. The following venues are illustrative examples of where prevention programs should target their interventions for reaching women and men engaged in formal & informal transactional sex:

• Bar and disco based
• Café house based
• Street based
• Workplace based, from mobile work settings to government offices
• Brothel based, specifically for formal sex workers
• Marketplaces
• Hotspots near military posts

The targeted program areas will include

• The prevention of HIV transmission in urban settings and “hotspots”.
• The development, implementation and evaluation of tailored prevention interventions
• The conduct of rapid and formative monitoring and evaluation of activities to increase the knowledge of risk behaviors and the context for high risk populations.

New/Continuing Activity: New Activity

Continuing Activity:

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

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11746.09

Mechanism: EGAT-Pastoralist Marketplace Wraparound

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 28837.09

Planned Funds: [redacted]

Activity System ID: 28837

Activity Narrative: Pastoralist Livelihoods Initiative (II)

THIS IS A NEW ACTIVITY

This new activity is a comprehensive prevention program that will receive money from MTCT, HVAB and HVOP.

This is a new activity it will leverage $3 million from the USAID Business, Environment, Agriculture and Trade office in a wrap around activity called the Pastoralist Livelihoods Initiative – Phase II Livelihoods Component (PLI II). HIV/AIDS prevalence in Ethiopia is concentrated in urban areas. In June of 2008, The Ministry of Health released the Single Point HIV Prevalence Estimate report which gives the latest estimate of national HIV prevalence. That report places the adult prevalence rate at 2.2%, while the corresponding rate in urban populations is more than 3 times higher (7.7%). This wraparound activity will allow PEPFAR Ethiopia to access an important population that forms a bridge between the rural and urban areas in 25 towns along Ethiopia's transportation corridors in Oromia, Afar and Somali regions.

PEPFAR recognizes that marketing opportunities for pastoralists also creates an opportunity to address HIV/AIDS prevention, care and support programming with this population. Pastoralists are a difficult population to reach given their mobile lifestyle, yet they are an essential bridge population in Ethiopia where the HIV/AIDS prevalence is much higher in urban and peri-urban areas than in rural areas. It is critical to the spread of the HIV/AIDS epidemic in Ethiopia from urban areas to rural areas and when pastoralists travel from rural areas to towns in order to bring their livestock to market this creates an opportunity for HIV/AIDS programming to impact on HIV/AIDS epidemic as it affects the pastoralist. Additionally, pastoralist women who migrate from rural to urban areas can be at a greater risk of HIV infection than their urban based counterparts due to their economic vulnerability and social isolation. PLI II will receive funding to address HIV/AIDS prevention care and support among pastoralists who travel to markets towns in urban and peri-urban areas through the President's Emergency Plan for AIDS Relief (PEPFAR).

Further, young women who migrate from rural to urban and peri-urban areas may be particularly vulnerable to HIV/AIDS infection. 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 (Ethiopian Demographic and Health Survey (EDHS), 2005). Young women including OVC may be particularly vulnerable to HIV/AIDS infection in market towns where PLI II will impact.

This comprehensive prevention wrap around activity will address HIV/AIDS prevention among pastoralists who migrate to and from urban and peri-urban areas in 25 towns along transportation corridors in Afar, Oromiya and Somali regions. The goal of this activity is to prevent HIV/AIDS infection among pastoralists and particularly to mitigate the spread of HIV/AIDS from an urban concentrated epidemic to a generalized HIV/AIDS epidemic.

This activity aims to reduce HIV transmission among pastoralists through promoting HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful (Other Prevention/OP) and providing condoms in MARPs targeted condom outlets. This intervention includes behavior change communication (BCC) activities to promote safer sexual practices using interpersonal communication.

It is anticipated that the PLI II program will work with other programs working in the Afar, Oromiya and Somali regions. For community-based programs it is expected that PLI II will link with the Transportation Corridor Program, Civil Society, Engender Health - Prevention for At Risk Populations in High Prevalence Urban Areas in Ethiopia, PSI - Targeted Condom Promotion and Positive Change: Children, Communities and Care (PC3). For linkages with facilities PLI II will work with I-TECH in Afar, Columbia University in Oromiya and Somali and MSH in Oromiya.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	7609.09	**Mechanism:**	Care and Support Project
Prime Partner:	Management Sciences for Health	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	5749.28802.09	**Planned Funds:**	$164,000
Activity System ID:	28802		

Activity Narrative: The Care and Support Program (CSP)

ACTIVITY UNCHANGED FROM FY2008

This activity will continue in COP09 as is described below without budget and target changes.

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 Health Care Unit, health center and satellite health stations, 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.

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 Government of Ethiopia (GoE) efforts to deploy health extension workers (HEW) to these areas. The activity has several components.

1) The first component utilizes non-medical case managers in health centers to support consistent HIV prevention abstinence, be faithful and consistent and correct condom use (ABC) communications with people living with HIV/AIDS or most at risk groups appearing. These brief counseling periods, anticipated after a closer relationship is formed with case managers, represents efforts to integrate and mainstream brief motivational interventions alongside clinical integrated management of adult illness (IMAI) training among the clinical care team.

2) 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 support to ensure referrals of most at risk populations and counseling in the community and at a health post level of the ART health network. This new cadre of health worker is placed at the community level to serve several villages 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 health care system. The HEW reports to public health officers at the health center and is responsible for a full range of primary and preventive services at the community level. They function as a significant and new link in the referral system and will be able to, through community counseling and mobilization, move vulnerable and underserved populations into the formal health system. During FY08 HEW will function as the lead position at the health post and the community level to provide social mobilization activities in HIV prevention.

3) The third component of this activity includes, in partnership with local authorities, identifying, training and deploying outreach volunteers to support and facilitate the role of community outreach by 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 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 voluntary counseling and testing (VCT) and 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. 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) behavior change communication (BCC) materials. Both case managers and outreach volunteers will support the provision of counseling interventions with abstinence and fidelity messaging, and improve client knowledge and understanding of discordance.

The Care and Support Program will collaborate with existing prevention partners so as not to duplicate ongoing PEPFAR Ethiopia and GoE activities. This activity will consolidate the delivery of prevention messages to clients of MTCT, VCT, family planning (FP), TB and sexually transmitted infections (STI) services, and PLWHA and ART clients to capture programming synergies and cost efficiencies. Case managers and outreach volunteers will utilize interpersonal approaches to behavior change on topics including VCT, substance abuse, abstinence, faithfulness, correct and consistent use of condoms, STI referral, targeted condom promotion and distribution and other risk reduction education.

Ethiopian Orthodox Church Comprehensive HIV/AIDS activity (10512), Muslim Faith-based HIV prevention (10520), HIV prevention for MARPS (10594), ROADS transport corridor (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

Activity Narrative: agents for social mobilization activities.

Community members will be reached through the outreach 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 the activity.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16598

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16598	5749.08	U.S. Agency for International Development	Management Sciences for Health	7609	7609.08	Care and Support Project	$1,534,500
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

Emphasis Areas

Gender

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

Health-related Wraparound Programs

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5527.09 **Mechanism:** Civil Society

Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	10594.28241.09	**Planned Funds:**	[redacted]
Activity System ID:	28241		

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

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a competitive solicitation. The partner, as mentioned in the narrative, should be noted as To Be Determined and not Family Health International.

This activity has no substantive changes to activities described in the COP08 narrative but the activity will no longer be limited to Amhara. This is a competitive acquisition and the partner will be named in January 2009.

COP08 ACTIVITY NARRATIVE

This activity will build linkages to additional prevention activities including Family Health International's HVOP activity in Amhara (10641), Johns Hopkins University (JHU)Health Communications Partnership (HCP) (10573), Targeted Condom Promotion (10404), Abt Associates Private Sector Project (10374), Population Council Gender, Early Marriage and HIV Infection in Amhara (10521), JHU CCP AIDS Resource Center (10592), and AB prevention activities. This activity will also relate to Family Health International's Community-Level CT and Palliative Care in Amhara (10588, 10574).

Family Health International (FHI) has supported HIV/AIDS prevention, care and treatment activities in Amhara region for several years. In FY07, FHI undertook a formative assessment in Kunzla and Merawi that indicated that the establishment of development project sites in both of these towns contributed toward the increase of high risk behaviors as these project sites attracted the influx of migrant workers, growth of commercial sex, and increased commerce and trade. Other factors such as increasing interaction between rural and urban populations, existing misconceptions of HIV/AIDS, and harmful traditional practices were also shown to increase the vulnerability of these communities to HIV. This project will target at-risk unmarried youth and commercial sex workers with the aim of reaching 10,000 individuals with comprehensive ABC prevention education. All targets are counted under the HVOP section.

Under PEPFAR, at the request of the Amhara Regional HIV/AIDS Prevention and Control Office (RHAPCO), in FY07 FHI initiated prevention activities targeting most at-risk populations (MARP) in Amhara in FY07. The partner held a consensus building meeting with Amhara stakeholders to prioritize high risk areas for prevention interventions. Priority high risk areas include Kunzla, Mecha Wereda, Lalibella, Merto Lemariam, Durbete and Metema. FHI will continue to support this program in FY08 with a focus on building the capacity of local partners to undertake AB and other prevention activities to reach project site and other mobile workers, commercial sex workers and their partners and clients, in and out of school youth 15-24, especially sexually active girls or female students, youth engaged in the tourism industry, and urban males with multiple partners. AB messages and prevention activities will specifically designed and targeted to in and out of school youth 18 and under, especially young girls who are vulnerable to HIV due to early marriage practices and commercial sex.

In FY08, FHI will facilitate additional formative assessments in new selected intervention sites and collect supplementary data on social networks, social groups and community groups to inform the design of appropriate HIV/AIDS prevention activities. FHI will continue to use existing community structures to reach the target populations as a guiding principle.

FHI will build the technical and organizational capacities of government, local NGOs and community groups in high risk areas to implement and gradually manage their own behavior changes programs targeting MARP. This will entail management, administrative and resource mobilization training, BCC strategy development and implementation training, provision of BCC materials and equipment and other supplies for implementation. FHI will train key management staff of BCC implementing partners in organizational capacity building.

FHI will facilitate the integration of the community conversation program to enhance the community's own response to HIV/AIDS issues. Communication conversations take place through dialogue sessions with community groups facilitated by trained community members. This activity will involve the training of 'trainers of trainers' (TOT) and facilitators on how to guide discussions on various topics, the development and/or adaptation of dialogue guides, and the implementation of dialogue sessions. Community conversations programs will be designed for community members in general and for youth.

FHI will continue to support the Ethiopian Youth Network (EYN) to fulfill its mandate to coordinate HIV prevention efforts among youth groups in Amhara, particularly among girls clubs. FHI will work with EYN to design and implement an interpersonal communication and youth peer leadership program for youth in high risk areas. Trainings on gender will be provided to youth clubs and on assertiveness to the girls clubs to address issues of gender norms and behavior and coercion and violence. FHI will build the capacity of EYN to integrate community conversations into its programs.

In addition, selected youth from the EYN will be trained on behavior change communications (BCC) message development and outreach concepts. Youth conducting community outreaches will disseminate different messages on community norms that hinder people's ability to make ABC choices and influence gender violence, early marriage, and early sexual debut. They will target youth under 18 with AB messages only. These outreaches will take place in marketplaces, tourist settings, bars, hotels, night clubs and truck stops.

FHI will continue to assist the Amhara Agriculture Bureau and their agriculture development agents (ADA) to reactivate their prevention program which had been discontinued in 2006 due to the lack of implementation funds. Based on the program's strategy, ADA in kebeles within high risk weredas will be trained on basic HIV/AIDS information and BCC message development.

Activity Narrative: FHI will further continue to assist the Amhara RHAPCO and other stakeholders in the design, development and implementation of a strategic behavioral communication (SBC) campaign to promote positive behavior change in MARPS in high risk areas. The design of these activities will depend on the findings of the formative assessments. Activities will include, but not limited to, using and adapting existing BCC materials, producing culturally appropriate materials addressing identified issues, promoting positive non-stigmatizing behaviors among target populations, providing correct information on HIV/AIDS and methods of transmission, promoting safe sex and consistent condom use, increasing self-risk perception, promoting HIV CT, and working in partnership with the media to support the SBC campaign to reach to those who can be accessed through the media. FHI will build the capacity of media experts on HIV/AIDS reporting.

FHI will contribute to the rapid scale-up the HIV/AIDS prevention services, including prevention of HIV among youth through abstinence and behavior change, in areas where communities are highly vulnerable to HIV. FHI will also contribute to building the capacity of the implementing partners and the community for effective long term prevention of HIV infection. This will have an impact in the reduction of the high HIV prevalence in the region. It will also contribute to the promotion of healthy norms and behaviors in communities where harmful traditional practices are practiced widely.

Linkages to other HIV/AIDS services are important to support behavior change in BCC programs. Working closely with stakeholders, FHI programs in CT and care and support, and other partner programs, FHI will assist to establish linkages between BCC activities and the health network through referral systems. FHI's technical assistance efforts will be developed in close collaboration with PEFPAR and other partners working in Amhara, including but not limited to, other prevention programs targeting MARP, the Health Communications Partnership for AB, the Population Council for gender and early marriage issues, Abt for PSP, and target condom promotion activities.

Gender equity will underscore FHI's HIV prevention activities targeting MARP in Amhara. This includes but is not limited to assessing and addressing barriers which limit access to HIV prevention for women and girls. FHI will support the EYN in addressing gender issues through the youth clubs and girls clubs. Community conversations will also be held on gender-related topics to assist communities to respond to harmful tradition practices that impact the vulnerability of women and girls to HIV.

To ensure the sustainability of the program, FHI will work to strengthen the organizational and technical capacities of BCC implementing partners to design, implement and monitor prevention activities. FHI will provide subgrants to the partners, which will serve as the mechanism through which FHI will build their capacities in BCC and HIV prevention.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16697

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16697	10594.08	U.S. Agency for International Development	Program for Appropriate Technology in Health	12027	12027.08		$240,000
10594	10594.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	12025	12025.07		$200,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7599.09
Mechanism: Corridors
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 17831.28286.09
Planned Funds: [redacted]
Activity System ID: 28286

Activity Narrative: Transportation Corridor Program

ACTIVITY UNCHANGED FROM FY2008:

This is a continuing activity from the FY07 supplemental. This activity receives HVAB, HVOP and HVCT funding.

This comprehensive ABC activity, addressing high risk populations along four major transportation corridors in Ethiopia, is planned as a program follow on to the previous High Risk Corridor Initiative implemented by Save the Children USA.

Towns along the following transportation corridors will be addressed:
Addis Ababa – Djibouti, specifically Dukim, Adama, Metehara, Awash, Mille and Loggia
Addis Ababa – Adigrat, specifically Kombolcha, Dessie, Weldiya
Addis Ababa – Gondar, Debre Markos, Bahir Dar, Gondar
Modjo – Dilla, specifically Shashemene, Yirgalem, Dilla and Awassa

Additional towns will be identified by the implementing partner in coordination with the USG to maximize HIV prevention activities in key towns.

This continuing activity will expand structured HIV prevention activities in key towns along three additional transportation corridors to ensure at risk populations receive interpersonal and interactive HIV prevention counseling, condom distribution and VCT services. The activity will utilize structured implementation approaches to facilitate and sustain the adoption of prevention behaviors. The activity will link activities to clear behavior change objectives related to mutual faithfulness, partner reduction and other prevention methods.

Lessons from the High Risk Corridor Initiative and the East African regional Transportation Corridor Initiative will be incorporated into the design and implementation of this activity. The implementing partner will gather existing formative assessments on high risk behaviors, substance abuse, transactional and cross generational sex for further analysis. Additional low cost formative assessments will be completed by the implementing partner in collaboration with other USG implementing partners to better understand the target population's needs and the factors that expose them to a HIV risk.

Substantial collaboration is envisioned between USG implementing partners is anticipated. The implementing partner's ability to cover four transportation corridors will be strengthened through such collaboration, specifically with the Targeted Condom Promotion activity and the Confidential STI Clinics implemented to target at risk populations. Collaboration between this prevention activity and palliative care and counseling and testing activities will be incorporated. This will strengthen the implementing partner's capacity to place at risk populations in need of services into existing community care and inpatient facilities.

Target populations include various subpopulations of adult men and women residing and transiting urban areas. Adult men, specifically transportation workers, men with disposable income and migrant populations, appear to be engaged in high levels of informal transactional sex. Older adolescent girls and women, with specific emphasis on those aged 20+, who engage in transactional sex will be recipients to ABC interventions and services to reduce their risk of becoming infected with HIV. More specific, tailored HIV prevention program is will be established to reach adult women engaging in transactional sex in high risk settings and in offsite areas. Structured peer promotion by populations of at risk groups will be utilized to increase access to these groups. Population specific support groups will be utilized to encourage greater interaction and uptake of available HIV prevention and care services including treatment.

Recent HIV prevalence 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. HIV prevalence among adults in urban settings to be almost nine times higher than that among adults in rural settings. In the 2005 EDHS, HIV prevalence among adults in urban settings was almost eight times higher than that among adults in rural settings. A recent USG technical assistance visit identified several observations to consider during program design –
1 -Focus on the urban epidemic
2 -Transactional sex is likely at the epicenter of the urban epidemic
3 -There are exceptionally high levels of risk among adult populations
4 -Gender inequalities are likely at the root of HIV risk among women
5 -Social marginalization may be associated with migration, and with risk, in key subpopulations

The new activity will aim to build on these successes and draw from USG interagency programming experiences in alcohol and substance abuse, targeted condom promotion, gender-based violence, and the Male Norms Initiative to address at risk populations in specific geographical areas where such populations congregate. Structured interpersonal and interactive behavioral change interventions will be strengthened. Inherent in the design of this new activity will be strong referral to HIV/AIDS and TB services offered by public and private health facilities, mobile VCT services and community-based care programs within program implementation areas.

The activity will blend sub partnering and direct implementation to address USG priorities. The implementing partner will engage in local technical capacity building of civil society in key towns where available. The activity will place an emphasis on gender, specifically addressing male norms including multiple partnerships, coercive sex, alcohol use and condom use. We also anticipate the partner will leverage both USG and non-USG resources to increase at risk women's access to productive income and services.

At the time of writing a multi-year statement of work is being designed for competitive procurement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17831

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17831	17831.08	U.S. Agency for International Development	To Be Determined	7599	7599.08	Corridors	[redacted]

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing women's access to income and productive resources

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening $1,000,000

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7611.09

Mechanism: Tourism and HIV Prevention

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 18889.28291.09

Planned Funds: [redacted]

Activity System ID: 28291

Activity Narrative: Tourism and HIV Prevention

ACTIVITY UNCHANGED FROM FY2008

COP08 ACTIVITY NARRATIVE

This is a new FY08 activity. There is a great opportunity for tourism to contribute to economic development in Ethiopia. The tourism sector has recently been elevated to a high priority by the Government of Ethiopia (GOE). This is particularly timely in view of recent travel promotion and the Ethiopian Millennium celebrations. A mix of historical, cultural, and natural attractions exist in Ethiopia which can be enhanced and more sustainably managed, thereby contributing to poverty reduction and economic development. Domestic and foreign investors have recently established several “eco-lodges” in different areas of tourist interest and the World Bank is planning a new loan focusing on cultural heritage tourism.

Based upon its successful programs globally, USAID will design and implement a three-year, $10 million tourism-development activity that will provide targeted support to promote sustainable ecotourism. This will result in significantly increased private investment, jobs creation, and foreign-exchange earnings, as well as eco-system protection. Increased numbers of tourists will benefit other economic sectors (i.e., leather, textile, handicrafts, and agriculture) and enhance livelihoods of vulnerable populations and promote enterprise, exports and trade. Ecotourism development will also contribute to improving Ethiopia’s overall image and investment climate for both foreign and domestic investors.

The development of tourism will result in increased economic activity and employment in concentrated urban and rural areas. It will bring diverse groups into contact with each other and encourage relocation and travel of large numbers of people. With this increased employment and migration of workers and visitors comes higher risk of exposure to HIV/AIDS. Employers in the tourism enterprises do not normally provide workplace health education. Through this project, communities and employees will be encouraged to seek antenatal services, voluntary counseling and testing (VCT), and facility-based deliveries. They will also receive HIV-prevention messages that focus on abstinence, fidelity, partner reduction, alcohol use, and gender-based violence through information-education-communication print materials, mobile video screenings, interpersonal communications, and community drama. The need to shift social norms, particularly male behaviors, will be emphasized through community events.

PEPFAR Ethiopia proposes to contribute $500,000 of Global HIV/AIDS Initiative funds ($250,000 in HVAB and $250,000 in HVOP) into the above mechanism funded through USAID/Ethiopia’s Office of Business, Environment, Agriculture and Trade (BEAT) to provide HIV/AIDS prevention activities to businesses and other groups associated with tourism development. PEPFAR Ethiopia is expected to leverage $10,000,000 of Development Assistance funding and other partner funding, as well as technical expertise from the BEAT Office, to collaborate on the HIV/AIDS prevention activities. Prevention activities will include risk assessments for the assisted tourism areas, workplace HIV/AIDS prevention education for employees for tourism and related businesses in the target areas and use of media tools to educate visitors and others associated with the tourism industry. Staff will encourage target enterprises to contribute financially to the HIV/AIDS prevention activities. Educators will coordinate to the maximum extent possible with local public health workers. They will maximize use of pre-existing educational materials. The activity will provide HIV/AIDS education to over 30,000 employees/community members and train an anticipated 1,500 individuals. The specific geographical sites and natural parks will be selected during the project design. The recipient will define how individuals are counted as reached in the program proposal description.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18889

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18889	18889.08	U.S. Agency for International Development	Academy for Educational Development	12032	12032.08		$250,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7595.09

Mechanism: Community School Partnership Program

Prime Partner: Save the Children US

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 17836.28295.09

Planned Funds: $660,000

Activity System ID: 28295

Activity Narrative: Community School Partnership Program

ACTIVITY UNCHANGED FROM FY2008:

The Community Schools Partnership Program (CSPP) in education and health will build upon existing school organizational management systems, mainly Parent-Teacher Associations (PTA) in close coordination with community health promoters or institutions, to enhance critical linkages between and among the primary education and healthcare systems. Schools will be the focal point for these linkages and all development efforts targeting school children and the general community. CSPP will use a child-to-child approach and will strengthen and mobilize community groups in the education and health sectors for improved education and health services. CSPP will promote girls' education as a central element for improved social development.

Through the CSPP, communities will be empowered to participate in the establishment of key health services at schools, including potable water, latrines and HIV/AIDS prevention education. The HIV-prevention education curriculum will use PEPFAR partners' existing age-appropriate materials. The schools, wherever possible, will link with primary healthcare sites and services to enable them to benefit from services and initiatives such as immunization, vitamin A supplements, HIV counseling and testing, and other health or HIV/AIDS services . The CSPP will provide technical and managerial support to 1,800 primary schools and communities in Afar, Benishangul-Gumuz, Gambella, Somali and the peripheries of Amhara, Oromiya, Southern Nations, Nationalities and Peoples regions, and Tigray. Approximately 900,000 students and 200,000 households, served by the 1,800 target schools, will benefit from the program. The CSPP will mainly focus on pastoralist communities.

Community members, PTA, school anti-AIDS clubs, etc. have great potential to make a difference by identifying vulnerable children and reducing and following-up cases of rape, abuse, early marriage, and neglect. PTA can mobilize communities to support and enable orphans and vulnerable children (OVC) to remain in school. PTA, teachers, and community leaders will set up a committee and identify OVC at schools. They will mobilize the community and raise additional funds to enroll and retain OVC at schools. This approach has been successful at CASCAID schools and the CSPP schools will emulate this in the activity. They can compete for the "Fight Against HIV/AIDS" award for soliciting resources to fight HIV/AIDS and help those who are HIV-affected.

Girls' Education Advisory Committees (GEAC) have influenced parents, religious, and community leaders' views on harmful traditional practices. GEAC also help bring men who abuse female students to trial; invite HIV/AIDS Women's Associations to school to provide guidance on HIV/AIDS prevention and control and stigma and discrimination against HIV-positive people. Further, GEAC can mobilize young people against the epidemic and change risky behaviors of youth through discussions, videos, drama and role plays, songs, poems, debates, and sports activities.

The schools to be incorporated in this project will be different from the 2002-2007 Community-Government Partnership Program target schools, Positive Change: Children, Communities and Care (PC3), and Communities and Schools for Children Affected by HIV/AIDS (CASCAID) schools. The main goal will be to improve coordination of education and primary healthcare at school and community levels to increase use of key health services and products, including HIV/AIDS prevention, care, and treatment, immunization, family planning and essential nutrition information as well as improved access to potable water, sanitation and hygiene services.
This activity directly contributes to wraparound activities with education which is the most effective means of HIV prevention among youth to reduce risks of HIV and other sexually transmitted infections (STI). It also addresses gender issues and encourages youth to learn their HIV status and provide confidential voluntary counseling and testing (VCT).

The program directly addresses wraparound activity with education and USAID/Ethiopia Basic Education Program Community-School Partnership program building the capacity of PTA, GEAC and communities, which will be in place later this year. It leverages resources with HCP to use materials appropriate to youth through activities such as Beacon Schools, Sports for Life and the Youth Action Kit; and Y-Choices of Pact. It will also link with CASCAID and PC3 to provide support to OVC

All targeted beneficiaries are registered children and youth in the 1,800 participating CSPP schools. PTA, GEAC and communities will be also targeted working in these schools.
Training provided to PTA, GEAC, and community leaders, including religious leaders, and mobilized to be empowered to take actions on harmful practices that are risky behaviors of HIV. Teachers will also be trained with basic standard HIV/AIDS curricula. The activity will work with parents and guardians to help improve their ability to communicate openly with children and youth regarding sexual behavior and reproductive health issues. Community-level peer outreach and curricula-based programs for school and to help will expand access to prevention education to address gender issues , including addressing male norms and increasing gender equity, reduction of gender violence, and OVC. Linkages will be formed with reproductive health/family planning awareness, child survival activities such immunization, malaria prevention activities, and health education with ward health extension workers and local health institutions.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17836

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17836	17836.08	U.S. Agency for International Development	Save the Children US	7477	298.08	*Positive Change: Communities and Care (PC3)	$660,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education	$660,000

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 683.09
Mechanism: ***
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 28830.09
Planned Funds: [redacted]
Activity System ID: 28830

Activity Narrative: Prevention for At Risk Populations in High Prevalence Urban Areas in Ethiopia

THIS IS A NEW ACTIVITY FROM COP08

EngenderHealth and its partners will be implementing this new activity for Prevention for at Risk Populations in High Prevalence Urban Areas. Ahe team that includes Timret Le Hiwot (TLH), Integrated Services for AIDS Prevention and Support Organization (ISAPSO), and Addis Continental Institute of Public Health (AC-IPH). Two resource firms including CHF International and the Nia Foundation will used for specific technical expertise. This is a three year project and will support increased availability and use of HIV prevention information and commodities and increased access to HIV counseling and testing (HCT), STI, and care and treatment services for adults and young people involved in transactional sex. It will also improve networking and capacity building for sustainable HIV prevention programming. The project will be implemented in major urban centers and other 'hotspots' that are identified through rapid mapping and needs assessments and partner consultation. It will work in close coordination with the HIV/AIDS Prevention Control Organization, the Ministry of Women and Women's Associations, and the Ministry of Health and Social Welfare as well as ongoing USG-funded HIV-prevention activities and other national health initiatives outlined in the Multisectoral Plan of Action for Universal Access to HIV Prevention, Treatment, Care and Support.

Following an initial assessment and planning phase, the project will introduce a comprehensive package of HIV prevention services for adults and young people involved in or at risk for transactional sex. In Year One the package will be introduced at 44 venues associated with transactional sex and 20 health clinics in 20 regional/district capitals/zonal towns in Benishangul, Gambella, Afar, Oromiya, Somali, SNNP, Jijiga, Butajira, and Amhara. The package will include peer education, condom distribution and promotion, stigma reduction, strengthened HIV/STI service delivery, work with male clients involved in transactional sex, mass media strategies, mobile testing and counseling, and drop-in centers for hard to reach women and girls. The comprehensive package will be introduced at an additional 55 venues and 22 health clinics in 22 cities by the end of the project. This project is expected to reach a total of 104, 250 adults and young people involved in or at risk for transactional sex work with our comprehensive package of HIV/STI prevention interventions.

The project will collect and analysis data about adults and young people involved in transactional sex to develop and implement a highly-targeted, evidence-based program that delivers measurable health and behavioral outcomes. Project partners have strong on-the-ground presence in Ethiopia, serving key most at risk populations (MARPS) through a wide range of complementary HIV/AIDS programs. To maximize access to high-quality HIV prevention services and prevent duplication, the project will collaborate with other recently awarded USG/PEPFAR projects led by Population Services International (PSI) and the Academy for Educational Development/Health Communication Partnership (AED/HCP) for targeted condom promotion and outreach. The project will implement a variety of complimentary and evidence-based HIV prevention and related services.

The project's technical approach is based on special design considerations for accessing hard to reach populations including addressing intergenerational poverty and sustainable livelihoods, promoting gender equality, linking alcohol use and HIV risk, and integrating sexual and reproductive health and HIV services. Key features include maximizing the synergy between existing on-the-ground partners, programs and networks; planning explicitly for transitioning responsibility for project delivery to the local entities; capitalizing on combined knowledge, skills, expertise, and resources in other projects and programs; evidence-based decision-making; and transforming gender roles. To help ensure the sustainability of project activities participatory, "bottom-up" planning processes will be introduced to build the capacity of partners, and transfer financial and administrative oversight for key project components, such as drop-in centers, to local entities.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing women's access to income and productive resources
* Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 4059.09
Mechanism: WLI
Prime Partner: World Learning
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 28772.09
Planned Funds: $95,250
Activity System ID: 28772

Activity Narrative: HIV Prevention In Large-Scale Construction Sites in Ethiopia

NEW ACTIVITY NARRATIVE

This activity is split HVAB $500,000 and HVOP $500,000

In collaboration with the private company Astar Advertising (Astar), World Learning will work directly with the government's Ethiopia Electric Power Corporation (EEPCo), the Ethiopian Roads Authority (ERA) and the Ministry of Water HIV Task Force (MOW) to support and institutionalize the design, implementation and evaluation of HIV prevention interventions and services that address the risks associated with transactional sex in urban centers and "hotspots," particularly in large-scale construction sites and surrounding communities.

The two specific objectives of the program are:
•?To reduce transmission of HIV among high-risk populations in project areas;
•?To enhance the role of public corporations, particularly EEPCo HIV/AIDS Control Program, MOW HIV Task Force and ERA, in the implementation of HIV prevention programs.

This project will raise awareness and provide education on HIV and STI as a critical first step in creating positive behavior changes and minimizing transmission among members of the identified high-risk groups. Reducing high-risk behaviors and addressing the stigma and discrimination associated with HIV/AIDS through behavior change is essential to reducing the spread of infection.

The program will encourage and facilitate increased use of Voluntary Counseling and Testing (VCT), Antiretroviral Therapy (ART), Prevention of Mother-to-child Transmission (PMTCT) services of targeted groups, while strengthening government and community HIV monitoring and prevention activities.

This project targets employees of EEPCo, ERA and the MoW as well as communities and commercial sex workers surrounding the hydro-electric power plants, irrigation and road construction sites. Overall, more than 200,000 surrounding community members, 2950 commercial sex workers (CSWs), and 33,290 site workers who are residing in 25 sites are targeted in this program.

Targeting areas that lack adequate health services, the project will work across five regions in Ethiopia, namely Oromyia, SNNPR, Amhara, Afar and Tigray; and Diredawa town.

The project will enhance the role of EPPCo, ERA and MOW in the implementation of
HIV programs through formative research on target groups, increased advocacy for a strong commitment within the government, trainings in HIV and STI Prevention and skill-building in proposal development and financial and grant management.

This project builds upon that experience and draws from Astar Advertising's extensive worldwide expertise in innovative social marketing for a targeted audience, particularly for PEPFAR and non-PEPFAR funded clients and projects. The program will change high-risk behavior among the targeted populations through the adoption/adaptation and dissemination of HIV/STD Protection and Prevention SBCC (Strategic Behavioral Change and Communication) materials, direct training with targeted groups and communities around the construction sites and capacity building of implementing partners. The program will also provide integrated prevention and education packages designed to modify the practice of risky sexual behaviors among the targeted population thereby reducing the HIV transmission rate.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	1210.09	**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:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	10573.27947.09	**Planned Funds:**	$231,500
Activity System ID:	27947		

Activity Narrative: Reaching Youth and Women

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity from COP07.

JHU/HCP addresses an important and growing emphasis in PEPFAR/Ethiopia's portfolio of addressing at risk populations including University Students, Prostitutes and Sexually Active Youth. JHU/HCP will conduct similar activities, as described in COP08, with an expanded geographic scope reaching an increased number of at risk individuals. This activity narrative will not be updated in COP09. Targets and budget have been updated.

COP08 ACTIVITY NARRATIVE

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 with in 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.

Activity Narrative: A March 2007 YAK evaluation documented major changes in attitudes and behavior among program participants. The percentage of youth who have 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 Makele 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 counseling to hard-to-reach neighborhoods 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 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, JHU/HCP, 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16861

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16861	10573.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	7582	1210.08	HCP	$950,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$950,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 655.09

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: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 10592.27937.09

Planned Funds: $487,000

Activity System ID: 27937

Activity Narrative: Supporting National and Regional AIDS Resource Centers with AB Prevention Intervention

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

I. Support to National AIDS Resource Center (ARC):- This is a continuing AB focused activity from FY08. 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.

The CCP/ARC's user driven services and BCC activities are closely related and mutually reinforcing. Its user driven services are modeled after CDC's national Prevention Information Network (NPIN) and include a library, clearinghouse, a virtual information Center, IT training and Media events support. To date, the CCP/ARC has developed and implemented evidence based BCC activities addressing a wide range of issues including HIV prevention using the ABC model, stigma reduction, care and support.

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. The library houses over 3,000 HIV/AIDS focused titles covering a wide range of interrelated topics. On average, the clearing house distributes more than 14,000 copies of stocked materials per month to organizations nationwide. Currently, the National resource center alone draws at least 90 visitors per day.

In FY09, CCP/ARC will focus on maintaining and strengthening its 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 number of the 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).

In FY09, CCP/ARC will also continue to 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 AB focused prevention. The Wegen Talkline currently receives more than 6,000 calls per day. In FY09, the Talkline will have the capacity to provide 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, analyze and utilize hotline data for program improvement and monitoring. CCP/ARC will also continue the production of 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 (RARC):- In each region, the CCP/ARC Regional AIDS Resource Centers have been integrated into the regional HAPCO, where staff receives orientation, training, and ongoing technical support from CCP/ARC. CCP/ARC in collaboration with PEPFAR/CDC Ethiopia, FHAPCO and Regional HAPCOs will standardize the role of the regional ARCs. The regional HAPCO is responsible for management, funding, procuring equipment and supplying necessary operational materials. In FY07 and FY08, CCP/ARC provided support to regional ARCs, 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, 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; and
6) Provision of Internet access through high-speed computer terminals for users to research current health and HIV/AIDS-related issues. In addition, in FY08 an assessment was conducted to identify challenges the regional ARCs faced regarding physical infrastructure, human resource capacity, IT infrastructure and quality of services.

In FY09, CCP/ARC will build upon the result of the assessment and the progress made so far and will continue to implement the following major activities:-
1) Strengthen the capacity of all existing regional AIDS Resource Centers, with clear linkages to existing local services;

Activity Narrative: 2) Provide ongoing training and technical assistance to all existing regional ARC, HAPCO, and RHB in monitoring, information technology, and materials distribution;
3) Strengthen information technology capacity of all regional ARCs;
4) Collaborate 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) Expand outreach activities in regional AIDS Resource Centers. 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) Establish 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 FY08, 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 FY09, CCP/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.

IV. Youth Focused radio program: CCP/ARC 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. This activity will also address delaying sexual debut, fidelity and reduction of multiple concurrent sexual partnerships. The activity will be supported by mini-media and school outreach programs and multi-media materials development. In addition to this, CCP/ARC will also continue to strengthen and expand the School-Net program which has been started using FY08 supplemental funding and state-of-the-art ICT initiative established by the Ethiopian government in collaboration with Ministry of Education and Educational Media Agency.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16580

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16580	10592.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	$1,300,000
10592	10592.07	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	5469	655.07	jhu-ccp	$500,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$180,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 655.09

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: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 10386.27938.09

Planned Funds: $360,750

Activity System ID: 27938

Activity Narrative: MARCH and IEC/BCC Materials Production Technical Assistance (AB)

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Substantive changes were made in the COP 08 narrative and are as follows: In FY09, CCP/ARC 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 with CCP/ARC support will continue to strengthen its MARCH intervention in all its commands, with both print serial dramas and reinforcement activities, as well as finalize the program evaluation that have been conducted in the two NDFE commands where MARCH has been implemented for more than three years. CCP/ARC 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. Activities with the FPC will focus on consolidation of progress to date, with an emphasis on building capacity and regional expansion assessment. 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 behavior change communication (IEC/BCC) Material Production TA: -

Strategic information, education and communication for prevention and treatment of HIV and AIDS is crucial to engender sustained behavior change. In addition to programs implemented with other partners, the CCP/ARC also develops communication strategies, BCC materials and packaging of HIV and AIDS tools for use by health professionals. The materials cover a range of topics including HIV prevention, positive living, ART, PMTCT, VCT and infection prevention. To date, CCP/ARC produced a variety of IEC/BCC and media materials designed to strengthen quality of care at service sites supported by PEPFAR partners operating at all levels. These materials are used by the general public, partner organizations and by the CCP/ARC user driven services and BCC programs. Evidence based materials produced using these strategies are in use in multiple health centers, HIV programs and hospitals across the nation.

In FY09, CCP/ARC will continue to develop and produce appropriate IEC/BCC materials for service providers and youth audiences promoting comprehensive ABC strategies. These materials and accompanying discussion materials will be distributed to support additional private hospitals and health centers, new public health sites and will target youth audiences.

In addition, CCP/ARC will help providers identify gender-based violence; train providers on use of counseling and educational aids; and monitor and evaluate use of materials. CCP/ARC will also develop and implement communication activities to address prevention-for-positives messaging. Other 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, sexual networks and healthy sexuality. These materials will respond to feedbacks from Wegen AIDS talkline and will address PEPFAR wraparound areas with greater integration of HIV prevention and other health topics. Whenever possible, CCP/ARC will involve local partners in the development of materials.

CCP/ARC will also 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/ARC 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.

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 Forces 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-Ethiopia 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 most 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 one month 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 FY08, CCP/ARC continued to 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/ARC 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/ARC 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

Activity Narrative: develop and implement its certificate curriculum program through a collaborative TA relationship with AfriComNet.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16579

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16579	10386.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	$975,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $97,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 2249.09

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

Prime Partner: Federal Police

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 5633.28039.09

Planned Funds: $19,200

Activity System ID: 28039

Activity Narrative: Federal Police AB Prevention Activities

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY09, the project will capitalize on the past achievements made so far and focuses on the following 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 group 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 every month. This effort will be supported by bi-weekly interactive peer-group discussions; and insure the enclosure information regarding VCT service accessibility, referral linkages of care and treatment services
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 and FY08;
6) Production and distribution of different IEC/BCC materials needed to supplement the PSD and addressing gaps identified during peer group discussions and 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 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;
10) Strengthen the MARCH program targeting rapid forces under the federal police located outside Addis Ababa and expand MARCH to regional police forces at the national level. Recruit additional MARCH focal persons in the rapid and regional police forces and increase the number of PSD production and other reinforcement activities and IEC material production and distribution.

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.
This is a continuing AB focused activity from FY08, linked to OP activity with Federal Police and Expansion of Wegen National AIDS Talk line and MARCH Model Activities.

The objective of this continuing AB 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, HIV sero prevalence 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 and 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.

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. 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 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. Technical assistance from Johns Hopkins University/Center for Communications Programs (JHU/CCP) and CDC helped the project to

Activity Narrative: accelerate implementation of activities and achieve results.

Up to FY08, 50 trainers, 2500 peer leaders were trained and 2450 peer discussion groups formed to conduct discussions based on the PSD. Federal Police was able to reach 15,000 police members through the PSD and different reinforcement activities. In FY08, Federal police has expanded the MARCH project to different departments located outside Addis Ababa to reach the most mobile groups in the police force (rapid forces) using supplemental funding. This in turn increases the number of PSD printed, posters, fliers and IEC material production and distribution; these additional activities require extra budget and human resources in FY09. The Print serial drama will be produced every month. Peer groups will conduct peer group discussions every two weeks alternating PSD with linked reinforcement activities.

During the past period of MARCH program implementation in Federal Police (FP), it is learnt that the production of printed serial drama every two weeks was difficult. The production of PSDs adjusted from two weeks to a month and this will help to have enough time and space to the limited number of designers and cartoonists to do their job. As the PSD production extended to every month, it is true that gap will be created on peer group discussions every two weeks, however in COP09 gaps created is filled by different linked reinforcement activities including staged dramas, poem and play presentation, panel discussions and quizzes. Using the supplemental funding, FP expands MARCH program at the regional level to address rapid force commanded by the federal government which increases geographic area coverage and as well as target numbers. This activity is continuing and sustained by COP09 funding increase. Still, there are some challenges to cover all the police forces in the country, this is due to the different autonomous regions using different languages and this in turn requires a substantial amount of budget increase, then to be dealt in cop 2010.

So far, there is no cure or vaccine for HIV, the only alternative as a vaccine that we have at hand is promoting and addressing messages geared towards averting new HIV infection, and hence MARCH will continue to be a tool for our prevention programs to bring sustainable behavioral change and to bring a change in behavior and to personalize models in the PSD, MARCH will continue with the appropriate dosage, intensity and coverage to reach uniformed services including FP. We are observing early signs of behavioral change among the police force, after the introduction of the MARCH program, police forces are talking and discussing with their spouses, partners and family members about the voluntary testing and counseling, and asking information about treatment and care services. The implementation of MARCH program in the military creates demand for service uptake, and the program reinforce the demand through availing information where they can access voluntary counseling testing, treatment and care. The focus of PEPFAR and Ethiopian government to widen the service of counseling and testing and treatment around the hot spots and MARPs areas and urban centers where the epidemic concentrated will help this most at risk population to easily access the services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16715

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16715	5633.08	HHS/Centers for Disease Control & Prevention	Federal Police	7519	2249.08	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

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$15,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7610.09
Mechanism: Agribusiness and Trade Expansion
Prime Partner: Fintrac Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 17742.28041.09
Planned Funds: $90,000
Activity System ID: 28041

Activity Narrative: Agribusiness and Trade Expansion

ACTIVITY UNCHANGED FROM FY2008:

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17742

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17742	17742.08	U.S. Agency for International Development	Fintrac Inc.	7610	7610.08	Agribusiness and Trade Expansion	$125,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 608.09

Mechanism: Track 1

Prime Partner: Food for the Hungry

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 5595.28044.09 **Planned Funds:** $409,559

Activity System ID: 28044

Activity Narrative: HIV/AIDS Prevention through Abstinence and Healthy Choices for Youth (ABY) in Ethiopia

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

In FY08, the HEALTHY CHOICES program reached 110,000 individuals with community outreach HIV prevention programs that promote abstinence and/or being faithful. The program adapted a faithfulness curriculum that targets married couples in the project area, and reached 3565 individuals during the fiscal year. Upon completion of the year long modular training, an evaluation was done to measure behavioral and attitudinal changes among the program participants.

COP08 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 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 which comprises 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 FHI work in. 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.

Sub- partners:

Food for the Hungry International/Ethiopia (Lead Agency for the Project in Ethiopia),
Life In Abundance Ethiopia (LIAE),
Save Lives Ethiopia (SaLE),
Ethiopian Kale Hiwot Church (EKHC),
FAYYAA Integrated Development Association (FIDA)

New/Continuing Activity: Continuing Activity

Continuing Activity: 16555

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16555	5595.08	U.S. Agency for International Development	Food for the Hungry	7464	608.08	Track 1	$529,000
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

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 118.09

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: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 18718.27985.09

Planned Funds: $75,465

Activity System ID: 27985

Activity Narrative: Management and Staffing

THERE HAS BEEN NO STAFFING CHANGE FROM COP08

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18718

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18718	18718.08	U.S. Agency for International Development	US Agency for International Development	7479	118.08	USAID M&S	$80,187

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3790.09

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: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 5739.28206.09

Planned Funds: $49,708

Activity System ID: 28206

Activity Narrative: HIV Prevention Services for Refugees and Host Populations in Ethiopia Condoms and other HI Prevention Services for Refugees and Host Populations in Ethiopia

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

UNHCR's FY09 plans reflect reprogramming made to COP 08 activities to expand the geographic target area for prevention services for refugee and host community populations in Ethiopia to Sheder Refugee Camp in the Somali region and address the gap in HIV/AIDS services for urban refugees in Addis Ababa. UNHCR also plans to expand services to Berhale and Asayita Refugee Camps in the Afar region.

Ethiopia is home to approximately 1300 urban refugees from 17 different countries—mainly the Great Lakes region, Somalia, Eritrea, and Uganda—who have limited access to HIV/AIDS prevention interventions. Among the problems are: higher HIV prevalence rates in urban areas, exposing urban refugees to a greater risk of contracting HIV; HIV/AIDS prevention interventions, e.g., media programs, reading materials, health education, and VCT services are mediated through the local language, alienating urban refugees from information regarding HIV/AIDS modes of transmission, prevention, stigma and discrimination when they share the same risk as the local population; HIV/AIDS care and support and prevention with positives assistance that is available to local populations are accessed through social institutions like "idir" and administrative structures that are inaccessible to refugees; UNHCR assistance to urban refugees is insufficient to fulfill the nutritional demands of HIV positive urban refugees who are on ARV drugs and the medical budget is limited to the provision of basic health services without special allocations for patients with HIV/AIDS; care takers and families are at high risk of acquiring infection due to lack of funding for education and training on how to care for HIV/AIDS patients; and, a number of female refugees have been victims of sexual and gender-based violence such as rape and forced co-existence, increasing their risk of HIV. It is therefore essential to raise the awareness of urban refugees through information, education and communication, behavior change communication, and provision of access to VCT in order to minimize HIV/AIDS transmission and to enable positive living.

At the same time, Ethiopia continues to experience an influx of Somali refugees, many fleeing the current political insecurity in Mogadishu. A second camp, Aw Barre, was established in July 2007 and a third camp, Sheder, was established in April 2008 to accommodate this influx. Based on current prevention activities and experiences in other PEPFAR-funded projects in Ethiopia's six other camps, UNHCR's implementing partners agreed that initiating the same activities in Sheder would develop a strong prevention and counseling and testing foundation where one does not currently exist.

As in Kebribeya and Aw Barre, Sheder refugee camp houses displaced Somalis and the level of services is lower than camps in other regions of Ethiopia. No prevention activities are currently being carried out in Sheder even though the region is characterized by a general ignorance of HIV/AIDS and its mechanisms of transmission. That combined with frequent risky behaviors, including the abduction and rape of young girls and the practice of female genital mutilation in extremely unsanitary conditions, makes Sheder and its host community an important additional target area for prevention services aimed to reduce HIV transmission by promoting delayed sexual activity and correct and consistent condom use. Specific prevention activities will remain the same as those in the original activity description; however, the geographic area is being expanded to include Sheder camp host community as well as the two camps in the Afar region.

There is a gap in HIV/AIDS services for urban refugees living in Addis Ababa that has largely been ignored by donors to date. Resources will be used to promote awareness and behavioral change among urban refugees in Addis Ababa for prevention of HIV/AIDS, including 'prevention with positives.' An integrated package of activities will be implemented to increase knowledge, reduce risky behaviors, promote protective attitudes, develop safe practices, and reduce stigma and discrimination. Specific activities, conducted in English, French and Swahili, include: conducting workshops and a mass campaign on refugee day on the very nature of HIV, ways of transmission, methods of prevention focused on correct and consistent condom use and stigma and discrimination among the refugee community; conducting awareness creation workshops and education on the benefits of VCT service; training for caretakers on standardized home based care and prevention; VCT service; and establishing anti-AIDS and support clubs. These activities will link directly to care and support programs as urban refugees living with HIV/AIDS and their caretakers and family members of will receive training, counseling and support for appropriate care and provision of necessary services and materials.

COP08 ACTIVITY NARRATIVE:

Related Activities: These activities, which are programmatically linked to HIV Prevention Services for Refugees and Host Populations in Ethiopia (10528), Voluntary Counseling and Testing Services for Refugees and Host Populations in Ethiopia (10527), Assistance to Orphans and Vulnerable Children in Refugee Camps in Ethiopia (10530), Palliative Care in Refugee Camps in Ethiopia (10572), and Universal Precautions and Post-Exposure Prophylaxis in Refugee Camps in Ethiopia (10634), are part of a comprehensive HIV/AIDS program in refugee camps 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 to 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

Activity Narrative: 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 Fugndio, 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16686

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16686	5739.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	7506	3790.08		$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

Emphasis Areas

Gender

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

Refugees/Internally Displaced Persons

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $12,100

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1531.09
Mechanism: Track 1
Prime Partner: Samaritan's Purse
USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 5631.28196.09
Planned Funds: $813,139
Activity System ID: 28196

Activity Narrative: MET Approach for Primary Behavior Change in Youth

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

This is an ongoing Track 1 funded AB only activity.
In FY08, 48,637 youth were reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful. MET organizes its youth leaders into Community-Based Volunteer Teams (CBVT) that serve to sustain HIV prevention activities upon project phase out. Each year, this program conducts LQAS using behavioral indicators to measure changes in risk behaviors, attitudes, and misconceptions. The result of the LQAS is used to guide development of annual implementation plans.

COP08 ACTIVITY NARRATIVE

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 5-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 FY 07. 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16559

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16559	5631.08	U.S. Agency for International Development	Samaritan's Purse	7468	1531.08	Track 1	$566,573
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

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing women's access to income and productive resources

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 645.09
Mechanism: Private Sector Program
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 5605.28317.09
Planned Funds: [redacted]
Activity System ID: 28317

Activity Narrative: Workplace Peer Education Program

ACTIVITY UNCHANGED FROM FY2008

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 in both AB only and ABC (10374) activities.

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 ABC, TB, and HIV 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 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 current 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 (ID 10375) 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’s existing intensive eight month workplace peer education and the possible new half-day IPC program are expected 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.

In workplace and private clinics, PSP provides technical assistance to support counseling on prevention for positives which utilizes 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 opportunity for increased AB programming. This activity will collaborate with HIV prevention partners to utilize or adapt pre-existing audio and print materials to address issues surrounding male social norms 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 permit 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

Activity Narrative: population along the corridor. Family day events will support activities in several communities at risk.

This activity is implemented as an integrated element with the other Abt Associates PSP other prevention (ID 10374) and TB/HIV (ID 10375) activities in the workplace, and will provide referrals for the PSP workplace and mobile CT services (ID 10538).

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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16565

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16565	5605.08	U.S. Agency for International Development	Abt Associates	7471	645.08	Private Sector Program	$370,000
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

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 610.09

Mechanism: Track 1

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 5597.28177.09

Planned Funds: $720,000

Activity System ID: 28177

Activity Narrative: Prevention component of the Ethiopian Orthodox Church Development and Interchurch Aid Commission/IOCC HIV/AIDS Response Mechanism Project

ACTIVITY UNCHANGED FROM FY2008:

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 utilizes 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, 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 clients (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 utilize church doctrine and clergy training materials to support improvements in risk perception and AB approaches to HIV prevention by individuals and households. Trained clergy openly encourage premarital 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:

1) Supportive supervision of district activities by the Ethiopian Orthodox Church to ensure consistency, quality assurance and improvements in programmatic performance against management indicators.

2) Continued integration and supervision of HIV/AIDS core curriculum into eighteen 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.

3) Utilization of 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.

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

5) In-service training of 10,000 clergy with follow-up from district branch coordinators.

6) Capacity building and exit strategy/planning of IOCC with the Ethiopian Orthodox Church/DICAC to support a multi-year transition of activities from IOCC to the Ethiopian Orthodox Church, thus assuring sustainability of the program.

7) Information, education and communications (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.

8) Utilization of community members and PLWH trained as lay counselors to support community outreach 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, Action Aid, and Mums for Mums.

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 will be maintained 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.

Sub partners:
Development and Inter-Church Aid Commission
Ethiopian Orthodox Church

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 out reach programs , including peer learning, mass education, drama, question

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16557

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16557	5597.08	U.S. Agency for International Development	Pact, Inc.	7466	610.08	Track 1	$2,670,364
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

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 604.09

Mechanism: Prevention in Gambella

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 18009.28178.09

Planned Funds: $35,000

Activity System ID: 28178

Activity Narrative: Prevention Activities in Gambella

ACTIVITY UNCHANGED FROM FY2008:

This activity is a continuation FY07 reprogrammed funds. In FY09, funds for this activity will be split evenly across AB ($175,000) and OP ($175,000).

Gambella is the westernmost region of Ethiopia, bordering Sudan. The region is sparsely populated, with 2005 the Ethiopian Central Statistics Agency estimating 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 of 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 surprisingly high HIV prevalence of 6.0% in Gambella region. Gambella's was the highest regional prevalence recorded by the DHS, and is nearly three times the GoE's national single point prevalence of 2.2%. 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 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 COP07 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 FY2006.

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 serve as a technical assistance and organizational capacity development support 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 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. 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 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. Training transport workers to engage riders in dialogue about HIV while using the transport system, production of audio materials or radio program 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 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 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

Activity Narrative: 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 prevention is critical to the overall prevention strategy of addressing prevention where new infections are occurring. A focus on high-prevalence urban populations with a an emphasis on adults and high-risk populations represents a response to two recommendations made through two technical assistance visits by members of OGAC'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.

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 managing CT 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 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.

Although the assessment will reveal more specific populations to be targeted, sexually active adults with multiple sexual partners will be targeted. Other high-risk populations such as sex workers and those engaging in transactional sex may also be targeted depending on the results of the initial assessment.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18009

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18009	18009.08	U.S. Agency for International Development	Pact, Inc.	7501	604.08		$125,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 683.09 **Mechanism:** ***

Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	5594.28179.09	**Planned Funds:**	[redacted]
Activity System ID:	28179		

Activity Narrative: Muslim Agencies Recharging Capacity for AIDS

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity will be re-competed in COP08 to support HIV prevention and capacity building in Muslim FBO's in Ethiopia. The activity will conduct similar activities as described in COP08.

This is a continuing activity. This activity only receives HVAB funding.

COP08 ACTIVITY NARRATIVE

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, utilize 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 health care 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

Activity Narrative: Pastoral Women Development Organization operates in Afar region. The Ogaden Welfare and Development Association operates in Somali region.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16679

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16679	5594.08	U.S. Agency for International Development	Pact, Inc.	7501	604.08		$500,000
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

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 2250.09

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

Prime Partner: Ministry of National Defense, Ethiopia

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 5634.28166.09

Planned Funds: $110,000

Activity System ID: 28166

Activity Narrative: AB-focused Prevention Intervention in the Military

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing AB focused activity from FY08, linked to OP activity with Ministry of National Defense Forces of Ethiopia and MARCH Model Activities.

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 intervention. 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 groups (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 attempts 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.

A successful achievement has been observed in the implementation of the MARCH project during the time of FY06, FY07 and FY08. All commands of NDFE were implementing the MARCH project. So far, 1,385,088 copies of PSDs from edition 1 to 13 have been printed and distributed for all commands in NDFE. More than 10,832 peer leaders were trained and 9760 peer groups were organized and held discussions consistently 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 and shaping beliefs and sexual practices by supportive opinions, ideas and approval of their peers for applying healthy sexual behavior during the time of discussion on the recent PSD. All peer group discussions and linked reinforcement activities promote help in adopting safer sexual behaviors, delaying sex, reducing sexual partners, encourage positive living, and reducing stigma. A year's storylines of each episode has been developed and 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.

Based on the lessons learnt from the first two commands that started MARCH earlier, feedbacks collected from sites, and high demand created among the other commands, NDFE has successfully scaled up MARCH in the remaining three commands of NDFE. Now MARCH program has a full coverage to members of the military. MARCH activities and budgets were decentralized to the command level, which has helped in addressing problems at the command level. However, due to the scale up of the MARCH at the national level, targets have significantly increased through community out reach programs. In FY08, 133,470 individuals are reached and 8,900 individuals were trained to promote prevention intervention messages in the military.

During the past period of MARCH program implementation in NDFE, it is learnt that the production of printed serial drama every two weeks was difficult. The production of PSDs adjusted from two weeks to a month and this will help to have enough time and space to the limited number of designers and cartoonists to do their job. As the PSD production extended to every month, it is true that gap will be created on peer group discussions every two weeks, however in COP09 gaps created is filled by different linked reinforcement activities including staged dramas, poem and play presentation, penal discussions and quizzes. MARCH program in the NDFE is challenging since different divisions of each command settled in a scattered areas in the periphery of Ethiopian boarders, this created delay in transportation PSD on time, however gaps created due to geographical location and scattered settlement is addressed through the commitment of NDFE by dedicating some of their own resources for the implementation of MARCH, this is indicated by vehicles allocation, and additional human resources.

Due to high mobility in the military workplace, in FY09, additional prevention activities besides MARCH will be implemented as a continuation of FY08 activities. A number of opportunities and structures exist with in the system 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 will be used to reach more target populations within the NDFE.

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 of the NDFE logistics department, as well as draw support from the Global Fund for AIDS, Malaria, and Tuberculosis. This is advantageous in that adding an alterative approach (in addition to MARCH) does not require much additional technical assistance.

Activity Narrative: 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 be involved in outreach activities 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.

So far, there is no cure or vaccine for HIV, the only alternative as a vaccine that we have at hand is promoting and addressing messages geared towards averting new HIV infection, and hence MARCH will continue to be a tool for our prevention programs to bring sustainable behavioral change and to bring a change in behavior and to personalize models in the PSD, MARCH will continue with the appropriate dosage, intensity and coverage to reach uniformed services including NDFE. We are observing early signs of behavioral change among the military services, after the introduction of the MARCH program, soldiers are talking and discussing with their spouses, partners and family members about the voluntary testing and counseling, and asking information about treatment and care services. The implementation of MARCH program in the military creates demand for service uptake, and the program reinforce the demand through availing information where they can access voluntary counseling testing, treatment and care. The focus of PEPFAR and Ethiopian government to widen the service of counseling and testing around the hot spots areas and urban centers where the epidemic concentrated will help this most at risk population to easily access the services including treatment.

In general, the following major activities will be implemented in FY09:

1) Provide refresher training to peer leaders in all the commands and peace keeping forces to strengthen comprehensive HIV/AIDS prevention activities to reach army personnel in the five commands through a biweekly interactive peer group discussion using the recent printed serial drama;
2) Adopt existing training manual for work with the military, and train additional peer leaders for all five commands and headquarters
3) Continue the production and distribution of 2,077,632 copies of 26 PSD issues;
4) Conduct linked reinforcement activities through various interactive education programs and discussion groups at NDFE music and sports clubs, radio programs, newsletters, movies or staged dramas 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 and insure the enclosure of information regarding VCT service accessibility, referral linkages of care and treatment services
6) Augment the comic books and fill the gaps identified during the peer discussion groups.
7) 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;
8) Strengthen established project offices at ten divisions in the five commands, as well as strengthen the headquarters and command offices with training and material support;
9) Conduct sensitization and review meetings with NDFE officials at headquarters and command level
10) Capacity building and training for project staff and NDFE staff at different levels (headquarters, command, division, regiment, and unit).
11) Strengthen the link between MARCH and HIV services to increase service utilization and treatment adherence through reinforcement activities
12) Build the capacity of NDFE Media (Print, Radio and Audio visual media) for better reporting of HIV/AIDS educational messages, advocacy of HIV/AIDS prevention, care and treatment services
13) 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
14) 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 a 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 being faithful is a significant part of the comprehensive prevention program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16717

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16717	5634.08	HHS/Centers for Disease Control & Prevention	Ministry of National Defense, Ethiopia	7520	2250.08	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

Emphasis Areas

Gender

* Addressing male norms and behaviors

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $55,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3789.09
Mechanism: Vulnerable Adolescent Girls
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 5726.28184.09
Planned Funds: $468,000
Activity System ID: 28184

Activity Narrative: Adolescent girls, Early Marriage and Migration in Amhara Region and Addis Ababa

ACTIVITY UNCHANGED FROM FY2008

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 FY08 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16680

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16680	5726.08	U.S. Agency for International Development	Population Council	7502	3789.08		$900,000
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

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7615.09

Mechanism: Grant Solicitation and Management

Prime Partner: World Learning

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 17756.28092.09

Planned Funds: $450,000

Activity System ID: 28092

Activity Narrative: Grants, Solicitation and Management

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity will continue to engage local civil society organizations with grants and capacity building. There are no substantive changes from activities described in the COP08 narrative. One additional sub partner will be engaged to support HIV prevention and capacity building activities of the National Network of Ethiopians Living with HIV/AIDS.

COP08 ACTIVITY NARRATIVE

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 non-governmental 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 percent 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 $2,300,000 in funding ($720,000 for OVC, $240,000 in AB Prevention, $1,140,000 in Other Prevention, and $200,000 for HBHC). The 15 percent 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 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. GSM recipients will train 400 individuals and reach an estimated 100,000 with behavior change communication programming on HIV prevention. Prevention targets for the GSM program are under the HVOP section (10407).

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 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. 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17756

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17756	17756.08	U.S. Agency for International Development	World Learning	7615	7615.08	Grant Solicitation and Management	$240,000

Emphasis Areas

Gender

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

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	$200,000

Education	
Estimated amount of funding that is planned for Education	$50,000

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 609.09
Mechanism: Track 1
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 5596.27887.09
Planned Funds: $706,405
Activity System ID: 27887

Activity Narrative: Avoiding Risk, Affirming Life program (ABY Track 1)

ACTIVITY UNCHANGED FROM FY2008

This is an ongoing five-year Track 1 funded AB activity that is linked to CRS' activities under HKID (10483) as well as JHU/HCP's HVAB Reaching Youth and Women program (10573).

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 March 2008, CRS reached 164,688 young people with AB prevention messages which far exceeded their target. The program currently has over 1000 peer counselors and volunteers working in churches, schools and communities. A mid-term evaluation was completed in May 2007. Using the lessons learned from this evaluation, CRS will make any needed implementation adjustments under COP08. 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 IEC materials listed below. In COP08, 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 challenges social norms which contribute to the spread of HIV/AIDS; 3) Accessing teachers, parents and in- and out-of-school youth using large scale interactive 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 diocese. The partner provides support in developing annual workplans, reports, and networks with other FBOs and CBOs. CRS supervises and monitors program implementation and works to build the sustainability of the program.

Sub partners:
Ethiopian Catholic Church Social and Development Coordination office (ECC-SDCO)
Ethiopian Catholic Church Social and Development Coordination office of Harari (ECC-SDCOH)
Ethiopian Catholic Church Social and Development Coordination office of Meki (ECC-SDCOM)
Ethiopian Catholic Church Social and Development Coordination office of Adigrat (ECC-SDCOA)
Ethiopian Catholic Church Social and Development Coordination office of Sodo Hosanna (ECC-SDCOSH) *
Ethiopian Catholic Church Social and Development Coordination office of Addis Ababa (ECC-SDCOAA) *

New/Continuing Activity: Continuing Activity

Continuing Activity: 16553

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16553	5596.08	U.S. Agency for International Development	Catholic Relief Services	7462	609.08	Track 1	$715,000
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

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	649.09	**Mechanism:**	N/A
Prime Partner:	International Rescue Committee	**USG Agency:**	Department of State / Population, Refugees, and Migration
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	10600.28081.09	**Planned Funds:**	$17,601
Activity System ID:	28081		

Activity Narrative: Prevention/Abstinence/Be Faithful Activities for Sudanese and Eritrean Refugees

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

In FY09 IRC will initiate abstinence and be faithful activities as described in COP08 in My Ayni Refugee Camp, which opened in the Tigray region in May 2008 to accommodate the continued influx of Eritrean asylum seekers entering Ethiopia. My Ayni is currently home to approximately 4000 refugees with about 400 more arriving each month. While resettlement out of Shimelba is expected to begin in 2009, some additional resources are needed to initiate AB programs in the new camp. Continued repatriation of Sudanese refugees out of Sherkole Refugee Camp has reduced the camp size. However, plans for consolidation of the two remaining camps housing Sudanese refugees (Fugnido in Gambella and Sherkole in Benishangul-Gumuz) are not yet final, making it difficult to predict how many refugees will ultimately be served by AB programs in Sherkole for FY09. This program is directly linked to IRC's VCT services, which will also be expanded to My Ayni in FY09. Otherwise this activity remains unchanged from COP 08.

In an effort to provide more reliable data on numbers reached through community outreach (to avoid double counting) IRC developed more exact targets using an age-focused approach and assuming attendance at one outreach session per individual reported. Targets were developed using current camp populations minus those under five years of age. Abstinence activities will focus on individuals who are pre-sexually active (5-14 years); be faithful activities are focused on adults with partners (14+ years); and other prevention activities will focus on anybody who might be sexually active (14+ years).

COP08 ACTIVITY NARRATIVE
Prevention/Abstinence/Be Faithful Activities for Sudanese and Eritrean Refugees
International Rescue Committee

Related Activities: This project is programmatically linked to Counseling and Testing for Sudanese and Eritrean Refugees (10561) and Condoms and Other Prevention Activities for Sudanese and Eritrean Refugees (10646).

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

Activity Narrative: 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.

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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16707

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16707	10600.08	Department of State / Population, Refugees, and Migration	International Rescue Committee	7516	649.08		$92,460
10600	10600.07	Department of State / Population, Refugees, and Migration	International Rescue Committee	5536	649.07		$96,219

Emphasis Areas

Gender

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

Refugees/Internally Displaced Persons

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 683.09
Mechanism: ***
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 18633.28301.09
Planned Funds: [redacted]
Activity System ID: 28301

Activity Narrative: HIV Prevention at Teachers' Colleges

ACTIVITY UNCHANGED FROM FY2008:

This activity is funded in HVAB $300,000 and in HVOP for $300,000.

This new activity is to prevent and control HIV/AIDS within Ethiopia's 24 teachers' colleges and their wider community, students, and staff to support AB behavior. It covers both HVAB and HVOP, including abstinence and fidelity messages, promoting correct and consistent condom use, early treatment of sexually transmitted infections (STI), uptake of services like voluntary counseling and testing (VCT) and ART, and prevention strategies on stigma and discrimination towards people living with HIV/AIDS (PLWH).

In Ethiopia, there are currently 24 teachers' colleges, with a student population of more than 50,000 and about 3,500 academic and administrative staff. Young women constitute about half of the student population. The teachers' colleges are located in regional capitals and main towns and some of them are along the high-risk corridor and are hubs for transportation, trucking, and commerce. Due to urbanization, these students are exposed to HIV/AIDS "hot spots" in their new communities, increasing their exposure to risk. The students come to these colleges from all over Ethiopia, and the colleges no longer provide housing to students. As a result, students are forced to live in rented houses in the community surrounding the campuses. This has exposed the students to high-risk sexual behavior and increased their vulnerability to HIV/AIDS. Other factors that contributed to high-risk behavior include: absence of immediate parental control; maturity level and desire for new experiences (most students are aged 17-21 years); peer pressure; change of environment, particularly for those students coming from rural to major urban areas; and the need to "fit in" to urban society.

Anecdotal evidence from the teachers' colleges has revealed that many college girls are exposed to unwanted pregnancy and are prone to aborting, with an adverse impact on their health status. STI are one of the most common reasons for clinic visits among students. At present there are no interventions by donors or nongovernmental organizations to address behavior change and curb the transmission of STI, including HIV/AIDS, at teachers' colleges. Interventions focused on behavior change that promotes safer-sex behaviors (e.g., abstinence, being faithful, reducing sexual partners, avoiding concurrent or high-risk partnerships, removing stigma and discrimination, encouraging comprehensive care and support) are very important, pertinent and timely.

Based on the new prevalence information and behavioral data of the 2005 Ethiopian Demographic and Health Survey (EDHS), PEPFAR Ethiopia's prevention strategy prioritizes expansion of AB outreach activities to most-at-risk populations (MARPs), and focuses on expanded/new HIV-prevention activities for both the general population and high-risk groups in urban areas and along major transpiration corridors. Prevention for youth and the general population remains a priority, and much has been accomplished through several existing implementing partners. This activity will work through existing structures to combine approaches, including life skills for youth, addressing harmful social norms, facilitating community dialogues, and other outreach activities to support AB behavior. The activity also addresses other prevention strategies and issues such as stigma and discrimination towards people living with HIV/AIDS (PLWH), tackling existing gender balances, promoting correct and consistent condom use, early treatment of STI, and uptake of VCT and ART services. The activity is designed to reduce risky behaviors and encourage comprehensive care and support in teachers' colleges and the community in the vicinity of the colleges. It will also promote abstinence and faithfulness among teachers' colleges students and staff.

The objective of the activity is to promote decreased risky sexual behaviors among 50,000 students and 3,500 faculty and administrative staff in 24 teacher training colleges through the provision of life-skills and knowledge. Illustrative activities include: assessment of HIV services, knowledge, and behaviors in the teachers' colleges; introduction of the program to stakeholders; development of HIV/ AIDS/STI/tuberculosis tool kits and information-education-communication (IEC) materials for students, faculty and administrative staff; and development and production of teaching and learning manuals on HIV/AIDS prevention and care for primary schools that would be used by prospective graduating teachers when they go to their place of assignment. The graduates can serve as resource or focal persons and change agents in their schools and communities. The activity will also promote curriculum review by stakeholders, and implementation of prevention and care education based on tool kits and behavior-change communication (BCC) /IEC materials developed through education, entertainment, and interpersonal reinforcement. The activity will establish and strengthen the ability of HIV/AIDS Resource Centers or liaison offices at the 24 colleges to fully implement activities to reach students (regular, evening, and summer), faculty, and administrative staff. It will also assist with the development/design of Teacher Training College HIV-prevention policies and strategies, including a workplace policy/guideline.

Based on the new prevalence information and behavioral data of the EDHS, PEPFAR Ethiopia's prevention strategy prioritizes expansion of AB and Other Prevention (OP) outreach activities to MARPs, and focuses expanded/new HIV-prevention activities for both the general population and high-risk groups in urban areas and along major transpiration corridors. Prevention for youth and the general population remains a priority, and much has been accomplished through several existing implementing partners.

The activity directly addresses wraparound activity with other USG education programs in Ethiopia, including a new teacher-development project entitled Improving Quality of Primary Education Program (IQPEP), which will be in place in late 2008. It leverages resources with Health Communications Partnership (HCP), Johns Hopkins University (JHU) to use materials appropriate to youth such as Beacon Schools, Sports for Life, and the Youth Action Kit; and Y-Choices of Pact. It will also exchange practices with activities related to supporting Addis Ababa University Students with AB and OP.

The activity targets all community members, students, faculty and administrative staff in 24 teacher training colleges. It will promote life skills for youth, addressing harmful social norms - linking to male norms, facilitating community dialogues, and other outreach activities to support AB behavior. The activity also

Activity Narrative: addresses other prevention strategies and issues such as stigma and discrimination towards PLWH, tackling existing gender imbalances, promoting correct and consistent condom use, early treatment of STI, and promotion of services like VCT and ART.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18633

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18633	18633.08	U.S. Agency for International Development	Health Communications Partnership	12034	12034.08	HCP	$300,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education [redacted]

Water

Program Budget Code: 03 - HVOP Sexual Prevention: Other sexual prevention

Total Planned Funding for Program Budget Code: $34,766,924

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 683.09 **Mechanism:** ***

Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Sexual Prevention: Other sexual prevention

Budget Code: HVOP **Program Budget Code:** 03

Activity ID: 18692.28302.09 **Planned Funds:** [redacted]

Activity System ID: 28302

Activity Narrative: HIV Prevention at Teachers' Colleges

ACTIVITY UNCHANGED FROM FY2008:

This new activity is to prevent and control HIV/AIDS within Ethiopia's 24 teachers' colleges and their wider community, students, and staff to support AB behavior. It covers both HVAB and HVOP, including abstinence and fidelity messages, promoting correct and consistent condom use, early treatment of sexually transmitted infections (STI), uptake of services like voluntary counseling and testing (VCT) and ART, and prevention strategies on stigma and discrimination towards people living with HIV/AIDS (PLWH).

In Ethiopia, there are currently 24 teachers' colleges, with a student population of more than 50,000 and about 3,500 academic and administrative staff. Young women constitute about half of the student population. The teachers' colleges are located in regional capitals and main towns and some of them are along the high-risk corridor and are hubs for transportation, trucking, and commerce. Due to urbanization, these students are exposed to HIV/AIDS "hot spots" in their new communities, increasing their exposure to risk. The students come to these colleges from all over Ethiopia, and the colleges no longer provide housing to students. As a result, students are forced to live in rented houses in the community surrounding the campuses. This has exposed the students to high-risk sexual behavior and increased their vulnerability to HIV/AIDS. Other factors that contributed to high-risk behavior include: absence of immediate parental control; maturity level and desire for new experiences (most students are aged 17-21 years); peer pressure; change of environment, particularly for those students coming from rural to major urban areas; and the need to "fit in" to urban society.

Anecdotal evidence from the teachers' colleges has revealed that many college girls are exposed to unwanted pregnancy and are prone to aborting, with an adverse impact on their health status. STI are one of the most common reasons for clinic visits among students. At present there are no interventions by donors or nongovernmental organizations to address behavior change and curb the transmission of STI, including HIV/AIDS, at teachers' colleges. Interventions focused on behavior change that promotes safer-sex behaviors (e.g., abstinence, being faithful, reducing sexual partners, avoiding concurrent or high-risk partnerships, removing stigma and discrimination, encouraging comprehensive care and support) are very important, pertinent and timely.

Based on the new prevalence information and behavioral data of the 2005 Ethiopian Demographic and Health Survey (EDHS), PEPFAR Ethiopia's prevention strategy prioritizes expansion of AB outreach activities to most-at-risk populations (MARPs), and focuses on expanded/new HIV-prevention activities for both the general population and high-risk groups in urban areas and along major transpiration corridors. Prevention for youth and the general population remains a priority, and much has been accomplished through several existing implementing partners. This activity will work through existing structures to combine approaches, including life skills for youth, addressing harmful social norms, facilitating community dialogues, and other outreach activities to support AB behavior. The activity also addresses other prevention strategies and issues such as stigma and discrimination towards people living with HIV/AIDS (PLWH), tackling existing gender balances, promoting correct and consistent condom use, early treatment of STI, and uptake of VCT and ART services. The activity is designed to reduce risky behaviors and encourage comprehensive care and support in teachers' colleges and the community in the vicinity of the colleges. It will also promote abstinence and faithfulness among teachers' colleges students and staff.

The objective of the activity is to promote decreased risky sexual behaviors among 50,000 students and 3,500 faculty and administrative staff in 24 teacher training colleges through the provision of life-skills and knowledge. Illustrative activities include: assessment of HIV services, knowledge, and behaviors in the teachers' colleges; introduction of the program to stakeholders; development of HIV/ AIDS/STI/tuberculosis tool kits and information-education-communication (IEC) materials for students, faculty and administrative staff; and development and production of teaching and learning manuals on HIV/AIDS prevention and care for primary schools that would be used by prospective graduating teachers when they go to their place of assignment. The graduates can serve as resource or focal persons and change agents in their schools and communities. The activity will also promote curriculum review by stakeholders, and implementation of prevention and care education based on tool kits and behavior-change communication (BCC) /IEC materials developed through education, entertainment, and interpersonal reinforcement. The activity will establish and strengthen the ability of HIV/AIDS Resource Centers or liaison offices at the 24 colleges to fully implement activities to reach students (regular, evening, and summer), faculty, and administrative staff. It will also assist with the development/design of Teacher Training College HIV-prevention policies and strategies, including a workplace policy/guideline.

Based on the new prevalence information and behavioral data of the EDHS, PEPFAR Ethiopia's prevention strategy prioritizes expansion of AB and Other Prevention (OP) outreach activities to MARPs, and focuses expanded/new HIV-prevention activities for both the general population and high-risk groups in urban areas and along major transpiration corridors. Prevention for youth and the general population remains a priority, and much has been accomplished through several existing implementing partners.

The activity directly addresses wraparound activity with other USG education programs in Ethiopia, including a new teacher-development project entitled Improving Quality of Primary Education Program (IQPEP), which will be in place in late 2007. It leverages resources with Health Communications Partnership (HCP), Johns Hopkins University (JHU) to use materials appropriate to youth such as Beacon Schools, Sports for Life, and the Youth Action Kit; and Y-Choices of Pact. It will also exchange practices with activities related to supporting Addis Ababa University Students with AB and OP.
The activity targets all community members, students, faculty and administrative staff in 24 teacher training colleges. It will promote life skills for youth, addressing harmful social norms - linking to male norms, facilitating community dialogues, and other outreach activities to support AB behavior. The activity also addresses other prevention strategies and issues such as stigma and discrimination towards PLWH, tackling existing gender imbalances, promoting correct and consistent condom use, early treatment of STI, and promotion of services like VCT and ART.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18692

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18692	18692.08	U.S. Agency for International Development	Health Communications Partnership	12034	12034.08	HCP	$300,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education [redacted]

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 649.09

Mechanism: N/A

Prime Partner: International Rescue Committee

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

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 10646.28082.09

Planned Funds: $158,405

Activity System ID: 28082

Activity Narrative: Condoms and other Prevention Activities for Sudanese and Eritrean Refugees

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY09 IRC will initiate HIV prevention activities as described in COP08 in My Ayni Refugee Camp, which opened in the Tigray region in May 2008 to accommodate the continued influx of Eritrean asylum seekers entering Ethiopia. My Ayni is currently home to approximately 4000 refugees with about 400 new arrivals each month. While resettlement out of Shimelba is expected to begin in 2009, some additional resources are needed to initiate OP programs in the new camp. Continued repatriation of Sudanese refugees out of Sherkole Refugee Camp has reduced the camp size. However, plans for consolidation of the two remaining camps housing Sudanese refugees (Fugnido in Gambella Regional State and Sherkole in Benishangul-Gumuz Regional State) are not yet final, making it difficult to predict how many refugees will ultimately be served by OP programs in Sherkole for FY09. This program is directly linked to IRC's VCT services, which will also be expanded to My Ayni in FY09. Otherwise this activity remains unchanged from COP 08.

In addition, in an effort to provide more reliable data on numbers reached through community outreach (to avoid double counting) IRC developed more exact targets using an age-focused approach and assuming attendance at one outreach session per individual reported. Targets were developed using current camp populations minus those under five years of age. Abstinence activities will focus on individuals who are pre-sexually active (5-14 years); be faithful activities are focused on adults with partners (14+ years); and other prevention activities will focus on anybody who might be sexually active (14+ years).

COP08 ACTIVITY NARRATIVE

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

Activity Narrative: 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 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

New/Continuing Activity: Continuing Activity

Continuing Activity: 16708

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16708	10646.08	Department of State / Population, Refugees, and Migration	International Rescue Committee	7516	649.08		$43,545
10646	10646.07	Department of State / Population, Refugees, and Migration	International Rescue Committee	5536	649.07		$30,000

Emphasis Areas

Gender

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

Refugees/Internally Displaced Persons

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 11754.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 10638.28876.09

Planned Funds: $162,000

Activity System ID: 28876

Activity Narrative: MSM and HIV Prevention

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY09 the following activities will continue
1) Technical assistance support on HIV interventions among MSM as a hidden population
2) Strengthening of interventions reaching the MSM network with promotion of condoms and counseling and HIV testing.
3) Training of health workers on counseling and working with MSM as a hidden population (in the Ethiopian context)
4) Development and distribution of educational materials adapted to the needs and contexts of MSM.
5) Procurement and provision of condoms and lubricants.
6) Strengthening referral system for STI and linkages to HIV counseling and testing.

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 16649

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16649	10638.08	HHS/Centers for Disease Control & Prevention	Ethiopian Public Health Association	7489	674.08	Improving HIV/AIDS/STD/TB Related Public Health Practice and Service Delivery	$150,000
10638	10638.07	HHS/Centers for Disease Control & Prevention	Ethiopian Public Health Association	5491	674.07		$175,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 683.09 **Mechanism:** ***

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 28886.09

Planned Funds: [redacted]

Activity System ID: 28886

Activity Narrative: Expansion and development of community-based supports for PMTCT

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity is linked with Expansion and development of community-based supports for PMTCT

This activity will provide a comprehensive and tailored package of quality improvement support, training, supervision and technical assistance in FY09 to existing community groups, Health Extension workers, (HEW's), Traditional Birth Attendants, (TBA's), to aid in reaching discordant couples as well as to support and expand PMTCT uptake. Prevention of positives will be an integrated focus. This activity will provide targeted promotion and community level campaigns to support understanding at the community level living with HIV and disclosing safely to partners.

Trainings will be conducted for TBA's, HEW's, and 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. This activity will ensure collaboration with EngenderHealth to incorporate Men as Partners activities into their program which are currently at health posts. This activity will support facilities to significantly increase the number of male partners tested during ANC visits.

Increasing the capacity of TBA and HEW to render household-level service delivery is vital to overcoming the prevailing poor uptake of PMTCT services. This activity will work closely with Pathfinder on 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.

This activity will incorporate 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.

New/Continuing Activity: New Activity

Continuing Activity:

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

Health-related Wraparound Programs

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	3784.09	**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:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	10642.27898.09	**Planned Funds:**	$200,000
Activity System ID:	27898		

Activity Narrative: Strengthening STI Services for MARPS

ACTIVITY MODIFIED IN THE FOLLOWING WAYS

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& 08, Columbia University's International Center for AIDS Care and Treatment Programs, (ICAPCU) has taken full responsibility for supporting STI activities at public and private health facilities in Dire Dawa, Oromiya, Harari, and Somali regions.
The support activities included: Training healthcare providers on syndromic management of STI, and providing technical assistance to implement the syndromic approach at hospital level. 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.

A recent study by CDC/EPHAin selected urban and rural areas identified a number of barriers that limit the utilization of STI services in the country, operating at individual, community, health facility, and policy/program levels. These include: at faclility level space problems, shortage of basic functioning diagnostic equipment, failure to mplement syndromic management guidelines, lack of BCC/IEC materials, poor recordkeeping, lack of confidentiality. At provider level lack of training; health workers lack basic patient counseling and education skills; health workers are judgmental to patients with STDs. At patient level urban patients buy STI drugs to treat their disease without consulting health care; government facilities seen as the last resort; fear of stigma, judgmental clinic staff, breach of confidentiality, long waiting times seen as barriers to attending clinics.

One of the major gaps identified by the know your epidemic know your Ethiopian Episynthesis is lack of data on STIs with only few cases being reported from health facilities throughout the country. Therefore, the major focus in FY09 shall include support for sites for STI syndromic data documentation and reporting and support STI surveillance program within the health-delivery structure in the specified Regions

FY09 activities at the hospital/facility level will include:
1), Continuation support of STI services for a total of 52 sites supported by ICAP-CU
2) Providing on-site technical assistance to improve STI diagnosis and treatment following national syndromic management guidelines
3) 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.
4) Have core T.O.T trained at the regional and Zonal health offices
5) 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
5) 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
6) STI education focused on risk reduction, screening, and treatment for patients enrolled in HIV/AIDS care and treatment at the hospitals
7) Providing condoms and education on how to use them, to patients enrolled in care and treatment, with a special focus on MARPs
8) 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)
10) 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
11) More Strengthening of STI data recording and reporting system at all levels .Support for sites for STI syndromic data documentation and reporting

ICAP-CU will also focus on:
12) Continue targeted STI prevention, diagnosis, and treatment services to MARPs, including commercial sex workers

13) In FY08, ICAP was provided with supplemental funding to mainstream and strengthen IEC and BCC programs with its existing care and treatment activities to conduct outreach activities and promote services with in and outside the health facility areas in four regions of the country (Oromya, Dire Dawa, Harari and Somali regions). In FY09, ICAP will strengthen and continue this activity by expanding sexual prevention outreach activity using the ABC strategy in two local universities in Oromia region (Alemaya and Jimma Universities).

In FY09, ICAP will facilitate and coordinate linkages between STI and HIV/AIDS services. One of the major gaps identified by the know your epidemic know your response of Ethiopian Episynthesis is lack of data on STIs with only few cases being reported from health facilities throughout the country. Therefore, the major focus of FY09 shall include support for sites for STI syndromic data documentation and reporting and support STI surveillance program within the health-delivery structure. Others include having core T.O.T trained at the regional and zonal health offices and providing on-site training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16668

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16668	10642.08	HHS/Centers for Disease Control & Prevention	Columbia University	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	$700,000
10642	10642.07	HHS/Centers for Disease Control & Prevention	Columbia University	5506	3784.07		$125,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7615.09
Mechanism: Grant Solicitation and Management
Prime Partner: World Learning
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 18893.28093.09
Planned Funds: $800,000
Activity System ID: 28093

Activity Narrative: Grants, Solicitation and Management

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

This activity will continue to engage local civil society organizations with grants and capacity building. There are no substantive changes from activities described in the COP08 narrative. One additional sub partner will be engaged to support HIV prevention and capacity building activities of the National Network of Ethiopians Living with HIV/AIDS.

COP08 NARRATIVE

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18893

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18893	18893.08	U.S. Agency for International Development	World Learning	7615	7615.08	Grant Solicitation and Management	$900,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3789.09
Mechanism: Vulnerable Adolescent Girls
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 17875.28185.09
Planned Funds: $1,872,000
Activity System ID: 28185

Activity Narrative: Preventing Early Marriage in Amhara Region

ACTIVITY UNCHANGED FROM FY2008:

FY 08 ACTIVITY NARRATIVE
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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17875

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17875	17875.08	U.S. Agency for International Development	Population Council	7502	3789.08		$313,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening $50,000

Education

Estimated amount of funding that is planned for Education $50,000

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5483.09

Mechanism: TBD/CDC

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 10654.28187.09

Planned Funds: [redacted]

Activity System ID: 28187

Activity Narrative: Demand Creation and Promotion for Quality

ACTIVITY MODIFIED IN THE FOLLOWING WAYS

This is a continuing activity. The aim is 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 includes intense service-promotion and demand-creation activities for STIs.

In FY06, FY07, PSI produced 60,000 STI (urethral discharge) treatment kits to STI patients 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. In addition, 137 health workers in the private facilities were trained on STI syndromic management, based on the national guidelines..

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 advertisements with a generic message on STI and health-seeking behaviors were placed, and 5,000 posters and point-of-sale materials were distributed.

A recent study by CDC/EPHAin selected urban and rural areas identified a number of barriers that limit the utilization of STI services in the country, operating at individual, community, health facility, and policy/program levels. These include: at faclility level space problems, shortage of basic functioning diagnostic equipment, failure to implement syndromic management guidelines, lack of BCC/IEC materials, poor recordkeeping, lack of confidentiality. At provider level lack of training; health workers lack basic patient counseling and education skills; health workers are judgmental to patients with STDs. At patient level urban patients buy STI drugs to treat their disease without consulting health care; government facilities seen as the last resort; fear of stigma, judgmental clinic staff, breach of confidentiality, long waiting times seen as barriers to attending clinics.

In FY09, the following major activities in collaboration with the Federal Ministry of Health (MOH) and regional health bureaus (RHB):
1) Distribution of 200, 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.
7) Expansion of coverage areas to other major towns in the country

New/Continuing Activity: Continuing Activity

Continuing Activity: 16724

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16724	10654.08	HHS/Centers for Disease Control & Prevention	Population Services International	7525	5551.08	Increasing demand and promotion for quality STI services in FDRE	$500,000
10654	10654.07	HHS/Centers for Disease Control & Prevention	Population Services International	5551	5551.07	psi-cdc	$310,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 2250.09
Mechanism: Improving HIV/AIDS/STI/TB Prevention and Care Activities
Prime Partner: Ministry of National Defense, Ethiopia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 5635.28167.09
Planned Funds: $990,000
Activity System ID: 28167

Activity Narrative: Strengthening National Defense Forces of Ethiopia's (NDFE) HIV/AIDS Prevention, Care, and Treatment Programs

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing OP focused activity from FY08, linked to AB activity with Ministry of National Defense Forces of Ethiopia and MARCH Model Activities.

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 intervention. 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 groups (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 attempts 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.

A successful achievement has been observed in the implementation of the MARCH project during the time of FY06, FY07 and FY08. All commands of NDFE are implementing the MARCH project. So far, 1,385,088 copies of PSDs from edition 1 to 13 are printed and distributed for all commands in NDFE, more than 10,832 peer leaders were trained, and 9760 peer groups were organized and hold discussions consistently 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 and shaping beliefs and sexual practices by supportive opinions, ideas and approval of their peers for applying healthy sexual behavior during the time of discussion on the recent PSD. All peer group discussions and linked reinforcement activities promote help to adopt safer sexual behaviors, delaying sex, reducing sexual partners, encourage positive living, and reducing stigma. A year's storyline of each episode has been developed and 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.

Based on the lessons learnt from the 1st two commands that started MARCH earlier, feedbacks collected from sites, and high demand created among the other commands, NDFE has successfully scaled up MARCH in the remaining three commands of NDFE. Now MARCH program has a full coverage to members of the military. MARCH activities and budgets were decentralized to the command level, which has helped in addressing problems at the command level. However, due to the scale up of the MARCH at the national level, in effect targets have significantly increased through community out reach programs. In FY08, 133,470 individuals are reached and 8,900 individuals were trained to promote prevention intervention messages in the military

During the past period of MARCH program implementation in NDFE, it is learnt that the production of printed serial drama every two weeks was difficult. The production of PSDs adjusted from two weeks to a month and this will help to have enough time and space to the limited number of designers and cartoonists to do their job. As the PSD production extended to every month, it is true that gap will be created on peer group discussions every two weeks, however in COP09 gaps created is filled by different linked reinforcement activities including staged dramas, poem and play presentation, penal discussions and quizzes. MARCH program in the NDFE is challenging since different divisions of each command settled in a scattered areas in the periphery of Ethiopian boarders, this created delay in transportation PSD on time, however gaps created due to geographical location and scattered settlement is addressed through the commitment of NDFE by dedicating some of their own resources for the implementation of MARCH, this is indicated by vehicles allocation, and additional human resources.

Due to high mobility in the military workplace, in FY09, additional prevention activities besides MARCH will be implemented as a continuation of FY08 activities. A number of opportunities and structures exist with in the system 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 will be used to reach more target populations within the NDFE.

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 alterative approach (in addition to MARCH) does not require much additional technical assistance.

Activity Narrative: 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.

So far, there is no cure or vaccine for HIV, the only alternative as a vaccine that we have at hand is promoting and addressing messages geared towards averting new HIV infection, and hence MARCH will continue to be a tool for our prevention programs to bring sustainable behavioral change and to bring a change in behavior and to personalize models in the PSD, MARCH will continue with the appropriate dosage, intensity and coverage to reach uniformed services including NDFE. We are observing early signs of behavioral change among the military services, after the introduction of the MARCH program, soldiers are talking and discussing with their spouses, partners and family members about the voluntary testing and counseling, and asking information about treatment and care services. The implementation of MARCH program in the military creates demand for service uptake, and the program reinforce the demand through availing information where they can access voluntary counseling testing, treatment and care. The focus of PEPFAR and Ethiopian government to widen the service of counseling and testing around the hot spots areas and urban centers where the epidemic concentrated will help this most at risk population to easily access the services including treatment.

In general, the following major activities will be implemented in FY09:

1) Provide refresher training to peer leaders in all the commands and peace keeping forces to strengthen comprehensive HIV/AIDS prevention activities to reach army personnel in the five commands through a biweekly interactive peer group discussion using the recent printed serial drama;
2) Adopt existing training manual for work with the military, and train additional peer leaders for all five commands and headquarters
3) continue the production and distribution of 2,077,632 copies of 26 PSD issues;
4) Conduct linked reinforcement activities through various interactive education programs and discussion groups at NDFE music and sports clubs, radio programs, newsletters, movies or staged dramas 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 and insure the enclosure information regarding VCT service accessibility, referral linkages of care and treatment services
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) Strengthen established 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) Build 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
12) 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 a 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16718

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16718	5635.08	HHS/Centers for Disease Control & Prevention	Ministry of National Defense, Ethiopia	7520	2250.08	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

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $60,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 604.09
Mechanism: Prevention in Gambella
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 17874.28180.09
Planned Funds: $315,000
Activity System ID: 28180

Activity Narrative: Prevention Activities in Gambella

ACTIVITY UNCHANGED FROM FY2008

FY 08 ACTIVITY NARRATIVE

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

Activity Narrative: 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.

The overall strategy will address prevention where new infections are occurring. A focus on high-prevalence urban populations, with a 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17874

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17874	17874.08	U.S. Agency for International Development	Pact, Inc.	7501	604.08		$125,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7594.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 5788.28002.09

Planned Funds: $2,400,000

Activity System ID: 28002

Activity Narrative: Condom Procurement

UNCHANGED ACTIVITY FROM FY 2008. NO UPDATE REQUIRED.

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 millions 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16595

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16595	5788.08	U.S. Agency for International Development	US Agency for International Development	7594	7594.08	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
5788	5788.06	U.S. Agency for International Development	Population Services International	12148	12148.06	PSI	$1,500,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 494.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 5766.28313.09

Planned Funds: $193,350

Activity System ID: 28313

Activity Narrative: HIV Prevention Activities with University Students

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Substantive changes were made in the COP 08 Narrative and are as follows:

This is a continuing non-AB focused activity from FY08, linked to AB activity with Addis Ababa University students and Expansion of Wegen National AIDS Talk line and MARCH Model Activities.

A 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. All local universities are based at the capital cities or sub-cities of the regional states.

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, 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 intervention. This Other Prevention activity promotes consistent and 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 month; 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.

During FY05, 06, 07, and 08 MARCH was implemented in the main AAU campus and medical faculty; it was also expanded to all AAU campuses during these periods. The project reaches 30,000 university students and 3000 staff members through a variety of MARCH activities, including PSD, live theater programs performed by AAU students and faculty employees, observation of World AIDS Day, and an interactive MARCH website. Training curricula was established and selected students participated to have better knowledge and skill to go beyond a casual knowledge level and make HIV prevention part of their academic and career skill. 225 students trained based on the newly established and revised curricula program and they organized different reinforcement activities including open air sport games, plays, dramas, quiz on HIV/AIDS, card plays based on models and characters in the print serial dramas that promote abstinences and faithfulness and the uptake of care and treatment services.

In general, up to FY08, the MARCH project accomplished the following major activities including the production and distribution of printed serial dramas (PSD), different information-education-communications (IEC) materials such as newsletters, poem books, fliers, posters, and banners. These materials were 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).

During the past period of MARCH program implementation in AAU, it is learnt that the production of printed serial drama every two weeks was difficult. The production of PSDs adjusted from two weeks to a month and this will help to have enough time and space to the limited number of designers and cartoonists to do their job. As the PSD production extended to every month, it is true that gap will be created on peer group discussions every two weeks, however in COP09 gaps created is filled by different linked reinforcement activities including staged dramas, poem and play presentation, penal discussions and quizzes. MARCH program in the AAU will ensure information communication materials enclosure of service availability and access.

So far, there is no cure or vaccine for HIV, the only alternative as a vaccine that we have at hand is promoting and addressing messages geared towards averting new HIV infection, and hence MARCH will

Activity Narrative: continue to be a tool for our prevention programs to bring sustainable behavioral change and to bring a change in behavior and to personalize models in the PSD, MARCH will continue with the appropriate dosage, intensity and coverage. We are observing early signs of behavioral change among the university students, after the introduction of the MARCH program, students are talking and discussing with their peers, partners and family members about the voluntary testing and counseling, and asking information about treatment and care services.

AAU is also in the process of implementing workplace HIV/AIDS intervention to reach university academic and administrative employees. So far AAU conducted continuous penal discussions with both the academic and administrative staff and the out come was very positive. In FY09 AAU is planning to build the capacity of all faculties to create better infrastructure for the implementation of the project. AAU will conduct situational analysis to design and implement employee tailored behavioral change communication interventions.

During FY09 among other things, the project will:

1. Strengthen the capacity of the campus liaison offices to implement MARCH with appropriate dosage intensity and coverage fully in the university;
2. The Print serial drama will be produced every month. Peer groups will conduct peer group discussions every two weeks alternating PSD with student-led linked reinforcement activities.
3. Conduct training for university students in HIV/AIDS prevention and reinforcement activities. From these students, 250 reinforcement agents will be selected and retrained, using the revised certificate curriculum.
4. Undertake various reinforcement activities to personalize PSD messages through events such as drama, music, exhibitions, quizzes, sport competitions, talk shows, lectures, card plays, documentary films etc.
5. Continue production and distribution of campus newsletters and other IEC materials and insure the enclosure information regarding VCT service accessibility, referral linkages of care and treatment services
6. Explore possibilities for leveraging experiences of organizing different reinforcement activities to the Federal Police and Ethiopia National defense Force, private universities using AAU materials at other schools in Addis Ababa, including
7. Regularly maintain and upgrade MARCH websites to expand functionality for online interactive
8. Data collection, monitoring, and data analysis. Collect information to conduct a process evaluation to identify major monitoring activities and assess early signs of behavior change.
9. Strengthening of workplace HIV prevention and control programs at the 12 campuses of the university. This activity will target all academic and administrative staff with comprehensive HIV-prevention activities. Major workplace program activities will include:-
• Based on the baseline assessment ,develop and implement employee tailored behavioral communication materials such as posters, bill boards, IEC materials, fliers, magazines, newspapers and will conduct various program that conducts HIV education through entertainment;
• Conducting BCC training for a selected focal person from each campus;
• Building capacity for AAU staff anti-AIDS clubs with materials and technical support;
• Creating referral linkages for HIV/AIDS services within the university; and establishing HIV resource centers at each faculty's library.

10. Strengthen the implementation of prevention of urban-rural transmission of HIV/AIDS. Students will be equipped with the appropriate training and skills to teach empower their community better respond to HIV when students return back for vacation. To help students better achieve the plan manual or guide line will be developed to direct all actions to bring the same result.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16692

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16692	5766.08	HHS/Centers for Disease Control & Prevention	Addis Ababa University	7507	494.08	Strengthening HIV/AIDS, STI & TB Prevention, Control & Treatment Activities	$85,000
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

Emphasis Areas

Gender

* Addressing male norms and behaviors

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 645.09
Mechanism: Private Sector Program
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 5603.28318.09
Planned Funds: [redacted]
Activity System ID: 28318

Activity Narrative: Workplace Peer Education Program

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity. This activity is a comprehensive HIV prevention activity with both HVAB and HVOP funding.

This activity remains similar to COP08 activities. Additional activities by the implementing partner will include leveraging work in HVCT, HVTB and HXTS to train private clinics participating in TB/HIV and ART service delivery to strengthen and standardize STI diagnosis and treatment in approximately 160 private clinics in Addis Ababa, Amhara and Oromia.

FY 08 ACTIVITY NARRATIVE

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 75large 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16566

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16566	5603.08	U.S. Agency for International Development	Abt Associates	7471	645.08	Private Sector Program	$180,000
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

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3790.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 5786.28208.09

Planned Funds: $447,368

Activity System ID: 28208

Activity Narrative: Condoms and other HIV Prevention Services for Refugees and Host Populations in Ethiopia

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

UPDATE

UNHCR's FY09 plans reflect reprogramming made to COP 08 activities to expand the geographic target area for prevention services for refugee and host community populations in Ethiopia to Sheder Refugee Camp in the Somali region and address the gap in HIV/AIDS services for urban refugees in Addis Ababa. UNHCR also plans to expand services to Berhale and Asayita Refugee Camps in the Afar region. In addition, UNHCR will run a pilot activity in Shimelba Camp targeting sex workers in the camp and host community.

Ethiopia is home to approximately 1300 urban refugees from 17 different countries—mainly the Great Lakes region, Somalia, Eritrea, and Uganda—who have limited access to HIV/AIDS prevention interventions. Among the problems are: higher HIV prevalence rates in urban areas, exposing urban refugees to a greater risk of contracting HIV; HIV/AIDS prevention interventions, e.g., media programs, reading materials, health education, and VCT services are mediated through the local language, alienating urban refugees from information regarding HIV/AIDS modes of transmission, prevention, stigma and discrimination when they share the same risk as the local population; HIV/AIDS care and support and prevention with positives assistance that is available to local populations are accessed through social institutions like "idir" and administrative structures that are inaccessible to refugees; UNHCR assistance to urban refugees is insufficient to fulfill the nutritional demands of HIV positive urban refugees who are on ARV drugs and the medical budget is limited to the provision of basic health services without special allocations for patients with HIV/AIDS; care takers and families are at high risk of acquiring infection due to lack of funding for education and training on how to care for HIV/AIDS patients; and, a number of female refugees have been victims of sexual and gender-based violence such as rape and forced co-existence, increasing their risk of HIV. It is therefore essential to raise the awareness of urban refugees through information, education and communication, behavior change communication, and provision of access to VCT in order to minimize HIV/AIDS transmission and to enable positive living.

At the same time, Ethiopia continues to experience an influx of Somali refugees, many fleeing the current political insecurity in Mogadishu. A second camp, Aw Barre, was established in July 2007 and a third camp, Sheder, was established in April 2008 to accommodate this influx. Based on current prevention activities and experiences in other PEPFAR-funded projects in Ethiopia's six other camps, UNHCR's implementing partners agreed that initiating the same activities in Sheder would develop a strong prevention and counseling and testing foundation where one does not currently exist.

As in Kebribeya and Aw Barre, Sheder refugee camp houses displaced Somalis and the level of services is lower than camps in other regions of Ethiopia. No prevention activities are currently being carried out in Sheder even though the region is characterized by a general ignorance of HIV/AIDS and its mechanisms of transmission. That combined with frequent risky behaviors, including the abduction and rape of young girls and the practice of female genital mutilation in extremely unsanitary conditions, makes Sheder and its host community an important additional target area for prevention services aimed to reduce HIV transmission by promoting delayed sexual activity and correct and consistent condom use. Specific prevention activities will remain the same as those in the original activity description; however, the geographic area is being expanded to include Sheder camp host community as well as the two camps in the Afar region.

There is a gap in HIV/AIDS services for urban refugees living in Addis Ababa that has largely been ignored by donors to date. Resources will be used to promote awareness and behavioral change among urban refugees in Addis Ababa for prevention of HIV/AIDS, including 'prevention with positives.' An integrated package of activities will be implemented to increase knowledge, reduce risky behaviors, promote protective attitudes, develop safe practices, and reduce stigma and discrimination. Specific activities, conducted in English, French and Swahili, include: conducting workshops and a mass campaign on refugee day on the very nature of HIV, ways of transmission, methods of prevention focused on correct and consistent condom use and stigma and discrimination among the refugee community; conducting awareness creation workshops and education on the benefits of VCT service; training for caretakers on standardized home based care and prevention; VCT service; and establishing anti-AIDS and support clubs. These activities will link directly to care and support programs as urban refugees living with HIV/AIDS and their caretakers and family members of will receive training, counseling and support for appropriate care and provision of necessary services and materials.

While the risk of HIV among sex workers in the refugee camps and surrounding host communities in Ethiopia is high, many sex workers don't know their status and some prefer not to know it. New activities focused on creating healthier lives for sex workers, and reversing the growing numbers of women and their families who are infected with HIV, will be implemented as a pilot in Shimelba Refugee camp. The pilot will focus on commercial sex workers who work in establishments (small bars, hotels, local drink houses) and offer other services - such as music, food and drink - in addition to sex work as well as work directly with owners/managers of the establishments and past, current, and potential clients. Women engaged (current and past) in sex work will be trained in the use of the newly developed Peer Learning Guide on Commercial Sex Work developed by Health Communication Partnership. These women will be recruited as peer educators based on their interest in being an HIV prevention and personal health peer leader, ability to act as credible sources of practical information for other sex workers, and who can be inspiring and realistic role models for personal care while doing sex work. Roughly 10 to 20 peer leaders will be identified based on the above criteria and based on the number of sex workers in the camps and surrounding host communities. Other key activities to be undertaken by this pilot include: establishing a support system for sex workers as well as the owners and managers of the establishments where they work; ensuring that both male and female condom are available free of charge; and ensuring quality health services for sex workers including HIV pre and post test counseling and STI treatment.

Activity Narrative: COP08 NARRATIVE FOR THIS ACTIVITY:
HIV Prevention Services for Refugees and Host Populations in Ethiopia Condoms and other HI Prevention Services for Refugees and Host Populations in Ethiopia
United Nations High Commissioner for Refugees

Related Activities: These activities, which are programmatically linked to HIV Prevention Services for Refugees and Host Populations in Ethiopia (10528), Voluntary Counseling and Testing Services for Refugees and Host Populations in Ethiopia (10527), Assistance to Orphans and Vulnerable Children in Refugee Camps in Ethiopia (10530), Palliative Care in Refugee Camps in Ethiopia (10572), and Universal Precautions and Post-Exposure Prophylaxis in Refugee Camps in Ethiopia (10634), are part of a comprehensive HIV/AIDS program in refugee camps 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 to 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 Fugndio, 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16688

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16688	5786.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	7506	3790.08		$160,500
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

Emphasis Areas

Gender

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

Refugees/Internally Displaced Persons

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $10,100

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 118.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 18721.27986.09

Planned Funds: $301,861

Activity System ID: 27986

Activity Narrative: Management and Staffing

THERE HAS BEEN NO STAFFING CHANGE FROM FY 2008

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18721

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18721	18721.08	U.S. Agency for International Development	US Agency for International Development	7479	118.08	USAID M&S	$128,727

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3785.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 10651.28215.09

Planned Funds: $135,000

Activity System ID: 28215

Activity Narrative: Strengthening STI services for MARPS

ACTIVITY MODIFIED IN THE FOLLOWING WAYS

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 FY07 USCD & FY08, the University of California, San Diego (UCSD) supported the prevention and control of sexually transmitted infections (STI) in the facilities of the military police and prison. Major accomplishments included: expanded access to STI prevention and treatment services and improved quality of STI services at 76 facilities.

A recent study by CDC/EPHAin selected urban and rural areas identified a number of barriers that limit the utilization of STI services in the country, operating at individual, community, health facility, and policy/program levels. These include: at faclility level space problems, shortage of basic functioning diagnostic equipment, failure to mplement syndromic management guidelines, lack of BCC/IEC materials, poor recordkeeping, lack of confidentiality. At provider level lack of training; health workers lack basic patient counseling and education skills; health workers are judgmental to patients with STDs. At patient level urban patients buy STI drugs to treat their disease without consulting health care; government facilities seen as the last resort; fear of stigma, judgmental clinic staff, breach of confidentiality, long waiting times seen as barriers to attending clinics.
In FY09, UCSD will work with commands and divisions of the military to help facilitate and coordinate linkages between STI and HIV/AIDS services. One other major gap identified by the Episynthesis' is lack of data on STIs with only few cases being reported from health facilities throughout the country. Therefore, the major focus of FY09 shall include support for sites for STI syndromic data documentation and reporting and support STI surveillance program within the uniformed services' health-delivery structure.

FY09 activities at the hospital/facility level will include:
1) Continuation of STI service support to the existing 76 sites supported by UCSD
2) Provision of on-site technical assistance to improve STI diagnosis and treatment following national syndromic management guidelines
3) Provide on-site 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.
4) Have core T.O.T trained at the regional and Zonal health offices
4) 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
5) 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
6) STI education focused on risk reduction, screening, and treatment for patients enrolled in HIV/AIDS care and treatment at the hospitals.
7) 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).
8) 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
9) 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
10) More Strengthening of STI data recording and reporting system at all levels.
Support for sites for STI syndromic data documentation and reportin

New/Continuing Activity: Continuing Activity

Continuing Activity: 16618

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16618	10651.08	HHS/Centers for Disease Control & Prevention	University of California at San Diego	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	$300,000
10651	10651.07	HHS/Centers for Disease Control & Prevention	University of California at San Diego	5481	3785.07		$50,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Safe Motherhood

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7610.09
Mechanism: Agribusiness and Trade Expansion
Prime Partner: Fintrac Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 17860.28042.09
Planned Funds: $360,000
Activity System ID: 28042

Activity Narrative: Agribusiness and Trade Expansion Program

ACTIVITY UNCHANGED FROM FY2008

FY 08 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17860

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17860	17860.08	U.S. Agency for International Development	Fintrac Inc.	7610	7610.08	Agribusiness and Trade Expansion	$125,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5522.09 **Mechanism:** pc

Prime Partner: US Peace Corps **USG Agency:** Peace Corps

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 18691.28058.09

Planned Funds: $800,000

Activity System ID: 28058

Activity Narrative: Peace Corps

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Peace Corps Ethiopia is continuing its Prevention OP activities from FY08. As in FY08, Peace Corps is requesting a total of 40 Volunteers (30 PEPFAR funded, 10 appropriated funded). New for FY09, Peace Corps Ethiopia will expand from the Amhara and Oromiya regions into the neighboring Tigray and Southern Nations (SNNPR) regions.

FY 08 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.

Activity Narrative: 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 Idirs (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.

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 communites and build local organiztional capacity. 2) PCV will work through zonal, district, or town health office HIV/AIDS units to strenghten 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18691

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18691	18691.08	Peace Corps	US Peace Corps	7505	5522.08	pc	$1,600,000

Emphasis Areas

Gender

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

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	$100,000

Education	
Estimated amount of funding that is planned for Education	$800,000

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3787.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 10635.27924.09

Planned Funds: $200,000

Activity System ID: 27924

Activity Narrative: Strengthening STI Services for MARPs

ACTIVITY MODIFIED IN THE FOLLOWING WAYS:

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&08, Johns Hopkins University Bloomberg School of Public Health (JHU-BSPH) supported STI activities to Addis Ababa, Benishangul-Gumuz, Gambella, and Southern Nations, Nationalities, and Peoples (SNNPR) regions. The support included: training healthcare providers on syndromic management of STI, and providing technical assistance to implement the syndromic approach at hospital level. Development of a work plan and an assessment tool to identify the sources of STI treatment and prevention activities at the hospital level; 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.

A recent study by CDC/EPHAin selected urban and rural areas identified a number of barriers that limit the utilization of STI services in the country, operating at individual, community, health facility, and policy/program levels. These include: at faclility level space problems, shortage of basic functioning diagnostic equipment, failure to mplement syndromic management guidelines, lack of BCC/IEC materials, poor recordkeeping, lack of confidentiality. At provider level lack of training; health workers lack basic patient counseling and education skills; health workers are judgmental to patients with STDs. At patient level urban patients buy STI drugs to treat their disease without consulting health care; government facilities seen as the last resort; fear of stigma, judgmental clinic staff, breach of confidentiality, long waiting times seen as barriers to attending clinics.

One of the major gaps identified by the 'Know your epidemic Know your Ethiopian Episynthesis' is lack of data on STIs with only few cases being reported from health facilities throughout the country. Therefore, the major focus in FY09 shall include support for sites for STI syndromic data documentation and reporting and support STI surveillance program within the health-delivery structure in the specified Regions

FY09 activities at the hospital/facility level will include:
1) Continuation of support on STI services of 76 sites supported by JHU-BSPH (including hospitals and emerging region health centers)
2) Provision of on-site technical assistance to improve STI diagnosis and treatment following national syndromic management guidelines
3) 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.
4) Have core T.O.T trained at the regional and Zonal health offices
5) 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

5) 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
6) STI education focused on risk reduction, screening, and treatment for patients enrolled in HIV/AIDS care and treatment at the hospitals
7) Provision of condoms, and education on how to use them, to patients enrolled in care and treatment, with a special focus on MARPs
8) 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)
9) 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
10) More Strengthening of STI data recording and reporting system at all levels .Support for sites for STI syndromic data documentation and reporting
11) In FY08, Johns Hopkins University Bloomberg School of Public Health (JHU) was provided with supplemental funding to mainstream and strengthen IEC and BCC programs with its existing care and treatment activities to conduct outreach activities and promote services with in and outside the health facility areas in four regions of the country (Addis Ababa, SNNPR, Gambela and Benishangul regions). In FY09, JHU will strengthen and continue this activity by expanding sexual prevention outreach activity using the ABC strategy in universities in the region (Hawassa University). The target populations are university students. The activity will be implemented in collaboration with JHSPH Behavioral Sciences Department

In FY09, JHU will facilitate and coordinate linkages between STI and HIV/AIDS services. One of the major gaps identified by the know your epidemic know your response of Ethiopian Episynthesis is lack of data on STIs with only few cases being reported from health facilities throughout the country. Therefore, the major focus in FY 09 will be to include support to sites for STI syndromic data documentation and reporting and support STI surveillance program within the health-delivery structure. Others include having core T.O.T trained at the regional and zonal health offices and providing on-site training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16632

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16632	10635.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	7485	3787.08	Support for program implementation through US-based universities in the FDRE	$550,000
10635	10635.07	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	5484	3787.07	FMOH	$100,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3786.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 10648.27913.09

Planned Funds: $220,000

Activity System ID: 27913

Activity Narrative: Strengthening STI services for MARPS

ACTIVITY MODIFIED IN THE FOLLOWING WAYS

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 & FYO8 I-TECH supported STI prevention and control activities at 35 sites in Afar, Amhara, and Tigray regions. The support included training healthcare providers on 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.

A recent study by CDC/EPHAin selected urban and rural areas identified a number of barriers that limit the utilization of STI services in the country, operating at individual, community, health facility, and policy/program levels. These include: at faclility level space problems, shortage of basic functioning diagnostic equipment, failure to mplement syndromic management guidelines, lack of BCC/IEC materials, poor recordkeeping, lack of confidentiality. At provider level lack of training; health workers lack basic patient counseling and education skills; health workers are judgmental to patients with STDs. At patient level urban patients buy STI drugs to treat their disease without consulting health care; government facilities seen as the last resort; fear of stigma, judgmental clinic staff, breach of confidentiality, long waiting times seen as barriers to attending clinics.

One of the major gaps identified by the 'Know your epidemic Know your Ethiopian Episynthesis' is lack of data on STIs with only few cases being reported from health facilities throughout the country. Therefore, the major focus of FY09 shall include support for sites for STI syndromic data documentation and reporting and support STI surveillance program within the health-delivery structure in the specified Regions

FY09 activities at the hospital/facility level will include:
1) Continuation support of STI services for a total of 38 sites supported by I-TECH (including 30 public hospitals, two private hospitals, and six health centers)
2) Providing on-site technical assistance to improve STI diagnosis and treatment following national syndromic management guidelines
3) Onsite 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.
4) Have core T.O.T trained at the regional and Zonal health offices
5) 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
5) 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
6) Providing STI education focused on risk-reduction, screening, and treatment for patients enrolled in HIV/AIDS care and treatment at the hospitals
7) Providing condoms and education on how to use them, to patients enrolled in care and treatment. There will be a special focus on MARPs.
8) 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
9) 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
10) More Strengthening of STI data recording and reporting system at all levels .Support sites in documenting and reporting STI syndromic

11) In FY08, I-TECH was provided with supplemental funding to mainstream and strengthen IEC and BCC programs with its existing care and treatment activities to conduct outreach activities and promote services with in and outside the health facility areas in three regions of the country (Amhara, Tigray and Afar). In FY09, I-TECH will strengthen and continue this activity by expanding the sexual prevention outreach activity using the ABC strategy in two local universities-Mekele and Gonder Universities.

In FY09, ITECH will facilitate and coordinate linkages between STI and HIV/AIDS services. One of the major gaps identified by the 'Know your epidemic Know your response of Ethiopian Episynthesis' is lack of data on STIs with only few cases being reported from health facilities throughout the country. Therefore, the major focus of FY09 shall include support for sites for STI syndromic data documentation and reporting and support STI surveillance program within health-delivery structure. Others include having core T.O.T trained at the regional and zonal health offices and providing on-site training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16642

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16642	10648.08	HHS/Health Resources Services Administration	University of Washington	7487	3786.08	Rapid expansion of successful and innovative treatment programs	$420,000
10648	10648.07	HHS/Health Resources Services Administration	University of Washington	5488	3786.07		$100,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 655.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 5793.27939.09

Planned Funds: $1,948,000

Activity System ID: 27939

Activity Narrative: AIDS Resource Center

ACTIVITY MODIFIED IN THE FOLLOWING WAYS:
I. National AIDS Resource Center (ARC):-This is a continuing OP focused activity from FY08. 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.

The CCP/ARC's user driven services and BCC activities are closely related and mutually reinforcing. Its user driven services are modeled after CDC's national Prevention Information Network (NPIN) and include a library, clearinghouse, a virtual information Center, IT training and Media events support. To date, the CCP/ARC has developed and implemented evidence based BCC activities addressing a wide range of issues including HIV prevention using the ABC model, stigma reduction, care and support.

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. The resource center houses over 3,000 HIV/AIDS focused titles covering a wide range of interrelated topics. On average, the clearing house distributes more than 14,000 copies of stocked materials per month to organizations nationwide. Currently, the National resource center alone draws at least 90 visitors per day.

In FY09, 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 continue to 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, Most at Risk populations, married young women, university 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 FY09, the Talkline will have the capacity to provide 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 continue to compile and analyze hotline data to recommend a mechanism for feedback and dissemination of data for program improvement and monitoring.
CCP/ARC will also continue production of 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 (RARC):-In each region, the ARC has been integrated into the regional HAPCO, where staff receives orientation, training, and ongoing technical support from CCP/ARC. CCP/ARC in collaboration with PEPFAR/CDC Ethiopia, FHAPCO and Regional HAPCOs will standardize the role of the regional ARCs. 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 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, 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 addition, in FY08 an assessment was conducted to identify challenges the regional ARCs faced regarding physical infrastructure, human resource capacity, IT infrastructure and quality of services

In FY09, CCP/ARC will build upon the result of the assessment and the progresses made so far to implement the following major activities:-

Activity Narrative: 1) Strengthen the capacity of all existing regional AIDS Resource Centers, with clear linkages to existing local services;
2) Provide ongoing training and technical assistance to all existing regional ARC, HAPCO, and RHB in monitoring, information technology, and materials distribution;
3) Strengthen information technology capacity of all regional ARC;
4) Collaborate 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) Expand outreach activities in regional AIDS Resource Centers. 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) Establish 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 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 FY08, 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 FY09, CCP/ARC will continue to give direct technical and financial assistance to HAPCO to conduct an effective campaign throughout the year, employing a multimedia approach. CCP/ARC will expand its World AIDS Day activities, with increased 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.

IV. Strengthen media role in the fight against HIV/AIDS: In FY09, CCP/ARC will continue to provide technical and financial support to EVMPA (Ethiopian Volunteer Media Professionals against AIDS) to strengthen and scale up media related activities which have been started using FY08 supplemental funding. The objective of the project is to enhance the role of mass media both public and private to raise the public awareness, Sensitize media managers to enhance the media coverage, mobilize the community, reduce stigma and discrimination, promote services like STIs, TB, CT and ART and Promote treatment adherence through innovative programs and positive living.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16582

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16582	5793.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	$950,000
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

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$107,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 655.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 5777.27940.09

Planned Funds: $1,443,000

Activity System ID: 27940

Activity Narrative: MARCH and IEC/BCC Materials Production Technical Assistance

ACTIVITY MODIFIED IN THE FOLLOWING WAYS:

Substantive changes were made from the COP 08 Narrative and are as follows:
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 Forces 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-Ethiopia 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 most 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 one month 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 FY08, CCP/ARC continued to 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/ARC 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/ARC 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 FY09, CCP/ARC 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 with CCP/ARC support will continue to strengthen its MARCH intervention in all its commands, with both print serial dramas and reinforcement activities, as well as finalize the program evaluation that have been conducted in the two NDFE commands where MARCH has been implemented for more than three years. CCP/ARC 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. Activities with the FPC will focus on consolidation of progress to date, with an emphasis on building capacity and regional expansion assessment. 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: -Strategic information, education and communication for prevention and treatment of HIV and AIDS is crucial to engender sustained behavior change. In addition to programs implemented with other partners, the CCP/ARC also develops communication strategies, BCC materials and packaging of HIV and AIDS tools for use by health professionals. The materials cover a range of topics including HIV prevention, positive living, ART, PMTCT, VCT and infection prevention. To date, CCP/ARC produced a variety of IEC/BCC and media materials designed to strengthen quality of care at service sites supported by PEPFAR partners operating at all levels. These materials are used by the general public, partner organizations and by the CCP/ARC user driven services and BCC programs. Evidence based materials produced using these strategies are in use in multiple health centers, HIV programs and hospitals across the nation.

In FY09, CCP/ARC will continue to develop and produce appropriate IEC/BCC materials for service providers and youth audiences promoting comprehensive ABC strategies. These materials and accompanying discussion materials will be distributed to support additional private hospitals and health centers, new public health sites and will target youth audiences..

In addition, CCP/ARC will help providers identify gender-based violence; train providers on use of counseling and educational aids; and monitor and evaluate use of materials. CCP/ARC will also develop and implement communication activities to address prevention-for-positives messaging. Other 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, sexual networks and healthy sexuality. These materials will respond to feedbacks from Wegen AIDS talkline and will address PEPFAR wraparound areas with greater integration of HIV prevention and other health topics. Whenever possible, CCP/ARC will involve local partners in the development of materials.

CCP/ARC will also 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/ARC 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

Activity Narrative: 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 at the care and treatment settings. 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 PLWH, 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 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 FY2007, an assessment was conducted in order to determine exposure to the program and the extent to which program is brining a change among the targeted population. The assessment which was conducted in four regions in Ethiopia, found that the Betengna program has made considerable inroads among the population. In the targeted regions, 29% of the population was exposed to the program. Furthermore, exposure to the program was associated with a number of positive outcomes. Given that one of the primary objectives of the program is to reduce stigma toward people living with HIV, a number of findings noted in this report point to the strong indication that the program is achieving this goal. Overall, the program appears to be making an impact on lowering stigma and promoting greater knowledge and positive attitudes.

Based on the result of the assessment, In FY08, CCP/ARC strengthened the Betengna program in 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/ARC produced and distributed the diaries in audiocassette form for discussion groups and health-centers and health-post waiting rooms. A discussion group guide used during these discussions refers participants to the nearest available health services.

In FY09, CCP/ARC will build upon its progress in this area by strengthening and updating the Betegna website, creating audio listening stations at the national AIDS resource Center and developing and broadcasting new radio diaries and promotional materials for new 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. Expanded monitoring and strategic information services will also be a priority in FY09, with CCP/ARC maintaining and 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/ARC will also produce a 20-minute audio special highlighting the program's impact on diarists and listeners.

Through the PLWH radio diaries, CCP/ARC will outreach 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. An established LDGs are expected to be paired in selected regions through partnership with other implementers.

IV. Secondment of Staff:-A prevention advisor seconded to the Federal HAPCO and a behavior-change communication advisor seconded to the Health Extension and Education Center (HEEC) will continue to provide their technical assistance to the two institutions to ensure integration of the support being rendered to the overall HIV-prevention system.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16581

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16581	5777.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	7474	655.08	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

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 1210.09
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: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 17866.27948.09
Planned Funds: $2,083,500
Activity System ID: 27948

Activity Narrative: Reaching Youth and Women

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

JHU/HCP addresses an important and growing emphasis in PEPFAR/Ethiopia's portfolio of addressing at risk populations including University Students, Prostitutes and Sexually Active Youth. JHU/HCP will conduct similar activities, as described in COP08, with an expanded geographic scope reaching an increased number of at risk individuals. This activity narrative will not be updated in COP09. Targets and budget have been updated.

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 years that 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 implements programs through youth groups and schools. After six to ten 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 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 twenty 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 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 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. In order to insure 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 six to eight 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 then negotiation techniques to use in high-risk situations. These tools go directly to the heart of cross-generational sex and

Activity Narrative: 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 3 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 how to best 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 sex workers and their clients. HCP will work with HAPCO, 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 NGOs and companies in the seven university towns. HCP will collaborate closely with JHU/HCP and the MARCH 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 GoE’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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17866

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17866	17866.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	7582	1210.08	HCP	$950,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$950,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7609.09
Mechanism: Care and Support Project
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 5791.27957.09
Planned Funds: $656,000
Activity System ID: 27957

Activity Narrative: HIV and Care and Support Program

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Activity Narrative continues as is described below but with budget and target increases. The activity will focus on urban, peri-urban and “hot spots” where the HIV prevalence is high in the country.

FY 08 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 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16593

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16593	5791.08	U.S. Agency for International Development	Management Sciences for Health	7609	7609.08	Care and Support Project	$240,000
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

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 683.09

Mechanism: ***

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 12235.27970.09

Planned Funds: [redacted]

Activity System ID: 27970

Activity Narrative: Prevention for At Risk Populations in High Prevalence Urban Areas in Ethiopia

ACTIVITY HAS CHANGED IN THE FOLLOWING WAYS

EngenderHealth and its partners will be implementing this new activity for Prevention for at Risk Populations in High Prevalence Urban Areas. Ahe team that includes Timret Le Hiwot (TLH), Integrated Services for AIDS Prevention and Support Organization (ISAPSO), and Addis Continental Institute of Public Health (AC-IPH). Two resource firms including CHF International and the Nia Foundation will used for specific technical expertise. This is a three year project and will support increased availability and use of HIV prevention information and commodities and increased access to HIV counseling and testing (HCT), STI, and care and treatment services for adults and young people involved in transactional sex. It will also improve networking and capacity building for sustainable HIV prevention programming. The project will be implemented in major urban centers and other 'hotspots' that are identified through rapid mapping and needs assessments and partner consultation. It will work in close coordination with the HIV/AIDS Prevention Control Organization, the Ministry of Women and Women's Associations, and the Ministry of Health and Social Welfare as well as ongoing USG-funded HIV-prevention activities and other national health initiatives outlined in the Multisectoral Plan of Action for Universal Access to HIV Prevention, Treatment, Care and Support.

Following an initial assessment and planning phase, the project will introduce a comprehensive package of HIV prevention services for adults and young people involved in or at risk for transactional sex. In Year One the package will be introduced at 44 venues associated with transactional sex and 20 health clinics in 20 regional/district capitals/zonal towns in Benishangul, Gambella, Afar, Oromiya, Somali, SNNP, Jijiga, Butajira, and Amhara. The package will include peer education, condom distribution and promotion, stigma reduction, strengthened HIV/STI service delivery, work with male clients involved in transactional sex, mass media strategies, mobile testing and counseling, and drop-in centers for hard to reach women and girls. The comprehensive package will be introduced at an additional 55 venues and 22 health clinics in 22 cities by the end of the project. This project is expected to reach a total of 104, 250 adults and young people involved in or at risk for transactional sex work with our comprehensive package of HIV/STI prevention interventions.

The project will collect and analysis data about adults and young people involved in transactional sex to develop and implement a highly-targeted, evidence-based program that delivers measurable health and behavioral outcomes. Project partners have strong on-the-ground presence in Ethiopia, serving key most at risk populations (MARPS) through a wide range of complementary HIV/AIDS programs. To maximize access to high-quality HIV prevention services and prevent duplication, the project will collaborate with other recently awarded USG/PEPFAR projects led by Population Services International (PSI) and the Academy for Educational Development/Health Communication Partnership (AED/HCP) for targeted condom promotion and outreach. The project will implement a variety of complimentary and evidence-based HIV prevention and related services.

The project's technical approach is based on special design considerations for accessing hard to reach populations including addressing intergenerational poverty and sustainable livelihoods, promoting gender equality, linking alcohol use and HIV risk, and integrating sexual and reproductive health and HIV services. Key features include maximizing the synergy between existing on-the-ground partners, programs and networks; planning explicitly for transitioning responsibility for project delivery to the local entities; capitalizing on combined knowledge, skills, expertise, and resources in other projects and programs; evidence-based decision-making; and transforming gender roles. To help ensure the sustainability of project activities participatory, "bottom-up" planning processes will be introduced to build the capacity of partners, and transfer financial and administrative oversight for key project components, such as drop-in centers, to local entities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16727

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16727	12235.08	U.S. Agency for International Development	Engender Health	7526	6125.08	ACQUIRE	$350,000
12235	12235.07	U.S. Agency for International Development	Engender Health	6125	6125.07	ACQUIRE/EngenderHealth	$350,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 655.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 6455.28236.09

Planned Funds: $160,000

Activity System ID: 28236

Activity Narrative: Alcohol/Substance Use and HIV Prevention and Control

ACTIVITY MODIFIED IN THE FOLLOWING WAYS

This is a continuing activity. Decreasing khat and alcohol consumption in HIV-positive or at risk persons reduces the spread of HIV and associated diseases. Khat (Catha edulis) is a stimulant that grows in Ethiopia and a few other African countries, and it is chewed to increase energy. In many parts of the country, khat use is closely associated with high alcohol consumption. Khat and alcohol use are associated with high-risk sexual behaviors, which is the major mode of HIV transmission. In persons already infected, the combination of heavy drinking, khat use, and HIV has been associated with increased medical and psychiatric complications, delays in seeking treatment, difficulties with HIV medication compliance, and poorer HIV treatment outcomes.

In FY06,& FY07,a national targeted evaluation investigated the magnitude and pattern of alcohol and khat consumption and their role in the transmission of HIV infection and ART adherence.The study showed that Alcohol drinking and khat chewing are widespread and the consumption patterns can expose to risky sexual behaviors. Alcohol and khat use substantially and significantly increase the likelihood of having multiple sexual partnerships; those who use alcohol and khat are about twice likely tohave MSPs compared to those who are not using these substances. Condom use is less by at least 50% among alcohol and khat users compared to those who do not use these substances. Increased occurrence of sexual violence and rape by persons under the influence of alcohol is noted by key informants. A limited number of intervention activities were initiated, including strategy design to address the problem.

In FY08 interventions addressing factors identified by the evaluation is planned to start.
In FYO9, Interventions from FY08 will continue encompassing:
1) Interventions in multiple settings, such as development of information, education, and education/behavior -change communication (IEC/BCC) materials, including job aids
2) Trainings to integrate alcohol and substance abuse into counseling and integrate referral linkage of alcohol/substance abuse to HIV/AIDS services
3) Technical assistance to PEPFAR Ethiopia partners and the Addis Ababa University psychiatry Department on alcohol/substance abuse
4) Application of recommendations to the Wegen Talk-Line and Addis Ababa University, among others
Specific interventions will include:
1) Offering IEC programs on HIV/AIDS, including production of anti-alcohol materials (e.g., leaflets, posters, and brochures) targeting both the general population and service providers. These will give detailed information on alcohol risks and suggest actions to address the problem. Such materials are essential to increase community awareness of the hazards of alcohol and khat.
2) Developing a roadmap to guide strategies and interventions at various levels
3) Training professionals on the risks of khat and alcohol and on drug-use counseling
4) Linking ART adherence interventions with drug-use counseling

The pilot intervention is including provision of training and external technical assistance on risk reduction counseling. Risk-reduction counseling involves providing accurate HIV/AIDS and alcohol and khat information and training on personal risk assessment and behavioral skills. The intervention was to have offered HIV counseling and testing for individuals who abuse alcohol and khat, so that they can learn their sero-status. Alcohol and khat interventions were also to be linked with other services, including screening for sexually transmitted infections and psychiatric services.

This is a continuing activity. Decreasing khat and alcohol consumption in HIV-positive or at risk persons reduces the spread of HIV and associated diseases. Khat (Catha edulis) is a stimulant that grows in Ethiopia and a few other African countries, and it is chewed to increase energy. In many parts of the country, khat use is closely associated with high alcohol consumption. Khat and alcohol use are associated with high-risk sexual behaviors, which is the major mode of HIV transmission. In persons already infected, the combination of heavy drinking, khat use, and HIV has been associated with increased medical and psychiatric complications, delays in seeking treatment, difficulties with HIV medication compliance, and poorer HIV treatment outcomes.

In FY06, a national targeted evaluation investigated the magnitude and pattern of alcohol and khat consumption and their role in the transmission of HIV infection and ART adherence. A limited number of intervention activities were initiated, including strategy design to address the problem.

In FY07, interventions addressing factors identified by the evaluation were to be carried out.

In FY08, interventions will address factors related with drinking; use of alcohol and khat is often thought to be associated with lowering of self-control and greater risk-taking behavior with regard to sex. Bars and nightclubs that sell alcohol and khat-selling houses are often popular meeting places and frequented by people looking for commercial or casual sex. Alcohol and sexual activity are linked in both commercial and social spheres. The alcohol trade is closely intertwined with commercial sex activity.

Intervention approaches will encompass:
1) Interventions in multiple settings, such as development of information, education, and education/behavior -change communication (IEC/BCC) materials, including job aids
2) Trainings to integrate alcohol and substance abuse into counseling and integrate referral linkage of alcohol/substance abuse to HIV/AIDS services
3) Technical assistance to PEPFAR Ethiopia partners and the Addis Ababa University psychiatry department on alcohol/substance abuse
4) Application of recommendations to the Wegen Talk-Line and Addis Ababa University, among others

Specific interventions will include:
1) Offering IEC programs on HIV/AIDS, including production of anti-alcohol materials (e.g., leaflets, posters,

Activity Narrative: and brochures) targeting both the general population and service providers. These will give detailed information on alcohol risks and suggest actions to address the problem. Such materials are essential to increase community awareness of the hazards of alcohol and khat.
2) Developing a roadmap to guide strategies and interventions at various levels
3) Training professionals on the risks of khat and alcohol and on drug-use counseling
4) Linking ART adherence interventions with drug-use counseling

The pilot intervention was to have included provision of training and external technical assistance on risk-reduction counseling. Risk-reduction counseling involves providing accurate HIV/AIDS and alcohol and khat information and training on personal risk assessment and behavioral skills. The intervention was to have offered HIV counseling and testing for individuals who abuse alcohol and khat, so that they can learn their sero-status. Alcohol and khat interventions were also to be linked with other services, including screening for sexually transmitted infections and psychiatric services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16626

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16626	6455.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7484	5483.08	TBD/CDC	[redacted]
10653	6455.07	HHS/Centers for Disease Control & Prevention	To Be Determined	5483	5483.07	TBD/CDC	[redacted]
6455	6455.06	HHS/Centers for Disease Control & Prevention	Ethiopian Public Health Association	3772	674.06		$300,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities
* Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5483.09 **Mechanism:** TBD/CDC

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 10639.28237.09

Planned Funds: [redacted]

Activity System ID: 28237

Activity Narrative: Prevention of Urban-Rural Transmission

ACTIVITY MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity from FY08 which was supplemented to Addis Ababa University (AAU). This program is designed to interrupt urban-rural HIV transmission, and was planned to be piloted in late FY07 but this didn't happen because of the delay from the Amhara MARPs study and then supplemented to AAU to outreach activities by university students in their original regions. Though this is a continuing activity, a TBD partner needs to implement a standardized program to curb the epidemic in the region.

According to the 2005 Antenatal Care (ANC) National Surveillance on HIV/AIDS, the urban HIV prevalence was 10.5% compared with 1.9% in rural areas. The study indicated that national rural HIV prevalence has stabilized, while urban prevalence is declining. Most prevention activities have focused on urban and peri-urban settings. Educational materials and methods developed for mainly urban audiences no doubt contribute to the declining trend in towns and cities.

However, the HIV/AIDS prevalence in rural Amhara is worse than in any other region; it has the highest numbers of people living with HIV (PLWH) (444,600; 34% of the total), of new HIV infections (39,140; 31% of the total), and the highest rural prevalence (3.2%) in Ethiopia. The ANC-based surveillance results show that more focus is needed on certain populations, especially women and girls in Amhara region. The social and administrative infrastructure at the local rural level (district-level HIV/AIDS Administrations and Secretariats, health extension workers, agricultural extension agents, women's and youth associations, and leaders of local faith-based associations) will provide the most likely points of entry to formal systems for rural individuals.

A preliminary report of the study conducted on MARPs in Amhara region has identified that CSWs, Daily Laborers, Mobile merchants, Students and long distance drivers as MARPs. The HIV prevalence among these targets is much higher than the rest of the population. The study has also identified the Hotspots in the region through a muti-faceted approach.

The objective of this project is to adequately respond to this complicated set of circumstances through systematically and continuously understanding the dynamics of urban-rural transmission, providing relevant information, laying the ground for service provision in isolated regions, and fully implementing a prevention program to curb the spread of HIV/AIDS from urban to rural settings. In FY08, CDC conducted buy-in meetings, consensus building and identification, and selection of hotspots in rural areas. Building on this foundation, AAU has planned to reach 100,000 MARPs through a community outreach pilot program in FY08, promoting HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful (Other Prevention/OP) and providing condoms in 25 MARPs targeted condom outlets. This intervention includes behavior change communication (BCC) activities to promote safer sexual practices using interpersonal communication. This activity also is planned to be linked with AIDS Resource Center outreach activities.

In FY09, the project will scale up activities piloted by AAU and will focus on CSWs, Daily Laborers, Mobile merchants and Students as the main target populations based on the evidences MARPs evidence. The following activities will be implemented:
1) Sensitization workshop for stakeholders about project goals and activities.
2) Training for peer educators within the MARPs groups, community health extension workers, agricultural extension agents and women's and youth associations to promote ABC and early treatment of STI.
3) Development and distribution of intervention BCC materials.
4) Creation of accessibility and availability of condoms.
5) Organization of various interactive forums and entertainment education on risk reduction, correct and consistent condom use, drug and alcohol addiction, early treatment of STI, etc.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16627

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16627	10639.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7484	5483.08	TBD/CDC	[redacted]
10639	10639.07	HHS/Centers for Disease Control & Prevention	To Be Determined	5483	5483.07	TBD/CDC	[redacted]

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5483.09
Mechanism: TBD/CDC
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 10636.28239.09
Planned Funds: [redacted]
Activity System ID: 28239

Activity Narrative: Confidential STI Clinics for MARPs

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY09 the following major activities will be undertaken to realize the project objectives:

1) Identification of clinic sites and implementing partners and renovation and construction of the model clinics
2) Development of training curricula, procurement of audio-visual educational equipment, training of clinic health and support staff
3) Procurement and provision of condoms
4) Provision of STI medicines
5) Design of referral linkages
6) Promotion of clinics emphasizing their low cost/free services, confidentiality, and quality of service (including hospitality)

FY 2008 ACTIVITY NARRATIVE

This is a continuation activity. The main objectives of this activity are to establish comprehensive most-at-risk population (MARP)-friendly sexually transmitted infections (STI) services and to link confidential clinics with other services like mobile counseling and testing, ART, PMTCT, the Wegen Talkline, and ABC comprehensive prevention messages.

In FY07, three confidential STI clinics were to be renovated/constructed in Addis Ababa, Bahir Dar, and Nazareth to provide comprehensive STI services. In FY08, four more clinics will be renovated /constructed to provide comprehensive STI services, including reproductive health and post-exposure prophylaxis services for rape survivors.

Evidence suggests that STI are spreading widely in Ethiopia, particularly among MARPs, which include commercial sex workers and their clients, long-distance truck drivers, low-income women, substance abusers, street people, migrant workers, bar owners, and urban men with money, among others. MARPs have the highest partner rates and are therefore critical targets for comprehensive STI prevention and control. They are often socially marginalized, discriminated against and the last reached by traditional health services. In recent years, increasing poverty in Ethiopia has lead to large-scale unemployment and homelessness, which coupled with widespread commercial sex work, has increased STI prevalence. HIV has spread between Ethiopian cities following the main trading routes.

The sixth report on “AIDS in Ethiopia” indicates that the 2005 HIV prevalence was 3.5% (urban 10.5%, rural 1.9%), and indicated the national prevalence had stabilized. However prevalence remains high in MARPs and in rural Amhara. The 2005 STI regional report indicated 13,768 and 14,322 cases of urethral and vaginal discharge respectively; and 5,582 cases of genital ulcer. The 2005 antenatal care survey indicated a general 2.7% syphilis prevalence and a 4.9% prevalence of syphilis among HIV-positive clients, with higher incidence in rural areas. Rates were higher in all settings than they were in 2003. Although it is widely acknowledged that STI are rampant across the country, the number of cases seen at formal health service points is low. The treatment-seeking behavior of STI patients, especially of MARPs with STI, remains poorly understood. They tend to seek treatment from alternative sources, such as drug vendors, traditional healers, and open marketplaces. Services provided there are inferior in terms of provider knowledge, availability of other services like condom supply and voluntary counseling and testing (VCT), provision of promotional/educational materials, etc. Among commercial sex workers, there is lack of knowledge of early STI symptoms and thus lack of early care and treatment seeking; most commercial sex workers also lack the skills to negotiate safer sex with their clients. Most MARPs do not seek STI treatment until it interferes with their routine life, mainly due to stigma and lack of accessible affordable health services. There is also a lack of staff trained in managing such marginalized populations. Therefore, confidential clinics, particularly for MARPs, are essential to reach them.

Strategies for this intervention will include:
1) Rapid assessment to decide sites and services for the confidential MARPs clinics
2) Integration of MARPs clinics with partners’ clinics
3) STI diagnosis and treatment, including drug provision, condom promotion and provision, establishment of peer-support groups, STI education and counseling, and referral linkages to VCT, ART and PMTCT
4) Clients will receive messages and educational materials through linking clinics with AIDS Resource Centers
5) Communications skill training will be provided to clinic staff to improve service delivery and to make user-friendly

The following major activities will be undertaken to realize the project objectives:
1) Communication/consultation with other PEPFAR partners on implementation of the clinic service
2) Identification of clinic sites and implementing partners and renovation and construction of the model clinics
3) Development of training curricula, procurement of audio-visual educational equipment, training of clinic health and support staff
4) Procurement and provision of condoms
5) Provision of STI medicines
6) Design of referral linkages
7) Promotion of clinics emphasizing their low cost/free services, confidentiality, and quality of service (including hospitality)

New/Continuing Activity: Continuing Activity

Continuing Activity: 16628

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16628	10636.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7484	5483.08	TBD/CDC	[redacted]
10636	10636.07	HHS/Centers for Disease Control & Prevention	To Be Determined	5483	5483.07	TBD/CDC	[redacted]

Emphasis Areas

Construction/Renovation

Gender

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

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5483.09
Mechanism: TBD/CDC
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 18710.28240.09
Planned Funds: [redacted]
Activity System ID: 28240

Activity Narrative: Strengthening Higher Learning Institutions' Clinics to Provide HIV Prevention and Friendly STI Services

ACTIVITY MODIFIED IN THE FOLLOWING WAYS:

In FY09, based on the experience gained from this activity, expansion of the service to six other Universities will be done with the following similar activities
1) Assess the HIV/STI and reproductive health messages and prevention activities in six selected Universities.
2) Strengthen university campus clinics to provide comprehensive HIV/STI and reproductive health services, including voluntary counseling and testing services, to students and staff of the universities
3) Train 24 health workers from the institutional clinics in HIV/STI syndromic management and counseling and testing
4) Adapt available HIV/STI information, education, and communication materials for use in the three universities
5) Recruit one additional health worker to support the HIV prevention services in the clinics
6) Strengthen campus anti-AIDS clubs, university anti-AIDS committees, and gender offices to provide youth-friendly STI and reproductive health information to their members
7) Support making AIDS Resource Center materials available to students at the three university campuses

COP 08 NARRATIVE:

This is a continuation activity to provide HIV-prevention messages and friendly services to address sexually transmitted infections (STI) in Universities.
Students in higher learning institutions are considered to be fully aware of HIV/AIDS risks and preventive mechanisms. As a result, they are often neglected by HIV/STI interventions. However, on arrival at university, many students encounter new ways of life, with relative independence and freedom as they are away from the immediate control and influence of their parents. Students coming from rural villages and semi-urban areas in particular have difficulty adapting to the new urban environment and group social life. The influence of peers is significant, and there is a high level of desire for new experience. The widely acknowledged attitude that 'you can't be in campus without a girl/boyfriend' causes them to engage in sexual activity that puts them at risk for HIV and STI.

Transactional sex is one of the most evident social dynamics around the university campus. For most female students, particularly those from poorer backgrounds, having sex with men who are often older and wealthier is the quickest and easiest way to secure the material goods and lifestyles exemplified by their wealthier peers. The fact that many parents/guardians are not able to support students financially due to economic hardships creates a further financial strain on students. These factors, added to a high level of sexual networking and high HIV prevalence in the cities where the higher institutions are located, put university students at high risk for HIV exposure.

The recent UNAIDS report indicates that the percentage of Ethiopian young people aged 15 to 24 who used a condom last time they had sex with a casual partner was only 36.2% among males and 14.6% among females. In the past 12 months, 37.8% males and 34% female adolescents had had casual sex in the past 12 months.

All Ethiopian universities have clinics that are supposed to provide comprehensive, primary-level healthcare service to all registered students. But because of the nature of the diverse students enrolled and the limited capacity of the clinics, the clinics are not well-utilized and are not providing standard and quality HIV/STI prevention services.

PEPFAR currently supports few interventions in HIV prevention at Ethiopian universities, because most PEPFAR activities are concentrated in the capital and the universities outside Addis Ababa. Therefore, this activity will be conducted in three universities where the prevalence of HIV among students and the surrounding community is high. It will strengthen university clinics to provide HIV prevention and friendly STI services to reduce the occurrence of new infections and break the cycle of HIV/STI infections.

In FY08 the following activities are planned;
1) Assess the HIV/STI and reproductive health messaging and prevention activities in three universities: Gondar, Halemaya and Addis Abeba Universities.
2) Strengthen university campus clinics to provide comprehensive HIV/STI and reproductive health services, including voluntary counseling and testing services, to students and staff of the universities
3) Train 12 health workers from the institutional clinics in HIV/STI syndromic management and counseling and testing
4) Adapt available HIV/STI information, education, and communication materials for use in the three universities
5) Recruit one additional health worker to support the HIV prevention services in the clinics
6) Strengthen campus anti-AIDS clubs, university anti-AIDS committees, and gender offices to provide youth-friendly STI and reproductive health information to their members.
7) Support making AIDS Resource Center materials available to students at the three university campuses

New/Continuing Activity: Continuing Activity

Continuing Activity: 18710

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18710	18710.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7484	5483.08	TBD/CDC	[redacted]

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7611.09
Mechanism: Tourism and HIV Prevention
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 17861.28292.09
Planned Funds: [redacted]
Activity System ID: 28292

Activity Narrative: Tourism and HIV Prevention

ACTIVITY UNCHANGED FROM FY2008

FY 08 ACTIVITY NARRATIVE:

This is a new FY08 activity. There is a great opportunity for tourism to contribute to economic development in Ethiopia. The tourism sector has recently been elevated to a high priority by the Government of Ethiopia (GOE). This is particularly timely in view of recent travel promotion and the Ethiopian Millennium celebrations. A mix of historical, cultural, and natural attractions exist in Ethiopia which can be enhanced and more sustainably managed, thereby contributing to poverty reduction and economic development. Domestic and foreign investors have recently established several “eco-lodges” in different areas of tourist interest and the World Bank is planning a new loan focusing on cultural heritage tourism.
Based upon its successful programs globally, USAID will design and implement a three-year, $10 million tourism-development activity that will provide targeted support to promote sustainable ecotourism. This will result in significantly increased private investment, jobs creation, and foreign-exchange earnings, as well as eco-system protection. Increased numbers of tourists will benefit other economic sectors (i.e., leather, textile, handicrafts, and agriculture) and enhance livelihoods of vulnerable populations and promote enterprise, exports and trade. Ecotourism development will also contribute to improving Ethiopia’s overall image and investment climate for both foreign and domestic investors.
The development of tourism will result in increased economic activity and employment in concentrated urban and rural areas. It will bring diverse groups into contact with each other and encourage relocation and travel of large numbers of people. With this increased employment and migration of workers and visitors comes higher risk of exposure to HIV/AIDS. Employers in the tourism enterprises do not normally provide workplace health education. Through this project, communities and employees will be encouraged to seek antenatal services, voluntary counseling and testing (VCT), and facility-based deliveries. They will also receive HIV-prevention messages that focus on abstinence, fidelity, partner reduction, alcohol use, and gender-based violence through information-education-communication print materials, mobile video screenings, interpersonal communications, and community drama. The need to shift social norms, particularly male behaviors, will be emphasized through community events.

PEPFAR Ethiopia proposes to contribute $500,000 of Global HIV/AIDS Initiative funds ($250,000 in HVAB and $250,000 in HVOP) into the above mechanism funded through USAID/Ethiopia’s Office of Business, Environment, Agriculture and Trade (BEAT) to provide HIV/AIDS prevention activities to businesses and other groups associated with tourism development. PEPFAR Ethiopia is expected to leverage $10,000,000 of Development Assistance funding and other partner funding, as well as technical expertise from the BEAT Office, to collaborate on the HIV/AIDS prevention activities. Prevention activities will include risk assessments for the assisted tourism areas, workplace HIV/AIDS prevention education for employees for tourism and related businesses in the target areas and use of media tools to educate visitors and others associated with the tourism industry. Staff will encourage target enterprises to contribute financially to the HIV/AIDS prevention activities. Educators will coordinate to the maximum extent possible with local public health workers. They will maximize use of pre-existing educational materials. The activity will provide HIV/AIDS education to over 30,000 employees/community members and train an anticipated 1,500 individuals. The specific geographical sites and natural parks will be selected during the project design. The recipient will define how individuals are counted as reached in the program proposal description.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17861

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17861	17861.08	U.S. Agency for International Development	Academy for Educational Development	12032	12032.08		$250,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7599.09

Mechanism: Corridors

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 17872.28287.09

Planned Funds: [redacted]

Activity System ID: 28287

Activity Narrative: Transportation Program

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

There are no changes to the activity narrative, targets have been added

FY 08 ACTIVITY NARRATIVE

This is a continuing activity from the FY07 supplemental. This activity receives HVAB, HVOP and HVCT funding.

This comprehensive ABC activity, addressing high-risk populations along four major transportation corridors in Ethiopia, is planned as a program follow-on to the previous High-risk Corridor Initiative implemented by Save the Children USA.

Towns along the following transportation corridors will be addressed:
Addis Ababa – Djibouti, specifically Dukim, Adama, Metehara, Awash, Mille and Loggia
Addis Ababa – Adigrat, specifically Kombolcha, Dessie, Weldiya
Addis Ababa – Gondar, Debre Markos, Bahir Dar, Gondar
Modjo – Dilla, specifically Shashemene, Yirgalem, Dilla and Awassa

Additional towns will be identified by the implementing partner in coordination with the USG to maximize HIV-prevention activities in key towns.

This continuing activity will expand structured HIV-prevention activities in key towns along three additional transportation corridors to ensure at-risk populations receive interpersonal and interactive HIV-prevention counseling, condom distribution and voluntary counseling and testing (VCT) services. The activity will use structured implementation approaches to facilitate and sustain the adoption of prevention behaviors. The activity will link activities to clear behavior-change objectives related to mutual faithfulness, partner reduction, and other prevention methods.

Lessons from the High-Risk Corridor Initiative and the East African regional Transportation Corridor Initiative will be incorporated into the design and implementation of this activity. The implementing partner will gather existing formative assessments on high-risk behaviors, substance abuse, transactional, and cross-generational sex for further analysis. Additional low-cost formative assessments will be completed by the implementing partner in collaboration with other USG implementing partners to better understand the target population's needs and the factors that expose them to a HIV risk.

Substantial collaboration between USG implementing partners is anticipated. The implementing partner's ability to cover four transportation corridors will be strengthened through such collaboration, specifically with the Targeted Condom Promotion activity and the confidential sexually transmitted infections clinics implemented to focus on at-risk populations. Collaboration between this prevention activity and palliative care and counseling and testing activities will be incorporated. This will strengthen the implementing partner's capacity to place at-risk populations in need of services into existing community care and inpatient facilities.

Target populations include various subpopulations of adult men and women residing and transiting urban areas. Adult men—specifically transportation workers, men with disposable income, and migrants—appear to be engaged in high levels of informal transactional sex. Older adolescent girls and women, with specific emphasis on those aged 20+, who engage in transactional sex will be recipients for ABC interventions and services to reduce their risk of becoming infected with HIV. More specific, tailored HIV-prevention programs will be established to reach adult women engaging in transactional sex in high-risk settings and in offsite areas. Structured peer promotion by populations of at-risk groups will be used to increase access to these groups. Support groups comprised of similar age- and sex-based groupings will be used to encourage greater interaction and uptake of available HIV prevention and care services including treatment.

Recent HIV prevalence estimates reflect a consistent pattern observed in both antenatal clinic surveillance and the Ethiopian Demographic and Health Survey (EDHS)—that there is a many-fold higher HIV prevalence in urban settings than in rural settings. HIV prevalence among adults in urban settings was estimated to be almost nine times higher than that among adults in rural settings. A recent USG technical assistance visit identified several observations to consider during program design –
1 -Focus on the urban epidemic
2 -Transactional sex is likely at the epicenter of the urban epidemic
3 -There are exceptionally high levels of risk among adult populations
4 -Gender inequalities are likely at the root of HIV risk among women
5 -Social marginalization may be associated with migration, and with risk, in key subpopulations

The new activity will aim to build on these successes and draw from USG interagency programming experiences in alcohol and substance abuse, targeted condom promotion, gender-based violence, and the Male Norms Initiative to address at-risk populations in specific geographical areas where such populations congregate. Structured interpersonal and interactive behavioral-change interventions will be strengthened. Inherent in the design of this new activity will be strong referral to HIV/AIDS and tuberculosis services offered by public and private health facilities, mobile VCT services and community-based care programs within program implementation areas.

The activity will blend sub-partnering and direct implementation to address USG priorities. The implementing partner will engage in local technical capacity building of civil society in key towns where available. The activity will place an emphasis on gender, specifically addressing male norms, including multiple partnerships, coercive sex, alcohol use, and condom use. We also anticipate the partner will leverage both USG and non-USG resources to increase at-risk women's access to productive income and

Activity Narrative: services.

At the time of writing a multiyear statement of work is being designed for competitive procurement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17872

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17872	17872.08	U.S. Agency for International Development	To Be Determined	7599	7599.08	Corridors	[redacted]

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

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5527.09

Mechanism: Civil Society

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 10641.28242.09

Planned Funds: [redacted]

Activity System ID: 28242

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

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a competitive solicitation. The partner, as mentioned in the narrative, should be noted as To Be Determined and not Family Health International.

This activity has no substantive changes to activities described in the COP08 narrative but the activity will no longer be limited to Amhara. This is a competitive acquisition and the partner will be named in January 2009.

FY 08 ACTIVITY NARRATIVE

Family Health International (FHI) has supported HIV/AIDS prevention, care, and treatment activities in Amhara region for several years. In FY07, FHI undertook a formative assessment in Kunzla and Merawi that indicated that establishing development project sites in both of these towns contributed to the increase of high-risk behaviors, because these project sites attracted an influx of migrant workers, the growth of commercial sex, and increased commerce and trade. Other factors such as increasing interaction between rural and urban populations, existing misconceptions of HIV/AIDS, and harmful traditional practices were also shown to increase the vulnerability of these communities to HIV. This project will focus on at-risk, unmarried youth and commercial sex workers, with the goal of reaching 10,000 individuals with comprehensive ABC prevention education.

Under PEPFAR, at the request of the Amhara Regional HIV/AIDS Prevention and Control Office (RHAPCO), in FY07 FHI initiated prevention activities targeting most at-risk populations (MARPs) in Amhara in FY07. The partner held a consensus-building meeting with Amhara stakeholders to prioritize high-risk areas for prevention interventions. Priority high-risk areas include Kunzla, Mecha, Lalibella, Merto Lemariam, Durbete and Metema. FHI will continue to support this program in FY08 with a focus on building the capacity of local partners to undertake AB and other prevention activities to reach: project-site and other mobile workers; commercial sex workers and their partners and clients; in- and out-of-school youth 15-24, especially sexually active girls or female students; youth engaged in the tourism industry; and urban males with multiple partners. AB messages and prevention activities will be designed specifically for in- and out-of-school youth 18 and under, especially young girls who are vulnerable to HIV due to early marriage practices and commercial sex.

In FY08, FHI will facilitate additional formative assessments in new selected intervention sites and collect supplementary data on social networks, social groups and community groups to inform the design of appropriate HIV/AIDS prevention activities. FHI will continue to use existing community structures to reach the target populations as a guiding principle.

FHI will build the technical and organizational capacities of government, local NGOs and community groups in high-risk areas to implement and gradually manage their own behavior changes programs targeting MARP. This will entail management, administrative and resource mobilization training, BCC strategy development and implementation training, provision of BCC materials and equipment and other supplies for implementation. FHI will train key management staff of BCC implementing partners in organizational capacity building.

FHI will facilitate the integration of the community conversation program to enhance the community's own response to HIV/AIDS issues. Communication conversations take place through dialogue sessions with community groups facilitated by trained community members. This activity will involve the training of 'trainers of trainers' and facilitators on guiding discussions on various topics, developing and/or adapting dialogue guides, and implementing dialogue sessions. Community conversations programs will be designed for community members in general and for youth.

FHI will continue to support the Ethiopian Youth Network (EYN) to fulfill its mandate to coordinate HIV-prevention efforts among youth groups in Amhara, particularly among girls clubs. FHI will work with EYN to design and implement an interpersonal communication and youth peer-leadership program for youth in high-risk areas. Trainings on gender and on assertiveness will be provided to youth clubs and girls clubs, respectively, to address issues of gender norms and behavior and coercion and violence. FHI will build the capacity of EYN to integrate community conversations into its programs.

In addition, selected youth from the EYN will be trained on behavior-change communications (BCC) message development and outreach concepts. Youth conducting community outreaches will disseminate different messages on community norms that hinder people's ability to make ABC choices and influence gender violence, early marriage, and early sexual debut. They will focus on youth under 18 with AB messages only. These outreaches will take place in marketplaces, tourist settings, bars, hotels, night clubs, and truck stops.

FHI will continue to assist the Amhara Agriculture Bureau and their agriculture development agents (ADA) to reactivate their prevention program which had been discontinued in 2006 due to the lack of implementation funds. Based on the program's strategy, ADA in wards within high-risk districts will be trained on basic HIV/AIDS information and BCC message development.

FHI will further continue to assist the Amhara RHAPCO and other stakeholders in the design, development, and implementation of a strategic behavioral communication (SBC) campaign to promote positive behavior change in MARPs in high-risk areas. The design of these activities will depend on the findings of the formative assessments. Activities will include, but are not limited to: using and adapting existing BCC materials; producing culturally appropriate materials addressing identified issues; promoting positive nonstigmatizing behaviors among target populations; providing correct information on HIV/AIDS and methods of transmission; promoting safe sex and consistent, correct condom use; increasing self-risk

Activity Narrative: perception; promoting HIV counseling and testing (CT); and working in partnership with the media to support the SBC campaign to reach to those who can be accessed through the media. FHI will also build the capacity of media experts for HIV/AIDS reporting.

FHI will contribute to the rapid scale-up of HIV/AIDS prevention services, including prevention of HIV among youth through abstinence and behavior change, in areas where communities are highly vulnerable to HIV. FHI will also contribute to building the capacity of the implementing partners and the community for effective long-term prevention of HIV infection. This will have an impact in the reduction of the high HIV prevalence in the region. It will also contribute to the promotion of healthy norms and behaviors in communities where harmful traditional practices are practiced widely.

Linkages to other HIV/AIDS services are important to support behavior change in BCC programs. Working closely with stakeholders, FHI programs in CT and care and support will assist to establish linkages between BCC activities and the health network through referral systems. FHI's technical assistance efforts will be developed in close collaboration with PEFPAR and other partners working in Amhara, including, but not limited to, other prevention programs targeting MARPs, the Health Communications Partnership for AB, the Population Council for gender and early marriage issues, Abt for private-sector programs, and target condom promotion activities.

Gender equity will underscore FHI's HIV-prevention activities targeting MARPs in Amhara. This includes but is not limited to, assessing and addressing barriers which limit access to HIV prevention for women and girls. FHI will support the EYN in addressing gender issues through the youth clubs and girls clubs. Community conversations will also be held on gender-related topics to assist communities to respond to harmful tradition practices that affect the vulnerability of women and girls to HIV.

To ensure the sustainability of the program, FHI will work to strengthen the organizational and technical capacities of BCC implementing partners to design, implement and monitor prevention activities. FHI will provide subgrants to the partners, which will serve as the mechanism through which FHI will build their capacities in BCC and HIV prevention.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16698

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16698	10641.08	U.S. Agency for International Development	Program for Appropriate Technology in Health	12027	12027.08		$420,000
10641	10641.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	12025	12025.07		$350,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	7598.09	**Mechanism:**	Condom Promotion
Prime Partner:	Population Services International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	6631.28285.09	**Planned Funds:**	$2,652,314
Activity System ID:	28285		

Activity Narrative: Targeted Condom Promotion

ACTIVITY CHANGED IN THE FOLLOWING WAYS:

This is an ongoing activity funded in the FY06 supplemental that began in late FY07.

Using existing behavioral and HIV prevalence information, the activity will support targeted condom-promotion activities including market analysis, materials production, and technical leadership and technical assistance to USG partners on condom programming to reach targeted most-at-risk populations (MARPs), and specific high-risk settings and geographic areas in several regions. In these areas intensive promotion to MARPs, accessible and subsidized condoms, abstinence, be faithful, consistent and correct condom use (ABC) messaging, and linkages to HIV and other prevention, care, and treatment services will be available.

Partnering with local civil society service providers and clinics in urban areas, the implementing partner will focus on sexually active youth and adults for targeted condom promotion. Specific emphasis will be placed on reaching at-risk populations engaging in high-risk activities. The partner will establish presence in several towns along corridors to supplement existing at-risk population programming. The implementing partner will collaborate closely with other PEPFAR partners to achieve coverage of targeted areas and populations. Furthermore, several faith-based organization (FBO) partners have requested USG support to create independent referral points for sexually active youth receiving AB services; these will be developed by the implementing partner.

This activity has four components:

(1) Support targeted condom promotion activities with market analysis and branding, materials adaptation and distribution, communications activities and network referral linkages for MARPS. Condom promotion activities are expected to include strategic use of communications including selected print, radio, billboard and other advertising means , point-of-sale promotion, experiential communications and peer-group (interpersonal communications) programs largely implemented by USG partners. Themes will draw from the following principles: correct, consistent condom use by men and by women; women's right to say no to sex; sanctioning coercive sex; and cross-generational and transactional sex. In addition, specialized communications for people living with HIV/AIDS (PLWH) will be supported to ensure knowledge and practice of secondary prevention and positive living. The implementing partner will work collaboratively with partner organizations, bilateral agencies and appropriate Government of Ethiopia agencies to facilitate targeted promotion programs and correct and consistent condom use elements of partner behavior-change and communication (BCC) interventions.

(2) Collaborate with USG HIV-prevention activities, including the National Defense Forces of Ethiopia and five refugee camps.

The implementing partner will collaborate with PEPFAR implementing partners to assure distribution of condom commodities to MARPs. This will include work with PEPFAR partners working with the Ethiopia Defense Forces, refugee camps, and Ethiopian universities to prevent persistent stockouts.

The implementing partner will collaborate with PEPFAR partners to assure targeted outreach and distribution in central marketplaces/entertainment districts in cities, and in towns along transportation corridors with target populations defined as commercial sex workers (CSW), women not self-identifying as CSW but involved in transactional sex (i.e. vendors), men and women in cross-generational relationships, and those with multiple, concurrent partners.

USG-supported targeted condom outlets and outreach programs will be provided with consistent supplies of condoms, information-education-communication (IEC) materials and point of distribution/sales training (including referral skills) to support condom programming elements and to discuss ABC comprehensively.

(3) Collaborate with the national logistics system implemented by PHARMID to integrate unbranded condoms into HIV clinical settings nationwide in a uniform fashion. PHARMID will integrate condoms into the ARV and medical-commodity logistics system for delivery to voluntary counseling and testing (VCT), ART, and pre-ART clinics and to case managers within the ART health network, including hospitals and health centers. USG partners in facilities will work with local authorities to support distribution to clinical facilities. The targeted promotion implementer will facilitate the production of condom IEC materials in the broader context of a behavioral-change campaign with objectives specific to increasing condom use among at-risk groups.

(4) Provide technical assistance to several government bodies with capacity building to implement evidence -informed HIV-prevention activities to at-risk populations. Government bodies include: the Drug Administration and Control Authority and several National and Regional HIV/AIDS Prevention and Control Offices and Health Bureaus.

The implementing partner will address male norms and behaviors surrounding condom use, promoting consistent and correct use in instances of high-risk sexual encounters and in long-term relationships. In addition, the implementing partner will provide tools for civil society implementers to better integrate discussions on condoms into their HIV-prevention programs.

In the process of implementation, the partner will subcontract and provide technical assistance to indigenous advertising/marketing companies to strengthen their capacity to participate in public health programming.

This additional funding is being reprogrammed from the Interagency APS for Prevention. The increase in funding will allow the new partner PSI to expand efforts to reach at-risk populations in urban settings; this is an HIV prevention priority in Ethiopia. There are no changes to the narrative or targets set for this activity.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16594

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16594	6631.08	U.S. Agency for International Development	Population Services International	12031	12031.08		$2,652,314
10404	6631.07	U.S. Agency for International Development	Population Services International	12026	12026.07		$1,500,000
6631	6631.06	U.S. Agency for International Development	USAID Central Commodity Fund	8369	8369.06	USAID Central Commodity Fund	$1,000,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 8222.09

Mechanism: APS

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 18711.28274.09

Planned Funds: [redacted]

Activity System ID: 28274

Activity Narrative: Prevention APS

ACTIVITY UNCHANGED FROM FY2008

This APS is restricted to programs that will strengthen and expand the PEPFAR/Ethiopia Prevention program in urban, peri-urban, and high prevalence “hotspot” areas by ensuring those at high risk for HIV transmission have access to a full range of prevention services. The goal of this APS is to provide support for the design, implementation and evaluation of prevention interventions and services that address the risks associated with the full spectrum of transactional sex in urban centers and “hotspots.” For the purposes of this APS, transactional sex is defined as the full spectrum of exchanging sex for money or goods, from a self-identified commercial sex worker in a brothel to a woman who does not identify as a sex worker, but who occasionally or frequently exchanges sex for necessary goods or luxury goods permitting upward social mobility.

This APS will focus on reaching adults and young people engaged in transactional sex. The following venues are illustrative examples of where prevention programs should target their interventions for reaching women and men engaged in formal & informal transactional sex:

Bar and disco based
Café house based
Street based
Workplace based, from mobile work settings to government offices
Brothel based, specifically for formal sex workers
Marketplaces
Hotspots near military posts

The targeted program areas will include

• The prevention of HIV transmission in urban settings and “hotspots”.
• The development, implementation and evaluation of tailored prevention interventions
• The conduct of rapid and formative monitoring and evaluation of activities to increase the knowledge of risk behaviors and the context for high risk populations.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18711

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18711	18711.08	U.S. Agency for International Development	To Be Determined	8222	8222.08	APS	[redacted]

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 674.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 28848.09

Planned Funds: $160,000

Activity System ID: 28848

Activity Narrative: Youth Leadership in Multi-sectoral Approach to reduce multiple concurrent sexual partnerships: Community Mobilization and Outreach; “One Love” Campaign

This is a new activity for FY09.

A fundamental goal of HIV prevention is to change the behavior that puts individuals at risk of infection. For the past two and a half decades, HIV prevention has been dominated by individual-level behavioral interventions that seek to influence knowledge, attitudes, and behaviors, such as promotion of condom use, or sexual-health education, and education of injecting drug users about the dangers of sharing equipment.

Lessons learned from the successes in reducing population-level HIV prevalence in countries such as Uganda may prove useful for prevention programming. It seems that the Ugandan response stimulated personalization of risk in a way that fostered community mobilization for behavior change, without increasing stigma. Second, the intensive use of a coordinated multilevel approach, involving clear and consistent risk-avoidance messaging at all levels, assisted in changing societal norms of behavior. And third, it seems that focusing such efforts for risk avoidance and partner reduction on adult men was key to reducing the sexual networks that fuel HIV transmission in high prevalence countries.

Goals for behavioral strategy involve knowledge, stigma reduction, access to services, and delay of onset of first intercourse, decrease in number of partners, increases in condom sales or use, and decreases in sharing of contaminated injection equipment. A multilevel approach that encompasses behavioral strategies must be taken— behavioral HIV prevention needs to be integrated with biomedical and structural approaches, and treatment for HIV infection.

Concurrent sexual partnerships, which create interlocking sexual networks through which HIV can spread rapidly, are emerging as a key driver in generalized and “hyper” epidemics. However, efforts to address concurrency within HIV prevention programs are still fledgling.

Emerging themes which are common in all countries includes: MCPs are a common practice (youth and adults); dissatisfaction in relationships; lack of communication in relationships; culture and social norms influence MCPs; alcohol; money and material possessions; Perception of HIV risk and lack of condom use fuels the practice of MCPs among youth in Ethiopia.

Through a campaign “One love” making billboards, posters, radio dramas, and adverts as a communication channel, the program focus on increasing perception of risks associated with partners’ unknown HIV status and sexual behaviors; Increase consistent and correct condom use in concurrent relationships; Increase individuals’ communication and negotiation skills and perceived self-efficacy to prevent infection; Increase fidelity in long-term partnerships; Reduce the number of partners people have, especially concurrent partners; Change social and cultural norms (especially gender norms) that encourage/perpetuate MCPs; Increase livelihood options for women and girls to provide alternatives to transactional sex. The activities will be reinforced with outreach activities. The campaign will be for the general population and will target married and unmarried men and women groups aged 15-49 using HIV workplace education programs strategies. Older sexually active youth groups will be among prime focus groups and at the front seat to implement activities.

Programmatic Approaches:

• Incorporate MCP messages into all existing prevention programs (including clinic-based services such as CT)
• Develop new initiatives with MCP as a primary focus-media campaigns
• Both require increased attention to the content/messages delivered by prevention programs
• Community Mobilization and Outreach

In FY 09 the Multi-sectoral approaches to reduce multiple concurrent sexual partnerships: Community Mobilization and Outreach; “One Love” Campaign activities include:
• Bringing together multi-sectoral community organizations and leaders to raise awareness and change attitudes of the need to change norms and behaviors

• Support for a participatory process to assist communities in identifying key issues and solutions

• Interventions may include a range of communication approaches and tools, e.g., community meetings and dialogue, theater, workshops, traditional media

• Develop message, design, pretest the message and select the appropriate communication channel to reach the audience including but not limited to bill boards, posters, TV ads, radio snaps.

This activity will be implemented by Ethiopian Public Health Association (EPHA) through Save Your Generation Ethiopia (SYGE). EPHA was supplemented in COP08 a funding to build the capacity of the national Health Extension and Education Center in strategic Health Communication. As a continuation of this, EPHA will implement through SYGE this youth lead activity. SYGE is among the pioneers of youth organizations in Ethiopia since the emergence of HIV/AIDS in Ethiopia. SYGE as s sub-partner will work with this multi-faceted activity mobilizing various sectors including other youth associations. SYGE will also standardize approaches around multiple concurrent sexual partnerships in collaboration with EPHA.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 11746.09
Mechanism: EGAT-Pastoralist Marketplace Wraparound
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 28838.09
Planned Funds: [redacted]
Activity System ID: 28838

Activity Narrative: BEAT/Pastoralist marketplace Wraparound

This new activity is a comprehensive prevention program that will receive money from MTCT, HVAB and HVOP.

This is a new activity it will leverage $3 million from the USAID Business, Environment, Agriculture and Trade office in a wrap around activity called the Pastoralist Livelihoods Initiative – Phase II Livelihoods Component (PLI II). HIV/AIDS prevalence in Ethiopia is concentrated in urban areas. In June of 2007, The Ministry of Health released the Single Point HIV Prevalence Estimate report which gives the latest estimate of national HIV prevalence. That report places the adult prevalence rate at 2.2%, while the corresponding rate in urban populations is more than 3 times higher (7.7%). This wraparound activity will allow PEPFAR Ethiopia to access an important population that forms a bridge between the rural and urban areas in 25 towns along Ethiopia's transportation corridors in Oromia, Afar and Somali regions.

PEPFAR recognizes that marketing opportunities for pastoralists also creates an opportunity to address HIV/AIDS prevention, care and support programming with this population. Pastoralists are a difficult population to reach given their mobile lifestyle, yet they are an essential bridge population in Ethiopia where the HIV/AIDS prevalence is much higher in urban and peri-urban areas than in rural areas. It is critical to the spread of the HIV/AIDS epidemic in Ethiopia from urban areas to rural areas and when pastoralists travel from rural areas to towns in order to bring their livestock to market this creates an opportunity for HIV/AIDS programming to impact on HIV/AIDS epidemic as it affects the pastoralist. Additionally, pastoralist women who migrate from rural to urban areas can be at a greater risk of HIV infection than their urban based counterparts due to their economic vulnerability and social isolation. PLI II will receive funding to address HIV/AIDS prevention care and support among pastoralists who travel to markets towns in urban and peri-urban areas through the President's Emergency Plan for AIDS Relief (PEPFAR).

Further, young women who migrate from rural to urban and peri-urban areas may be particularly vulnerable to HIV/AIDS infection. 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 (Ethiopian Demographic and Health Survey (EDHS), 2005). Young women including OVC may be particularly vulnerable to HIV/AIDS infection in market towns where PLI II will impact.

This comprehensive prevention wrap around activity will address HIV/AIDS prevention among pastoralists who migrate to and from urban and peri-urban areas in 25 towns along transportation corridors in Afar, Oromiya and Somali regions. The goal of this activity is to prevent HIV/AIDS infection among pastoralists and particularly to mitigate the spread of HIV/AIDS from an urban concentrated epidemic to a generalized HIV/AIDS epidemic.

This activity aims to reduce HIV transmission among pastoralists through increasing the number of youth and young adults practicing abstinence, secondary abstinence, and mutual fidelity.

It is anticipated that the PLI II program will work with other programs working in the Afar, Oromiya and Somali regions. For community-based programs it is expected that PLI II will link with the Transportation Corridor Program, Civil Society, Engender Health - Prevention for At Risk Populations in High Prevalence Urban Areas in Ethiopia, PSI - Targeted Condom Promotion and Positive Change: Children, Communities and Care (PC3). For linkages with facilities PLI II will work with I-TECH in Afar, Columbia University in Oromiya and Somali and MSH in Oromiya.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 683.09

Mechanism: ***

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 28885.09

Planned Funds: [redacted]

Activity System ID: 28885

Activity Narrative: Innovations and Gender Leadership

This is a new activity in COP09

The Network of Ethiopian Women's Associations (NEWA) plays a vital role in serving as an umbrella organization of women's associations in Ethiopia. NEWA is not currently receiving PEPFAR Ethiopia capacity building support nor is it actively engaged by the US government or USG implementing partners to assist in advocacy, addressing strategic areas and mainstreaming gender.

NEWA is a constituent membership organization of 42 civil society and non government organizations (CSO's and NGO's). Its goal includes synchronizing individual activities of women associations into an integrated collective effort and synergy to realize their common goal for gender equity and equality through vigorous campaign, advocacy and lobbying for women's rights.

It is engaged in capacity building through training and funding of its members secured from international and bilateral organizations. The majority of its members work exclusively on gender issues. PEPFAR has categorized gender related drivers of the epidemic of HIV/AIDS. These include:
• Human and reproductive rights of women
• Gender based violence
• Female genital mutilation (FGM)
• Various Income generation activities for commercial sex workers in many regions
• HIV/AIDS clinical services and family planning
• Early marriage

This proposed activity addresses priorities of OGAC and the PEPFAR Ethiopia team to improve current programs in gender mainstreaming. This activity will provide capacity building support and technical assistance to NEWA and its members in policy and advocacy, organizational capacity development interventions and technical assistance in mainstreaming gender initiatives in the US government's diverse PEPFAR program with the support of existing implementing partners. NEWA will receive activity, equipment and personnel grants to engage the Ministry of Health/HAPCO, USG implementing partners and other bilateral donors.

PEPFAR Ethiopia anticipates that NEWA will address the following issues during the implementation of this activity:

Initiate dialogue on the equitable access of women and children to HIV/AIDS services;
Provide technical leadership to the Ministry of Health/HAPCO, Regional Health Bureaus and USG implementing partners in gender mainstreaming activities;
Advocate for greater access by women to legal protection against gender based violence; and
Alongside USG implementing partners improve access to income and productive resources for women living with HIV/AIDS.

This support marks a commitment by the US government to extend capacity building support to NEWA for up to three years.

New/Continuing Activity: New Activity

Continuing Activity:

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

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	4059.09	**Mechanism:**	WLI
Prime Partner:	World Learning	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	28623.09	**Planned Funds:**	$857,250
Activity System ID:	28623		

Activity Narrative: Prevention at Construction Sites

This is a new activity in COP09.

This activity is split HVAB $500,000 and HVOP $500,000

In collaboration with the private company Astar Advertising (Astar), World Learning will work directly with the government's Ethiopia Electric Power Corporation (EEPCo), the Ethiopian Roads Authority (ERA) and the Ministry of Water HIV Task Force (MOW) to support and institutionalize the design, implementation and evaluation of HIV prevention interventions and services that address the risks associated with transactional sex in urban centers and "hotspots," particularly in large-scale construction sites and surrounding communities.

The two specific objectives of the program are:
•?To reduce transmission of HIV among high-risk populations in project areas;
•?To enhance the role of public corporations, particularly EEPCo HIV/AIDS Control Program, MOW HIV Task Force and ERA, in the implementation of HIV prevention programs.

This project will raise awareness and provide education on HIV and STI as a critical first step in creating positive behavior changes and minimizing transmission among members of the identified high-risk groups. Reducing high-risk behaviors and addressing the stigma and discrimination associated with HIV/AIDS through behavior change is essential to reducing the spread of infection.

The program will encourage and facilitate increased use of Voluntary Counseling and Testing (VCT), Antiretroviral Therapy (ART), Prevention of Mother-to-child Transmission (PMTCT) services of targeted groups, while strengthening government and community HIV monitoring and prevention activities.

This project targets employees of EEPCo, ERA and the MoW as well as communities and commercial sex workers surrounding the hydro-electric power plants, irrigation and road construction sites. Overall, more than 200,000 surrounding community members, 2950 commercial sex workers (CSWs), and 33,290 site workers who are residing in 25 sites are targeted in this program.

Targeting areas that lack adequate health services, the project will work across five regions in Ethiopia, namely Oromyia, SNNPR, Amhara, Afar and Tigray; and Diredawa town.

The project will enhance the role of EPPCo, ERA and MOW in the implementation of HIV programs through formative research on target groups, increased advocacy for a strong commitment within the government, trainings in HIV and STI Prevention and skill-building in proposal development and financial and grant management.

This project builds upon that experience and draws from Astar Advertising's extensive worldwide expertise in innovative social marketing for a targeted audience, particularly for PEPFAR and non-PEPFAR funded clients and projects. The program will change high-risk behavior among the targeted populations through the adoption/adaptation and dissemination of HIV/STD Protection and Prevention SBCC (Strategic Behavioral Change and Communication) materials, direct training with targeted groups and communities around the construction sites and capacity building of implementing partners. The program will also provide integrated prevention and education packages designed to modify the practice of risky sexual behaviors among the targeted population thereby reducing the HIV transmission rate.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	3792.09	**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:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	28847.09	**Planned Funds:**	$180,000
Activity System ID:	28847		

Activity Narrative: International Rapid Response and Evaluation (I-RARE)

This is a new activity for COP09.

Using Rapid Assessment Methodologies and Qualitative Analysis Techniques to Understand and Respond to the HIV Epidemic in Vulnerable Populations

This training package is designed to provide public health researchers with the skills to conduct and analyse qualitative data using the International Rapid Assessment, Response and Evaluation (I-RARE) technique developed by the US Health and Human Service/Centers for Disease Control and Prevention (CDC)/Global AIDS Program (GAP). Upon completion of the modules, researchers and field workers will understand how to collect and analyze data to assess and respond to local health needs and how to evaluate existing programs addressing those local health needs.

I-RARE is especially suited for gathering information from vulnerable populations such as drug users, commercial sex workers and men who have sex with men. These groups are particularly vulnerable because they engage in illegal or socially stigmatised behaviours and have less access to social and health services than do members of the general population. Vulnerable populations are also more difficult for researchers to access and understanding their risk behaviours and health needs require creative research techniques such as I-RARE.

Rapid assessment involves gathering data from those who are directly part of or work closely with populations of interest. Data can be collected from interviews, group meetings, and by mapping and observing key locations where these populations spend time. Using many methods to gather qualitative data is essential to understanding and highlighting the key health issues that exist in these groups. Rapid assessment is a relatively quick and inexpensive method for collecting locally relevant data about emerging patterns of risk behaviours.

Rapid assessment and response programs have a documented history of success in public health, particularly in international settings. Methodologically sound rapid assessment methods have typically provided timely data for addressing public health issues such as HIV/AIDS, substance abuse, family planning, malaria, diarrhoeal disease, dengue fever, water sanitation, and disaster intervention.

Overview:
This I-RARE training curriculum package relies heavily on the content and guidelines that were already developed by several international organizations (WHO, UNAIDS, UNODC). This is the first production of a comprehensive training package for rapid assessment methods and qualitative data analysis that includes training materials for principal investigators (PIs) and field team members. The PIs, field managers and field coordinators will be managing the data collection and analysis process. The field team members will be working in the community collecting data.

Goal:
The goal of the I-RARE training package is to provide rapid assessment teams with the skills necessary to:
1) plan, manage and conduct rapid assessments, and

2) analyze qualitative data in order to define and respond to the HIV epidemic (or other health issue) in drug using (or other vulnerable) populations.

The I-RARE training curriculum package will guide participants through the actual implementation of a rapid assessment. The first component focuses on data collection methods used in rapid assessment. The second component focuses on data analysis. This training curriculum is designed to allow participants to sequentially learn rapid assessment techniques in the following order:
? Understanding of qualitative methods
? Practicing data collection
? Analyzing data collected through qualitative methods.

Purpose:
The I-RARE training curriculum package is made up of two components: The I-RARE Methods Training Curriculum and the I-RARE Analysis Training Curriculum.
In each component there are separate “Trainer” and “Participant” manuals.

The Trainer’s manual provides “Tips for Trainers” in the introduction section. Each Trainer’s unit contains the following information:
? Unit overview
? Stated purpose of the unit
? Unit objectives
? Rrecommended duration of the unit
? Key messages
? Necessary preparation, and
? Corresponding materials.

Also included in each trainer’s unit are:
? PowerPoint unit slides with extensive training notes, and
? Exercises encouraging hands-on participation

The Participant’s manual consists of the PowerPoint slides with space available for taking notes.

Activity Narrative: The focus of the training package is on the assessment of drug users and their HIV risk behaviors. However, the training package can be adapted for any vulnerable population and for use in different public health contexts. The assessments can be modified in terms of the sample sizes, the mixture of methods used, and the focus of the information collection to meet and accommodate local needs and conditions.

The curriculum contains comprehensive teaching notes and PowerPoint slides for each training unit. It is important that the trainers using the curriculum package have experience with qualitative methods and analysis and the skills to train others about these concepts.

New/Continuing Activity: New Activity

Continuing Activity:

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

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5483.09
Mechanism: TBD/CDC
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 28814.09
Planned Funds: [redacted]
Activity System ID: 28814

Activity Narrative: Strengthening Behavior Change Initiatives at Care and Treatment Setting

This is a new activity in COP09.

No one thought, 25 years ago, that HIV prevention would be as difficult as it has proven to be. Despite efforts, UNAIDS now estimates that 33 million people are living with HIV, and 2•5 million new infections arise every year. We must do better and the question is how. We have learned that no simplistic or even simple solutions exist for HIV prevention. We need to remain humble as we approach the issue of how to keep the virus from moving from one person to another. Base on the Single-point estimates: HIV prevalence in Ethiopia among adults ages 15-49 is 2.2% nationally. The urban being 7.7% and the rural 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 that among adults in rural settings. A fundamental goal of HIV prevention is to change the behavior that puts individuals at risk of infection. For the past two and a half decades, HIV prevention has been dominated by individual-level behavioral interventions that seek to influence knowledge, attitudes, and behaviors, such as promotion of condom use, or sexual-health education, and education of injecting drug users about the dangers of sharing equipment. Causal pathways link so-called structural factors—social, economic, political, and environmental factors—and risk of HIV. Using the existing resources and structure to address the HIV prevention issue in a comprehensive manner is vital.

Advances in scaling up antiretroviral treatment in resource-poor countries, the benefits of male circumcision and the hoped for promise of pre-exposure prophylaxis and microbicides do not render behavioral strategies obsolete. If anything, behavioral strategies need to become more sophisticated, combined with advances in the biomedical field, and scaled up. But that task is not easy. The varieties of sexual expression are infinitely greater than is acknowledged or sanctioned by most societies' defined legal and moral systems. Ironically, most societies—either openly or clandestinely—provide opportunities for varied sexual expression, often within the context of substance use, even if the defined legal and moral systems seem somewhat rigid. Sexual behavior typically does not occur in public, making it difficult to motivate protection when potential transmission occurs, and making it almost impossible to verify reports of what people say they have or have not done. Substance use to the point of intoxication is not only allowed, but is central to many countries' economies, and attempts to control the distribution and sale of illegal substances—and especially drugs that are injected—have met with little success.

The US University partners are operating in all the regions including emerging regions where the vertical HIV Network Model is being implemented. The university partners mainly focus on Hospital level care and treatment activities and some prevention activities like STIs and PMTCT. There is little (if at all there is) or no activity on sexual prevention of HIV though HIV prevalence is higher in the areas these partners operate. In COP08, some budget was reprogrammed to initiate mainstreaming activities on sexual prevention and IEC/BCC. This funding will be used to strengthen the existing prevention intervention by University partners. Mainly the program will focus on mainstreaming IEC and Behavioral Change Communication programs with care and treatment programs. The Universities implement the sexual prevention activities in collaboration with federal and regional states. Prevention with positives was also among the key activities that were reprogrammed for these partners. The activities mentioned will strengthen the leadership at the federal and regional levels through advocacy, communication and social mobilization.

In COP09, a TBD partner will strengthen the already existing initiatives at care and treatment settings and design 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 (e.g., voluntary counseling and testing (VCT) and ART), to care for people living with HIV (PLWH) and children orphaned by the epidemic; work on sexual prevention activities focusing on promotes consistent and correct condom use; promotes early treatment of sexually transmitted infections (STI); addresses problems related to stigma and discrimination towards PLWH. If the US University partners deliver results with their reprogrammed funds in COP08, it will be again supplemented to these partners. PEPFAR/CDC will further workout better mechanism to implement this activity.

ITECH is having a lead in Prevention with positives in terms of curriculum adaptation and training of training to have a pool of regional trainers; further scale up and implementation of sexual prevention activities at the care and treatment settings will be implemented in Dire Dawa, Somalia, Amhara, Gambella, Benishangul Gumuz and Afar in collaboration with Care and Treatment TWG.

This partner will provide technical assistance to Health Extension and Education Center (HEEC) of the Federal Ministry of Health. Health Extension and Education Center (HEEC) is one of the departments with in the Federal Ministry of Health which is responsible to coordinate, monitor, evaluate, and play a leading role in the implementation of Health Education/promotion activities including harmonization of messages at the national level through, the development of Health Communication Strategies, standard and implementation guideline; and to design, develop, distribute and disseminate research based health learning materials and message; to bring behavioral change. HEEC has not been able to play its leadership role at the national level due to technical and financial constraints. There were reprogramming in COP08 to initiate this activity through EPHA. Based on results in COP08, either a TBD partner will be selected based on FOA or will be supplemented to the previous partner.

This program will build the capacity of HEEC in researching, planning, developing and implementing multi-media communication materials and evaluation on sexual prevention of HIV/AIDS 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 mentoring, trainings, personnel secondment, technical assistance, and also equipment.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5483.09
Mechanism: TBD/CDC
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 28817.09
Planned Funds: [redacted]
Activity System ID: 28817

Activity Narrative: Families Matter

This is a new activity for COP09.

Youth need to receive HIV prevention information and skills as a baseline to change HIV risk behaviors. Parents and other family members are in a unique position to educate adolescents about the negative health outcomes associated with sexual risk-taking and related risk behaviors and to foster responsible sexual decision-making skills.

HIV prevention efforts which embrace the cultural values and strengths of the community may enhance the efficacy of prevention interventions. Parents already play a critical role in the promotion of healthy behaviors in their children and have the opportunity to deliver age appropriate health messages to their children over time. Because it is critical to reach youth early with effective HIV prevention messages, intervening with parents may be one of the most viable, yet underutilized prevention methods available to reduce adolescent sexual risk behaviors. The Families Matter! Program further addresses the unique HIV prevention needs of youth by aiming to increase family involvement in abstinence and behavior change.

Parents are also a viable and potent venue for delivering accurate HIV prevention information to youth at much younger ages than youth typically are exposed to unsafe sexual behaviors. Unfortunately, many parents do not discuss sexuality or sexual risk with their children, and when parents do talk to their children, research has found that it is often later rather than sooner. Studies with pre-teens conducted in US by the Kaiser Family Foundation have documented that pre-teens want, yet do not typically receive, sexuality and HIV information from their parents.
The purpose of this activity is to support the adaptation and implementation of a parent focused HIV sexual preventive intervention piloted in main HIV hotspot cities and towns of three major regions of Ethiopia: Addis Ababa, SNNPR and Amhara. Families Matter is an evidence-based intervention designed to promote positive parenting and effective parent-child communication about abstinence, sexuality, and decision-making and sexual risk reduction for parents or guardians. It is designed to give parents and caregiver's specific information about ways that they can reduce their children's risk of becoming infected with HIV and other sexually transmitted infections, or getting pregnant. The ultimate goal of this community-based, family prevention program is to support sexual abstinence and reduce sexual risk behaviors among adolescents, including delayed onset of sexual debut, by giving parents tools to deliver primary prevention to their younger and older children. For those older youth groups who are sexually active and their family members condom promotion activities and referrals we be implemented. The Families Matter intervention recognizes that many parents and guardians may need support to effectively convey values and expectations about sexual behavior and communicate important HIV, STI, and pregnancy prevention messages to their children. As a result, these tools aim to enhance protective parenting practices, overcome communication barriers and promote parent-child discussions about sexuality and sexual risk reduction.
The Families Matter intervention is an adaptation of the Parents Matter curriculum, which the Centers for Disease Control and Prevention (CDC) implemented and evaluated in the United States. The Parents Matter evaluation found that the intervention produced positive behavioral and health outcomes among participants. Similarly, a preliminary analysis of Families Matter, which was conducted 15 months post-intervention in Kisumu, Kenya, found a sustained positive effect in terms of parenting and communication skills reported by participants and their children separately. The activities that are complementary to this activity include: Support religious leaders and teachers in the implementation of a complementary Families Matter! program; that targets parents and development of a monitoring and evaluation to facilitate ongoing updating, improvement and expansion of these and related programs.
Families and guardians of current high school students and university students will be identified through school's parents committees and the school administration. Once the training and other program materials are adapted, facilitators will be trained and identify parents of primary, secondary and tertiary school students where life planning skills are being supported. The intervention curriculum need to focuses on: raising awareness about the sexual risks many youth face; encouraging general parenting practices (e.g., relationship building, monitoring) that increase the likelihood that children will not engage in risky sexual behaviors; and improving parents' ability to effectively communicate with their children about abstinence, sexuality, sexual risk reduction, and delaying sexual debut. Facilitators engage parents of youth as educators on sexuality and HIV prevention through a mixture of structured learning experiences, discussion, audiotapes, role plays, and group exercises.
In FY 09 the Families matter activities include:
• Adopt print and distribute the curriculum of Families matter for training purposes
• From selected secondary and tertiary schools in Addis Ababa, SNNP and Amhara train and support Parents committee in the implementation of a school-based youth abstinence and behavior change program.
• Support religious leaders and teachers in the implementation of a complementary Families Matter! Program that targets parents;
• Develop a monitoring and evaluation tool to facilitate ongoing updating, improvement, and expansion of these and related programs.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3804.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 29807.09

Planned Funds: $72,000

Activity System ID: 29807

Activity Narrative: APRIL 2009 REPROGRAMMING
Strengthening Higher Learning Institutions' Clinics to Provide HIV Prevention and Friendly STI Services

As a result of the Prevention Portfolio Review, we have determined this activity to have 10% AB component from the previous 100% OP activity.

Strengthening higher learning universities clinics (Jimma, Mekelle, Hawassa) to provide HIV prevention, and youth-friendly STI services. Linked with peer outreach through HCP (USAID partner) and MARCH program, condom promotion and distribution, HCT, reproductive health, care and treatment.

In FY09, based on the experience gained from this activity, expansion of the service to Jimma University will be done with the following similar activities 1) Strengthen the university campus's clinic to provide comprehensive HIV/STI and reproductive health services, including voluntary counseling and testing services, to students and staff of the universities 2) Train 8 health workers from the institutional clinics in HIV/STI syndromic management and counseling and testing 3) Recruit one additional health worker to support the HIV prevention services in the clinics 4) Equip the university's clinic with STI supplies including drugs and condoms.

COP 08 NARRATIVE: This is a continuation activity to provide HIV-prevention messages and friendly services to address sexually transmitted infections (STI) in Universities. Students in higher learning institutions are considered to be fully aware of HIV/AIDS risks and preventive mechanisms. As a result, they are often neglected by HIV/STI interventions. However, on arrival at university, many students encounter new ways of life, with relative independence and freedom as they are away from the immediate control and influence of their parents. Students coming from rural villages and semi-urban areas in particular have difficulty adapting to the new urban environment and group social life. The influence of peers is significant, and there is a high level of desire for new experience. The widely acknowledged attitude that 'you can't be in campus without a girl/boyfriend' causes them to engage in sexual activity that puts them at risk for HIV and STI. Transactional sex is one of the most evident social dynamics around the university campus. For most female students, particularly those from poorer backgrounds, having sex with men who are often older and wealthier is the quickest and easiest way to secure the material goods and lifestyles exemplified by their wealthier peers. The fact that many parents/guardians are not able to support students financially due to economic hardships creates a further financial strain on students. These factors, added to a high level of sexual networking and high HIV prevalence in the cities where the higher institutions are located, put university students at high risk for HIV exposure. The recent UNAIDS report indicates that the percentage of Ethiopian young people aged 15 to 24 who used a condom last time they had sex with a casual partner was only 36.2% among males and 14.6% among females. In the past 12 months, 37.8% males and 34% female adolescents had had casual sex in the past 12 months. All Ethiopian universities have clinics that are supposed to provide comprehensive, primary-level healthcare service to all registered students. But because of the nature of the diverse students enrolled and the limited capacity of the clinics, the clinics are not well-utilized and are not providing standard and quality HIV/STI prevention services. PEPFAR currently supports few interventions in HIV prevention at Ethiopian universities, because most PEPFAR activities are concentrated in the capital and the universities outside Addis Ababa. Therefore, this activity will be conducted in three universities where the prevalence of HIV among students and the surrounding community is high. It will strengthen university clinics to provide HIV prevention and friendly STI services to reduce the occurrence of new infections and break the cycle of HIV/STI infections. In FY08 the following activities are planned; 1) Assess the HIV/STI and reproductive health messaging and prevention activities in three universities: Gondar, Haromaya and Addis Ababa Universities. 2) Strengthen university campus clinics to provide comprehensive HIV/STI and reproductive health services, including voluntary counseling and testing services, to students and staff of the universities 3) Train 12 health workers from the institutional clinics in HIV/STI syndromic management and counseling and testing 4) Adapt available HIV/STI information, education, and communication materials for use in the three universities 5) Recruit one additional health worker to support the HIV prevention services in the clinics 6) Strengthen campus anti-AIDS clubs, university anti-AIDS committees, and gender offices to provide youth-friendly STI and reproductive health information to their members. 7) Support making AIDS Resource Center materials available to students at the three university campuses

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 1210.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 29750.09

Planned Funds: $65,000

Activity System ID: 29750

Activity Narrative: April 2009 Reprogramming:

Expenses for the National HIV/AIDS prevention Summit.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 2534.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 29741.09

Planned Funds: $341,000

Activity System ID: 29741

Activity Narrative: April 2009 Reprogramming:
Activity Title: Strengthening and scaling up of social mobilization activities of Federal/Regional HAPCOs

Activity Description:- NASTAD has been working in Ethiopia since 2001 as CDC/Ethiopia partner under the CDC/GAP LIFE Initiative, and since then has established a long term relationship with federal and regional HAPCOs. Its primary goal and function in Ethiopia has always been to strengthen capacity of public sector HIV programs at the regional and federal level to better manage HIV/AIDS interventions and also implement the Ethiopian Social Mobilization Strategy. Since 2004, NASTAD refined its community planning training model to assist communities to plan and mobilize their support for ART initiatives in the area of ART treatment adherence. NASTAD's work on community mobilization coincided with the national strategic planning efforts, and in 2006 NASTAD began to work with federal HAPCO to integrate its training modules into the National Social Mobilization trainings, support national training of trainers on the Social Mobilization Strategy, and to further national efforts for the implementation of the national community mobilization program called Community Conversations (CC).

Beginning in 2007, NASTAD expanded its work in support of Community Conversations by providing trainings for regional and district staff in every region of the country. In addition, NASTAD began a twinning program, designed to provide support to selected regions for implementation of all areas of the National Social Mobilization Strategy. Currently, four twinning relationships have been established between the following regional HAPCOs and HIV/AIDS sections of state health departments: Amhara and Michigan, SNNPR and Maryland, Oromia and Minnesota, and Dire Dawa and the county health department of San Diego. As a result of these twinning partnerships, training of trainers for quality management of the Community Conversations intervention has been developed and delivered to regional and woreda HAPCO Community Conversation training staff.

In 2008, and in order to enhance NASTAD support to regions for the implementation of the National Social Mobilization Strategy, NASTAD placed regional coordinators in the RHAPCO of Amhara, SNNPR, and Oromia. NASTAD has three focal zones in each region mentioned above to build the capacity of the zonal and woreda HIV/AIDS focal persons in implementing Social Mobilization Strategy and support the Community Conversation to be sustainable and improve its quality.

NASTAD-Ethiopia will strengthen and expand its activities to support FHAPCO/Regions in the implementation of targeted and synchronized grassroots HIV/AIDS Prevention social mobilization and outreach intervention activities in general; and Community Conversation (CC) in particular, within the focused urban hot spot zones of the three regions (Amhara, Oromya and SNNPR).

The main objective of the activities will be to promote behavioral change that reduce the risk of HIV infection and transmission; encourage communities to use services; address problems related to stigma and discrimination towards PLWHA; promote consistent and correct condom use, and promote early treatment of sexually transmitted infections.

Activities to be implemented include:
• Production and dissemination of tailored IEC/BCC materials;
• Undertake refresher training for CC Facilitators focusing on prevention of HIV/AIDS;
• Undertake regular supportive supervision and review meetings to maintain the quality of CC forums;
• Arrange and implement experience sharing among regions on the implementation of Social mobilization activities;
• Promote progress monitoring and documentation of lessons;
• Translation, printing and distribution of CC training and implementation manual
• Facilitate and strengthen linkages between CC and media (mainly community radios) for reinforcement of messages and resonance of changes;
• Advocacy training on social mobilization of Federal and regional level leadership;
• Undertake advocacy through the media on the importance and role of CC in the AIDS response;

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3801.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 29806.09 **Planned Funds:** $72,000

Activity System ID: 29806

Activity Narrative: APRIL 2009 REPROGRAMMING
Strengthening Higher Learning Institutions' Clinics to Provide HIV Prevention and Friendly STI Services

As a result of the Prevention Portfolio Review, we have determined this activity to have 10% AB component from the previous 100% OP activity.

Strengthening higher learning universities clinics (Jimma, Mekelle, Hawassa) to provide HIV prevention, and youth-friendly STI services. Linked with peer outreach through HCP (USAID partner) and MARCH program, condom promotion and distribution, HCT, reproductive health, care and treatment.

In FY09, based on the experience gained from this activity, expansion of the service to Jimma University will be done with the following similar activities 1) Strengthen the university campus's clinic to provide comprehensive HIV/STI and reproductive health services, including voluntary counseling and testing services, to students and staff of the universities 2) Train 8 health workers from the institutional clinics in HIV/STI syndromic management and counseling and testing 3) Recruit one additional health worker to support the HIV prevention services in the clinics 4) Equip the university's clinic with STI supplies including drugs and condoms.

COP 08 NARRATIVE: This is a continuation activity to provide HIV-prevention messages and friendly services to address sexually transmitted infections (STI) in Universities. Students in higher learning institutions are considered to be fully aware of HIV/AIDS risks and preventive mechanisms. As a result, they are often neglected by HIV/STI interventions. However, on arrival at university, many students encounter new ways of life, with relative independence and freedom as they are away from the immediate control and influence of their parents. Students coming from rural villages and semi-urban areas in particular have difficulty adapting to the new urban environment and group social life. The influence of peers is significant, and there is a high level of desire for new experience. The widely acknowledged attitude that 'you can't be in campus without a girl/boyfriend' causes them to engage in sexual activity that puts them at risk for HIV and STI. Transactional sex is one of the most evident social dynamics around the university campus. For most female students, particularly those from poorer backgrounds, having sex with men who are often older and wealthier is the quickest and easiest way to secure the material goods and lifestyles exemplified by their wealthier peers. The fact that many parents/guardians are not able to support students financially due to economic hardships creates a further financial strain on students. These factors, added to a high level of sexual networking and high HIV prevalence in the cities where the higher institutions are located, put university students at high risk for HIV exposure. The recent UNAIDS report indicates that the percentage of Ethiopian young people aged 15 to 24 who used a condom last time they had sex with a casual partner was only 36.2% among males and 14.6% among females. In the past 12 months, 37.8% males and 34% female adolescents had had casual sex in the past 12 months. All Ethiopian universities have clinics that are supposed to provide comprehensive, primary-level healthcare service to all registered students. But because of the nature of the diverse students enrolled and the limited capacity of the clinics, the clinics are not well-utilized and are not providing standard and quality HIV/STI prevention services. PEPFAR currently supports few interventions in HIV prevention at Ethiopian universities, because most PEPFAR activities are concentrated in the capital and the universities outside Addis Ababa. Therefore, this activity will be conducted in three universities where the prevalence of HIV among students and the surrounding community is high. It will strengthen university clinics to provide HIV prevention and friendly STI services to reduce the occurrence of new infections and break the cycle of HIV/STI infections. In FY08 the following activities are planned; 1) Assess the HIV/STI and reproductive health messaging and prevention activities in three universities: Gondar, Haromaya and Addis Ababa Universities. 2) Strengthen university campus clinics to provide comprehensive HIV/STI and reproductive health services, including voluntary counseling and testing services, to students and staff of the universities 3) Train 12 health workers from the institutional clinics in HIV/STI syndromic management and counseling and testing 4) Adapt available HIV/STI information, education, and communication materials for use in the three universities 5) Recruit one additional health worker to support the HIV prevention services in the clinics 6) Strengthen campus anti-AIDS clubs, university anti-AIDS committees, and gender offices to provide youth-friendly STI and reproductive health information to their members. 7) Support making AIDS Resource Center materials available to students at the three university campuses

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3799.09 **Mechanism:** IS for HIV/AIDS ART Program through Local Universities in the FDRE under PEPFAR

Prime Partner: Debub University **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Sexual Prevention: Other sexual prevention

Budget Code: HVOP **Program Budget Code:** 03

Activity ID: 29811.09 **Planned Funds:** $72,000

Activity System ID: 29811

Activity Narrative: APRIL 2009 REPROGRAMMING
Strengthening Higher Learning Institutions' Clinics to Provide HIV Prevention and Friendly STI Services

As a result of the Prevention Portfolio Review, we have determined this activity to have 10% AB component from the previous 100% OP activity.

Strengthening higher learning universities clinics (Jimma, Mekelle, Hawassa) to provide HIV prevention, and youth-friendly STI services. Linked with peer outreach through HCP (USAID partner) and MARCH program, condom promotion and distribution, HCT, reproductive health, care and treatment.

In FY09, based on the experience gained from this activity, expansion of the service to Jimma University will be done with the following similar activities 1) Strengthen the university campus's clinic to provide comprehensive HIV/STI and reproductive health services, including voluntary counseling and testing services, to students and staff of the universities 2) Train 8 health workers from the institutional clinics in HIV/STI syndromic management and counseling and testing 3) Recruit one additional health worker to support the HIV prevention services in the clinics 4) Equip the university's clinic with STI supplies including drugs and condoms.

COP 08 NARRATIVE: This is a continuation activity to provide HIV-prevention messages and friendly services to address sexually transmitted infections (STI) in Universities. Students in higher learning institutions are considered to be fully aware of HIV/AIDS risks and preventive mechanisms. As a result, they are often neglected by HIV/STI interventions. However, on arrival at university, many students encounter new ways of life, with relative independence and freedom as they are away from the immediate control and influence of their parents. Students coming from rural villages and semi-urban areas in particular have difficulty adapting to the new urban environment and group social life. The influence of peers is significant, and there is a high level of desire for new experience. The widely acknowledged attitude that 'you can't be in campus without a girl/boyfriend' causes them to engage in sexual activity that puts them at risk for HIV and STI. Transactional sex is one of the most evident social dynamics around the university campus. For most female students, particularly those from poorer backgrounds, having sex with men who are often older and wealthier is the quickest and easiest way to secure the material goods and lifestyles exemplified by their wealthier peers. The fact that many parents/guardians are not able to support students financially due to economic hardships creates a further financial strain on students. These factors, added to a high level of sexual networking and high HIV prevalence in the cities where the higher institutions are located, put university students at high risk for HIV exposure. The recent UNAIDS report indicates that the percentage of Ethiopian young people aged 15 to 24 who used a condom last time they had sex with a casual partner was only 36.2% among males and 14.6% among females. In the past 12 months, 37.8% males and 34% female adolescents had had casual sex in the past 12 months. All Ethiopian universities have clinics that are supposed to provide comprehensive, primary-level healthcare service to all registered students. But because of the nature of the diverse students enrolled and the limited capacity of the clinics, the clinics are not well-utilized and are not providing standard and quality HIV/STI prevention services. PEPFAR currently supports few interventions in HIV prevention at Ethiopian universities, because most PEPFAR activities are concentrated in the capital and the universities outside Addis Ababa. Therefore, this activity will be conducted in three universities where the prevalence of HIV among students and the surrounding community is high. It will strengthen university clinics to provide HIV prevention and friendly STI services to reduce the occurrence of new infections and break the cycle of HIV/STI infections. In FY08 the following activities are planned; 1) Assess the HIV/STI and reproductive health messaging and prevention activities in three universities: Gondar, Haromaya and Addis Ababa Universities. 2) Strengthen university campus clinics to provide comprehensive HIV/STI and reproductive health services, including voluntary counseling and testing services, to students and staff of the universities 3) Train 12 health workers from the institutional clinics in HIV/STI syndromic management and counseling and testing 4) Adapt available HIV/STI information, education, and communication materials for use in the three universities 5) Recruit one additional health worker to support the HIV prevention services in the clinics 6) Strengthen campus anti-AIDS clubs, university anti-AIDS committees, and gender offices to provide youth-friendly STI and reproductive health information to their members. 7) Support making AIDS Resource Center materials available to students at the three university campuses

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 2249.09 **Mechanism:** Strengthening HIV/AIDS, TB & STI Prevention, Control & Treatment Activities

Prime Partner: Federal Police **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 28859.09

Planned Funds: $172,800

Activity System ID: 28859

Activity Narrative: HIV Prevention among Police

ACTIVITY MODIFIED IN THE FOLLOWING WAYS:

This is a continuing non-AB focused activity from FY08, linked to AB activity with Federal Police and Expansion of Wegen National AIDS Talk line and MARCH Model Activities.

The objective of this continuing OP 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, HIV sero prevalence 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 and 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.

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. 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 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. 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.

Up to FY08, 50 trainers, 2500 peer leaders trained and 2450 peer discussion groups were formed to conduct discussions based on the PSD. Federal Police was able to reach 15,000 police members through the PSD and different reinforcement activities. In FY08, Federal police has expanded the MARCH project to different departments located outside Addis Ababa to reach the most mobile groups in the police force (rapid forces) using supplemental funding. This in turn increases the number of peer groups, the number of PSD, posters, fliers, MARCH handbooks and IEC material production and distribution; these additional activities require extra budget and human resources in FY09. The Print serial drama will be produced every month. Peer groups will conduct peer group discussions every two weeks alternating PSD with linked reinforcement activities.

During the past period of MARCH program implementation in Federal Police (FP), it is learnt that the production of printed serial drama every two weeks was difficult. The production of PSDs adjusted from two weeks to a month and this will help to have enough time and space to the limited number of designers and cartoonists to do their job. As the PSD production extended to every month, it is true that gap will be created on peer group discussions every two weeks, however in COP09 gaps created is filled by different linked reinforcement activities including staged dramas, poem and play presentation, panel discussions and quizzes. Using the supplemental funding, FP expands MARCH program at the regional level to address rapid force commanded by the federal government which increases geographic area coverage and as well as target numbers. This activity is continuing and sustained by COP09 funding increase. Still, there are some challenges to cover all the police forces in the country, this is due to the different autonomous regions using different languages and this in turn requires a substantial amount of budget increase, then to be dealt in cop 2010.

So far, there is no cure or vaccine for HIV, the only alternative as a vaccine that we have at hand is promoting and addressing messages geared towards averting new HIV infection, and hence MARCH will continue to be a tool for our prevention programs to bring sustainable behavioral change and to bring a change in behavior and to personalize models in the PSD, MARCH will continue with the appropriate dosage, intensity and coverage to reach uniformed services including FP. We are observing early signs of behavioral change among the police force, after the introduction of the MARCH program, police forces are

Activity Narrative: talking and discussing with their spouses, partners and family members about the voluntary testing and counseling, and asking information about treatment and care services. The implementation of MARCH program in the military creates demand for service uptake, and the program reinforce the demand through availing information where they can access voluntary counseling testing, treatment and care. The focus of PEPFAR and Ethiopian government to widen the service of counseling and testing and treatment around the hot spots and MARPs areas and urban centers where the epidemic concentrated will help this most at risk population to easily access the services.

In FY09, the project will capitalize on the past achievements made so far and focuses on the following 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 institutionalize HIV/AIDS activities through strengthening an HIV/AIDS Prevention and Control Office and 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 group 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 every month. This effort will be supported by bi-weekly 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 and FY08;
6) Production and distribution of different IEC/BCC materials needed to supplement the PSD and addressing gaps identified during peer group discussions and various issues related to HIV/AIDS, such as gender-based violence, alcohol us, risk reduction and insure the enclosure information regarding VCT service accessibility, referral linkages of care and treatment services
7)
8) Conducting regular peer-group discussions and other reinforcement activities using police media including radio, TV, and newspaper;
9) Strengthening project monitoring, evaluation, reporting, and documentation systems and conducting process evaluation;
10) Strengthening linkages with other services (e.g., VCT, ART, and PMTCT) in the police hospital and with other service providers;
11) Strengthen the MARCH program targeting rapid forces under the federal police located outside Addis Ababa and expand MARCH to regional police forces at the national level. Recruit additional MARCH focal persons in the rapid and regional police forces and increase the number of PSD production and other reinforcement activities and IEC material production and distribution.

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. The Federal Police FY09 targets have shown a 100 percent increase to incorporate the expansions made using supplemental funding in FY08 and actual situations on the ground.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 8181.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 18722.28991.09

Planned Funds: $68,240

Activity System ID: 28991

Activity Narrative: CDC M&S

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

No change to activity. The previous position holder is transferred to other program area and the position is vacant for some time and replaced recently with starting salary.

COP08 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18722

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18722	18722.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8181	8181.08	CDC-M&S	$23,300

Program Budget Code: 04 - HMBL Biomedical Prevention: Blood Safety

Total Planned Funding for Program Budget Code: $4,968,200

Program Area Narrative:

PEPFAR/Ethiopia's past investment in safe blood systems has resulted in improvement in the capacity of the National blood programs of both civilian as well as uniformed services. As a result, a number of activities are underway aimed at strengthening the blood transfusion services. These efforts will ensure delivery of safe and adequate supply of blood and blood products to those in need and contribute towards prevention and control of HIV/AIDS and other Transfusion Transmissible Infections (TTIs).

The Ministry of Health (MOH) of the Federal Democratic Republic of Ethiopia is the responsible body for National Blood Transfusion Service (NBTS) in Ethiopia with regulatory, coordination and oversight roles. Based on technical assistance from the World Health Organization (WHO) Ethiopia now has a national blood policy and a five year strategic plan which is a road map for implementation of blood safety activities in the country.

During FY07 (2008 data not yet compiled), Ethiopian Red Cross Society (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 32,442 units in 2007. All (100%) donated blood was tested for HIV, Syphilis, Hepatitis B and 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, 2.4% in 2006 and 2.03% in 2007. Similar trends have been observed for other markers of infections transmitted by blood transfusion (ERCS data 2007). This situation is expected to improve further in FY09 with improvement in quality testing and regular supply of test kits in the country under PEPFAR.

Implementation of blood safety activities in FY08 did not go as planned because most were contingent on finalization of the renovation of the 16 blood banks. This is still underway using PEPFAR funding and money leveraged from the Global Fund addressing the gaps due to escalation of cost of building materials. In FY09, PEPFAR will continue to support the 26 blood banks through personnel, training, equipments, supplies and logistics.

The US Department of Defense in collaboration with the Ethiopian National Defense Forces has established The National Defense Blood Bank Center, 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 initial training of 11 core staff personnel assigned at the Center and has provided continuing support and training. Additionally, they have and also conducted lectures for 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. In FY09 an ENDF donor recruitment plan will be developed and implemented. By the end of FY09 three more military hospital based blood banks will be established.

PEPFAR has been supporting the government of Ethiopia focusing 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 FY04 and will continue to be strengthened and expanded at the ART health networks in FY09.

John Snow Inc.'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 FY08, MMIS trained 1438 health workers drawn from various health facilities in injection safety, logistics and waste management. Along with the training and supervision, this program procured and distributed syringes, safety boxes, thousands of waste management commodities and PPE's for waste handlers. Since the start of the program, 1347 facilities have been covered with training and commodity supply.

In COP09, MMIS will continue its training and commodity supply activities and include additional 100 health centers and 500 health posts in its program. National level advocacy to implement injection safety interventions that add to the quality and comprehensiveness of existing service package will be undertaken. MMIS will also provide TA to local organizations that are producing injection safety commodities so as to ensure it meets the required international standards.

In FY08 and previous years, JHPIEGO supported the Ethiopian governmental hospitals in proper implementation of recommended infection prevention (IP) practices and processes. JHPIEGO has organized on-site and off-site IP trainings for health care workers at different levels. It has also established IP committees at facility level and facilitated procurement of IP supplies and equipment. Moreover JHPIEGO has played significant role in establishing IP Technical Working Group (TWG) at national level.

In FY09, TBD partner will continue to give in-service IP training courses to private hospitals and clinics, and support 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 for 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 FY09, building on activities of COP08, 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.

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. With the exception of men in Gambella and 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. Lack of circumcision also increases the chances of infection with other STI, which have been shown to enhance transmission of HIV. Since male circumcision is indeed an important risk factor for HIV infection, then it merits consideration as an appropriate intervention in HIV infection control.

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 offer male circumcision service in those regions in Ethiopia. The service will be supported with intense communication and advocacy campaigns and will provide patient education materials.

In FY09 PEPFAR partners will continue supporting the two regions to provide training on safe male circumcision service, to produce information, education, and communications materials on safety and quality of male circumcision services, strengthening circumcision services healthcare facilities as part of the comprehensive package of prevention services. This activity will also look for opportunities to provide the services for infants with integration with other reproductive health care services in subsequent years.

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID:	8181.09	**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:**	Biomedical Prevention: Blood Safety
Budget Code:	HMBL	**Program Budget Code:**	04
Activity ID:	18719.28990.09	**Planned Funds:**	$43,200
Activity System ID:	28990		

Activity Narrative: CDC M&S

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

No change to activity. Budget has been adjusted to accommodate potential salary increase.

COP08 NARRATIVE

This activity represents the direct technical assistance which is provided to partners by CDC Staff. The amount represents the salary and benefit cost for CDC Ethiopia local technical staff. Detailed narrative of CDC –Ethiopia management and Staffing is included in programs Area 15-Management and Staffing HVMS.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18719

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18719	18719.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8181	8181.08	CDC-M&S	$33,700

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 434.09

Mechanism: Track 1

Prime Partner: Federal Ministry of Health, Ethiopia

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Program Area: Biomedical Prevention: Blood Safety

Budget Code: HMBL

Program Budget Code: 04

Activity ID: 5581.28028.09

Planned Funds: $3,000,000

Activity System ID: 28028

Activity Narrative: Federal Ministry of Health Medical Transmission/Blood Safety

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuation of activity from FY08. 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 TTIs 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.

Given the critical importance of human resource capacity, additional staff were recruited and trained to support the functions of the existing 12 blood banks. By the end of FY08, 831 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 FY09:

Personnel: A total of 275 essential staff members will be employed by the NBTS for the 26 blood banks. These staff will require salaries, benefits, and other incentives.

Training: lack of manpower is often one of the major constraints in the development and strengthening of blood transfusion services. This in part is due to the lack of training opportunities, and the lack of defined career structures and clearly-defined job descriptions for the professionals in transfusion medicine. Appropriate training programs will help to meet manpower requirements, and in the development of skills leading to improved career prospects. Therefore, 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.

Equipment and supplies: provision of necessary equipment, consumables, and laboratory reagents is important to fulfill the essential requirements for processing and screening of blood and blood components with effective quality assurance. Equipment for 23 blood banks was purchased and distributed in FY06–FY08. In FY09 equipment will be required for the remaining 3 blood banks. Supplies and consumables, as well as vehicle operation/maintenance and other operational costs, will be required for all 26 blood banks. In FY09, 26 mobile collection teams and fixed sites will be operational. Supplies are therefore needed for 26 mobile collection teams at a target of 4,000 units per team per year. This estimate includes requirements for the fixed sites.

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 ERCS BTS, will increase blood collection to 80,000 units in FY09. This will be achieved through enhancing blood-donor recruitment activities in the regions, working toward the national target of 120,000 units per annum.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16554

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16554	5581.08	HHS/Centers for Disease Control & Prevention	Federal Ministry of Health, Ethiopia	7463	434.08	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

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$786,600
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 119.09
Mechanism: Ethiopian National Defense Force
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL
Program Budget Code: 04
Activity ID: 5575.28051.09
Planned Funds: $1,425,000
Activity System ID: 28051

Activity Narrative: Ethiopia National Defense Force Safe Blood Program

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Blood Program will expand to include Mobile Collection services and field support for provision of blood to fully implement the ENDF vision of a clean blood supply for its military, regardless of location of donors or recipients.

COP 08 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 ECRS 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16712

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16712	5575.08	Department of Defense	US Department of Defense	7518	119.08	Ethiopian National Defense Force	$280,000
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

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 3793.09

Mechanism: Track 1

Prime Partner: World Health Organization

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Program Area: Biomedical Prevention: Blood Safety

Budget Code: HMBL

Program Budget Code: 04

Activity ID: 5757.28090.09

Planned Funds: $500,000

Activity System ID: 28090

Activity Narrative: WHO Medical Transmission/Blood Safety

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

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 831 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 FY08, 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 ERCS, 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.

Activities for FY09:

In FY09, 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 on appropriate clinical use of blood and safe bedside practices. WHO will support the requisite training tools, and will 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
8) WHO will support in strengthening the national coordination by establishing a management structure at the national level, which would be responsible for planning the finance, data management and routine operations as well as for coordinating the overall program in the country. The MoH should constitute a National Blood Committee or Commission to advise and assist in planning and monitoring transfusion services of a uniform standard throughout the country
9) WHO will assist in establishing regional coordination committees/taskforces accountable to the RHB and whose composition will ensure representation from the community, political leadership, health services as well as the blood transfusion service personnel in the region to guide activities at the peripheral level and to provide policy advice. These committees should monitor activities at the regional level and support the districts

In FY09, 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16560

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16560	5757.08	HHS/Centers for Disease Control & Prevention	World Health Organization	7469	3793.08	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

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 05 - HMIN Biomedical Prevention: Injection Safety

Total Planned Funding for Program Budget Code: $3,466,777

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 619.09
Mechanism: Former Track 1 now HQ
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Biomedical Prevention: Injection Safety
Budget Code: HMIN
Program Budget Code: 05
Activity ID: 5598.28122.09
Planned Funds: $2,273,827
Activity System ID: 28122

Activity Narrative: Making Medical Injections Safer

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY08, this program has implemented a set of activities related to Commodity Management and Procurement, Capacity building and Training, and Behavior Change & Advocacy in the context of enhancing injection safety. During the same fiscal year, MMIS trained 1,438 health workers on injection safety practices. This is a centrally awarded activity receiving country funds.

COP 08 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, MMIS 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 an 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 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 MOH sponsored national HIV/AIDS 5-year forecasting workshop. MMIS also helps to develop memoranda of understanding between RHB and hospitals to use the revolving drug fund (RDF) in line with government policy promoting health care financing as a means of sustainability. MMIS is monitoring these MOU and making adjustments as effectiveness is assessed. These MOU are also occurring between health centers and the District health bureaus.

(2) MMIS conducts injection safety training in Ethiopia to improve the technical competencies of health workers responsible for injections. Four categories of health workers are seen as having critical training needs: 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 sharp 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 as well as 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 health care 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 IP/UP 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 FMOH

Activity Narrative: 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.

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 regional health bureaus to carry out behavior change, advocacy, 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 4 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.

Contribution to the overall program
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.

Population being targeted
The activity trains several categories of health professionals in the public, private, and informal sectors: prescribers, providers, sanitarians, health care facility waste handlers, and facility management. The ultimate beneficiaries of the activities are individuals who require medically invasive procedures and injections.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16556

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16556	5598.08	U.S. Agency for International Development	John Snow, Inc.	7465	619.08	Track 1	$3,032,417
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

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5483.09 **Mechanism:** TBD/CDC

Prime Partner: To Be Determined **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Biomedical Prevention: Injection Safety

Budget Code: HMIN **Program Budget Code:** 05

Activity ID: 5759.28146.09 **Planned Funds:** [redacted]

Activity System ID: 28146

Activity Narrative: National Infection Prevention

IN 08 THIS ACTIVITY WAS JHPIEGO PRIME PARTNER WITH MECHANSIM # 5483

In FY08 and previous years, JHPIEGO supported Ethiopian governmental hospitals to properly implement recommended infection prevention (IP) practices and processes. In FY09, the new partenr 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, the new partner 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. The new partner will develop a simplified training package, translated into local languages, for use in training these hospital workers. The new partner will also work with stakeholders to identify the most cost-effective way of delivering the raining to these supporting staffs.

The new partner's 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.The partner 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, the new partner will develop low-cost, locally customized basic IP supplies.The parnter 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, the new partenr will 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. FY09 will be an opportunity to strengthen the national infection-prevention/control working group and regional offices. The new partener will set aside some funds to support the activities of this group with consultant assignments, workshops, printing, etc.

In FY08, JHPIEGO conducted on-site IP trainings for 30 hospitals, trained 430 health workers, assisted university partners in conducting IP training, provided IP training and demonstration materials, and technically supported IP activities at different levels.

Furthermore, JHPIEGO has contributed in the development of the National Healthcare Waste Management Guidelines; reviewing the National HIV/AIDS Policy, with an emphasis on the IP components; supported and advocated for the establishment of national infection prevention technical working group.

In FY09, TBD PArtner will conduct on-site and off-site IP trainings for healthcare providers and support staff in private, public and NGO clinics. Local Technical and Vocation Education and Training institutions (TVET) will be supported to produce some selected IP supplies for healthcare facilities. TBD Partner will also conduct autoclave and laundry machine operations and maintenance trainings. It will also support national MDR/X-MDR TB prevention efforts.

TBD Partner will conduct advocacy workshops for national IP program, and to ensure availability of IP supplies at facilities. It will strengthen supportive supervision to facilities to ensure proper IP practices through technical assistance. TBD Partner will also support US university partners in identifying and filling gaps in areas where there is high staff attrition rate. On the other hand, it will work to strengthen the national coordination of IP program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16573

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16573	5759.08	HHS/Centers for Disease Control & Prevention	JHPIEGO	7473	3746.08	University Technical Assistance Projects in Support of the Global AIDS Program	$500,000
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

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 119.09
Mechanism: Ethiopian National Defense Force
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Biomedical Prevention: Injection Safety
Budget Code: HMIN
Program Budget Code: 05
Activity ID: 5577.28052.09
Planned Funds: $402,000
Activity System ID: 28052

Activity Narrative: Ethiopian National Defense Force Injection Safety Program

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

DOD will continue at the present level of funding to procure infection control items. ENDF has already expressed more of a need then we are currently able to meet. This unmet level of need will continue.

COP 08 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16713

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16713	5577.08	Department of Defense	US Department of Defense	7518	119.08	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

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3790.09

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: Biomedical Prevention: Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 10634.28207.09

Planned Funds: $90,950

Activity System ID: 28207

Activity Narrative: Universal Precautions and Post Exposure Prophylaxis in Ethiopia's Refugee Camps

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY09 UNHCR will expand services to cover two new refugee camps—My Ayni in the Tigray region and Sheder in the Somali region. For camps where this program has been ongoing since FY07, efforts will focus on refresher training for medical and cleaning staff and maintenance of medical waste incinerators rather than new staff training and construction, thus making it possible to expand the program to the new refugee camps while reducing the budget from FY08 levels. Other activities remain the same as those in FY08.

COP08 NARRATIVE:

Related Activities: This proposal, which is an important piece of a comprehensive HIV/AIDS prevention intervention, is linked to HIV Prevention Services for Refugees and Host Populations in Ethiopia (10528), Condoms and Other HIV Prevention Services for Refugees and Host Populations in Ethiopia (10529), Voluntary Counseling and Testing Services for Refugees and Host Populations in Ethiopia (Reprogrammed in 2007, formerly 10527), Assistance to Orphans and Vulnerable Children (10530), and Palliative Care for Refugees (10572).

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 countriesIn 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16687

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16687	10634.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	7506	3790.08		$107,000
10634	10634.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	5524	3790.07		$68,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Refugees/Internally Displaced Persons

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $1,100

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use

Total Planned Funding for Program Budget Code: $0

Program Budget Code: 07 - CIRC Biomedical Prevention: Male Circumcision

Total Planned Funding for Program Budget Code: $435,750

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 5483.09 **Mechanism:** TBD/CDC

Prime Partner: To Be Determined **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 18237.28147.09

Planned Funds: [redacted]

Activity System ID: 28147

Activity Narrative: Strengthening Male Circumcision in Gambella and Southern Nations, Nationalities, and Peoples Region (SNNPR)

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY09, TBD Partner will continue the following activities:
1) Support training of heath care workers in MC services in the context of HIV/AIDS prevention.
2) Integration of MC core competencies in pre-service education in the context of HIV/AIDS prevention.
3) Support three sites in Gambella to provide safe MC services.
4) Adapt and field test MC quality and standards practice.
5) Support Surgical Society of Ethiopia to carry out male circumcision activities nation-wide.
6) Support development of pocket guides, job aids, and video materials on safe clinical MC services.

This is a continuation activity by Prime Partner JHPIGO, Activity Number 18237, Mechanism ID 5483 to provide comprehensive male circumcision service in Gambella.

In addition to successfully implementing Male Circumcision (MC) services in Zambia, Jhpiego has played a lead role in developing the international WHO/UNAIDS/Jhpiego MC training materials, developing quality standards, tools for conducting situational analysis, and operational guidelines for scaling-up MC services. In collaboration with the WHO, Jhpiego has conducted several regional trainings for MC and situational analyses in numerous countries.

Preliminary findings before the situational analysis conducted by Jhpiego in Gambella indicate that there is a clear unmet need for male circumcision, despite overwhelming responses from interviews with RHBs, religious leaders, NGOs, and youth stating the importance and need of MC in the region. Jhpiego will continue to assess the cultural context of circumcision not only in Gambella but among other societies with limited circumcision practices including areas in SNNPR and around the Rayya community in Tigray Region.

To develop local capacity, TBD partner, through direct training and technical assistance, will work with the Ethiopia Surgical Society in establishing comprehensive MC services as an intervention that promotes gender equity as well as prevention of HIV transmission. This will include providers with updated knowledge, appropriate attitudes and surgical competencies, sufficient equipment and supplies, informed consent, group education, pre- and post-operative assessment and care, and risk-reduction counseling, partner counseling that promotes gender equality and communication, quality assurance and record-keeping and reporting. The TBD Partner will also provide leadership in the adaptation of the WHO standards for quality MC services; appropriate job aids, and will conduct or participate in a multi-center assessment of MC services. Based on the situational analysis conducted in FY08, TBD partner proposes an in depth study of MC in the three selected regions, the results of which will inform the anthropologic and social factors to improve the provision of MC services.

In FY08, JHPIEGO planned to perform the following activities.
1) 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 service
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)

New/Continuing Activity: Continuing Activity

Continuing Activity: 18237

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18237	18237.08	HHS/Centers for Disease Control & Prevention	JHPIEGO	7473	3746.08	University Technical Assistance Projects in Support of the Global AIDS Program	$200,000

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 8159.09

Mechanism: ENDF Surveillance Survey

Prime Partner: To Be Determined

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 28572.09

Planned Funds: [redacted]

Activity System ID: 28572

Activity Narrative: Male Circumcision

THIS IS A NEW ACTIVITY FOR COP09.

Male circumcision has been found in clinical trials to provide a 60% reduction in HIV infection risk to men. WHO has recommended that MC be targeted to younger men and to men in high risk groups. While MC is practiced widely in Ethiopia there are geographic regions which have low levels of MC. The military recruits men from all over Ethiopia for military service, including those geographic regions with low levels of MC. Hence, having MC available at training bases for young recruits would reach a high risk population with many men that would benefit from MC and be able to be provided with comprehensive prevention services including C/T, STI evaluation and treatment, prevention counseling, etc.

The planned HIV prevalence and risk survey includes items on MC so there will be some information regarding current levels of MC and factors associated with MC among the ENDF which will provide some formative information.

This activity will provide funding for commodities, adaptation of IEC materials to include MC information and messaging, training for clinicians in MC surgical techniques and follow-up care.

ENDF will not start MC until this is approved by the MOH.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Refugees/Internally Displaced Persons

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 08 - HBHC Care: Adult Care and Support

Total Planned Funding for Program Budget Code: $24,826,529

Program Area Narrative:

Know Your Epidemic" is paramount to the success of the PEPFAR/Ethiopia Team. The 2008 estimate indicates a low-level generalized epidemic for Ethiopia with an overall HIV prevalence of 2.2%. This prevalence estimate does not, however, tell the full story of the epidemic here where the majority of infections occur in urban settings. The 2007 single point prevalence study estimates urban prevalence is 7.7% (602,740 persons living with HIV and AIDS (PLWH)) and rural prevalence is 0.9% (374,654 PLWH). The Ethiopian Ministry of Health (MOH) has set an ambitious target of reaching universal access for HIV care and treatment by the end of 2010. While PEPFAR supports this goal, resource limitations result in a need to focus PEPFAR resources on higher prevalence urban and periurban areas, as well as rural "hot spots".

The Ethiopian National ART program began implementation in July 2003 and has made remarkable progress with coverage in all regions of the country. As of August 2008 the MOH's HIV/AIDS Prevention and Control Office (HAPCO) report shows 365 ART sites operational in the country, including 120 hospitals, 242 health centers, and three non-governmental organization clinics. The facility based care and support activities are complemented by community based services, since the service model relies on networks, referrals, and linkages. The services are being decentralized rapidly in order to make them more accessible to patients. The number of PLWH receiving care and treatment at the 365 sites was 275,890 enrolled in care, 155,075 ever-started on treatment, and 114,125 currently receiving treatment. 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, screening for tuberculosis, prevention-for-positives counseling, condoms, referral of household contacts for HIV counseling and testing, safe water and hygiene, nutrition counseling, and multivitamin supplementation.

The proportion of ART clients currently receiving ART is 73.6% of all patients that have ever been started on ART. Of the total number of patients that were started on ART, 26.4% have either died or been lost-to-follow-up. Of those who have ever been started on ART, 82.5% of patients were started on ART at hospitals and 17.5% started at health centers. Among those ART patients currently receiving ART, 75.5% are getting the service at hospitals and 24.5% are at health centers. A large proportion of ART patients are still being served by a small number of hospital sites, even though the number of ART sites has been significantly increased. The 20 largest public hospital sites are currently providing ART services to 42.5% of the total ART patient load.

Before FY 2006, palliative care and support activities in Ethiopia focused mainly on end-of-life care and distribution of commodities to PLWH. With the advent of free ART and improved access to HIV/AIDS services, "palliative care and support" has become "care and support" and is increasingly perceived as a part of the continuum of care, including social support and prevention services. For COP 2009 the Ethiopia team will focus on strengthening community based care and support options for

PLWH emphasizing prevention with positives for discordant couples and risk reduction messaging as part of the community care package. The focus on care and support will include a scale up of IGA activities, the sale of safe water will be explored as a possible venue for beneficiaries.

In FY 2008, PEPFAR partners and other stakeholders, continued to support the national effort to standardize training materials for hospitals, health centers, and communities; in FY 2009, these partners will synchronize these materials with the integrated ART training package, and will coordinate training activities provided by different partners. In collaboration with HAPCO and other PEPFAR partner organizations, ITECH has developed training modules to standardize palliative care and the development of the national pain management guideline which is being used as a resource material. PEPFAR Ethiopia will continue to support the MOH and HAPCO in revising the national policy on opioid use as it has been a major challenge in pain management practice.

The National Guideline on Nutritional and HIV/AIDS is being revised and the Guide to Clinical Nutrition Care for Children 6 Months–14 Years Old and Adults Living with HIV training manual will be released. The program will emphasize strengthening access to community based supplemental feeding, skills development, and IGA options for referral of PLWH graduating from these programs. As Ethiopia is categorized as a focus country for food and nutrition, PEPFAR Ethiopia has identified nutrition support as a priority palliative care and support service that is critical to improve ART adherence and treatment outcomes. PEPFAR Ethiopia will start to implement therapeutic feeding in the form of Food by Prescription (FBP) in selected hospitals and health centers. The program will expand to more sites and enroll 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.

Currently, most of the service delivery and patient load is limited to a small proportion of the sites. Transferring stable patients to health centers that are closer to patients' homes and community services has been a challenge, with factors including fear of stigma and discrimination, poor referral linkages, and reports of inadequate services at lower levels, among others, contributing to the slower-than-desired decentralization. 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.

There is lack of reliable, quality data on patient mortality, transfer, drop-out and lost-to-follow-up rates in the Ethiopian ART program. Data from short term patient tracking at a few hospital sites by some implementing partners has indicated that the 12 month ART patient mortality was in the range of 7.5 - 9%, whereas, there was a 14-17 % rate of "lost-to-follow-up". Among those reported as "lost-to-follow-up", patients outcomes are not known in about half of the cases. At health centers, where it has been possible to implement more effective information systems from the beginning of the decentralization, similar patient mortality has been found, but with lower lost-to-follow-up rates, around 4.2% since the beginning of ART provision in 2006. Program evaluations need to 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. To this end, Ethiopia will participate in a multi-country Public Health Evaluation (PHE) that will assess interventions that reduce ART patient mortality.

Efforts will be made to decrease lost-to-follow-up, including improved adherence counseling, case management, patient tracing, encouraging disclosure, adherence support at community level, care and support services including nutritional support, communication activities to patients, care providers, the general public and media, as well as involvement of faith based organizations (FBOs) and community based organizations (CBOs). Improving the network function, establishing and/or strengthening catchment meetings and strengthening multi-disciplinary teams at all facilities and improving the linkage among the different services within the facility is also essential.

There is neither a structured model of care for pre-ART patients (who are not yet eligible for ART), nor is there reliable data on the actual number of patients and their outcomes. However, efforts are underway to define the minimum package of care for service counting in accordance with the latest guidance from OGAC. Tools will be developed to standardize counting of clients receiving care and support services at facility, community, and at home, and to link monitoring systems in each setting. Moreover, PEPFAR partners will strive to integrate ART with other primary-care services and involve PLWH in delivery of services at various levels. Ethiopia will take part in a multi-country public health evaluation (PHE) to address the issue of the optimum model of service delivery for pre-ART patients to ensure retention in care and treatment services.

PEPFAR will continue to use a variety of strategies to support human capacity development, including task shifting, pre-service training, and creation of retention mechanisms for trained staff. PEPFAR will also work towards building indigenous capacity as part of its exit strategy. PEPFAR partners, as part of this exit strategy, will work closely with local universities, regional health bureaus and health facilities to build institutional capacity.

In FY 2009, PEPFAR Ethiopia will build on the achievements of the past four years, continuing 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 GFATM, PEPFAR Ethiopia will support renovation and expansion in high impact/high yield hospitals and health centers.

PEPFAR Ethiopia will work to increase access to comprehensive, quality HIV care and support services for those in need through integration and functional referral systems. PEPFAR will continue 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, as well as developing regional master training teams to train facility -level staff to scale up services.

To strengthen prevention with positives, PEPFAR is standardizing the effort by adopting a high quality training manual from the Centers for Disease Control and Prevention's Global AIDS Program. The program will help HIV infected patients prevent the spread of HIV to their sex partners and help them protect their own health. While the program will strengthen clinic-based interventions initially, in FY2009 the material will be adapted for community care providers and PLWH. As prevention with

positives is identified as a priority intervention in Ethiopia, PEPFAR Ethiopia will support the development of a strategic framework on positive prevention through a participatory process with key stakeholders with a view toward integration of the program in the national comprehensive prevention strategy.

The detection and treatment of precancerous cervical lesions can prevent progression to cervical cancer. Cervical cancer is the leading cause of cancer among Ethiopian women between 15 and 44 years of age, the same age group with the highest HIV prevalence, and most of this is occurring among HIV positive women. The Ethiopian government is working to establish an effective screening program and to develop surveillance mechanisms for cervical cancer. Therefore, PEPFAR Ethiopia will join this effort by sponsoring cervical cancer screening services along with on the spot treatment for HIV positive women in some 14 health facilities during FY 2009. This pilot activity will build on resources already committed by the Ethiopian Government and other partners.

PEPFAR will continue to work closely with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) to implement the PEPFAR-GFATM Memorandum of Understanding and their joint plan of action, and will foster collaboration with the World Bank and other major partners.

PEPFAR partners will address human-capacity needs by task-shifting and by expanding the numbers of new cadres including nurse ART providers, case managers and volunteers (Ethiopians in Diaspora, U.S. Infectious Disease Fellows, Peace Corps volunteers, and local university students). Training to health providers is being standardized at national level. In particular, training of nurses in the provision of ART has already been standardized by integrating the IMAI training and the HIV/AIDS Nurse Specialist (HANS) nurse training. Training to ART providers will be regionalized.

PEPFAR renovation partners including the State Department's Regional Procurement Support Office (RPSO) will provide support in ART site renovations and technical assistance to the Ministry of Health's Program and Planning Department in construction/renovation. The MOH will again be supported in its efforts to expand access to HIV/AIDS services through expansion of the number of health centers from the current 671 to 3,153. However, given budget constraints, PEPFAR efforts will focus on high prevalence areas with potential for higher impact on HIV.

PEPFAR Partners operating at hospital level (US based university partners) and at health center level (Management Sciences for Health) will further harmonize their support to establish a functional referral system that fosters effective transfer and movement of patients between facilities. At the six small and emerging regions of the country, the university partners will continue to provide support at both health center and hospital levels for comprehensive HIV care and treatment services. 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, as well as by expanding mainstreaming of ART in health professionals' pre-service training.

PEPFAR's Treatment Technical Working Group (TWG) promotes the implementation of ART services using the health network model. Assisted by the Strategic Information (SI) TWG, it monitors the functionality and effectiveness of the network. Care and treatment activities will be linked with entry points to services, including counseling and testing services, antenatal clinics and PMTCT programs, TB clinics, and in-patient wards. Activities will also be linked to services for family planning, TB/HIV, and sexually transmitted infections. Prevention will be integrated into care and treatment.

ARV drugs and commodities are provided with support from PEPFAR partners. Care and treatment activities are closely linked to laboratory activities, including diagnosis, treatment eligibility assessment, patient monitoring, diagnosis of opportunistic and sexually transmitted infections, and HIV drug resistance surveillance.

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	7599.09	**Mechanism:**	Corridors
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	18255.28288.09	**Planned Funds:**	[redacted]
Activity System ID:	28288		

Activity Narrative: Care and Support Activites for Four Major Transportation Cooridors

ACTIVITY UNCHANGED FROM FY2008

This is a follow-on activity for FY09 to be competed; Ethiopia/USAID will inform OGAC on the selection of the new partner. This activity receives HVAB, HVOP, HBHC and HVCT funding.

This comprehensive care and support, ABC and counseling and testing activity, addressing high risk populations along four major transportation corridors in Ethiopia, is planned as a program follow on to the previous High Risk Corridor Initiative implemented by Save the Children USA and the ROADS program implemented by Family Health International.

Towns along the following transportation corridors will be addressed:
Addis Ababa – Djibouti, specifically Dukim, Adama, Metehara, Awash, Mille and Loggia
Addis Ababa – Adigrat, specifically Kombolcha, Dessie, Weldiya
Addis Ababa – Gondar, Debre Markos, Bahir Dar, Gondar
Modjo – Dilla, specifically Shashemene, Yirgalem, Dilla and Awassa

Additional towns will be identified by the implementing partner in coordination with the USG to maximize HIV prevention activities in key towns.

This new activity will expand structured community based HIV care and support activities in key towns along four transportation corridors to ensure at risk populations receive interpersonal and interactive community based HIV care and support services. The activity will utilize structured implementation approaches to facilitate comprehensive community based care and support activities including income generating activities and other support activities to promote livelihoods, lifestyle and risk behavior modification.

Lessons from the High Risk Corridor Initiative and the East African regional Transportation Corridor Initiative will be incorporated into the design and implementation of this activity. Additional low cost formative assessments will be completed by the implementing partner in collaboration with other USG implementing partners to better understand the target population's community based care and support needs.

Substantial collaboration is envisioned between USG implementing partners is anticipated. Collaboration between this care and support activity and prevention and counseling and testing activities will be incorporated. This will strengthen the implementing partner's capacity to place at risk populations in need of services into community based care and support.

Target populations include various PLWHA subpopulations of women residing and transiting urban areas. Older adolescent girls and women, with specific emphasis on those aged 20+, who engage in transactional sex will be recipients to care and support activities. Structured peer promotion by populations of at risk groups will be utilized to increase access to these groups. Population specific support groups will be utilized to encourage greater interaction and uptake of available HIV care and support services including treatment.

Recent HIV prevalence 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. HIV prevalence among adults in urban settings to be almost nine times higher than that among adults in rural settings. In the 2005 EDHS, HIV prevalence among adults in urban settings was almost eight times higher than that among adults in rural settings. A recent USG technical assistance visit identified several observations to consider during program design –
1 -Focus on the urban epidemic
2 -Transactional sex is likely at the epicenter of the urban epidemic
3 -There are exceptionally high levels of risk among adult populations
4 -Gender inequalities are likely at the root of HIV risk among women
5 -Social marginalization may be associated with migration, and with risk, in key subpopulations

The activity will blend sub partnering and direct implementation to address USG priorities. The implementing partner will engage in local technical capacity building of civil society in key towns where available. The activity will place an emphasis on gender, specifically addressing access to appropriate care and support activities including income generation activities for HIV positive females. We also anticipate the partner will leverage both USG and non-USG resources to greater increase at risk women's access to productive income and services.

At the time of writing a multi-year statement of work is being designed for competitive procurement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18255

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18255	18255.08	U.S. Agency for International Development	To Be Determined	7599	7599.08	Corridors	[redacted]

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening [redacted]

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7596.09
Mechanism: Preventive Care Package
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 18697.28252.09
Planned Funds: $1,900,800
Activity System ID: 28252

Activity Narrative: Preventive Care Package: Access to Home Water Treatment

ACTIVITY UNCHANGED FROM FY2008

This activity was awarded to Population Services International in 2008.

COP 08 Narratives:

This is a continuing activity from FY06 that received FY07 supplemental funding. The supplemental funding was recently obligated to the partner, and implementation is beginning in late FY07. Funding has been augmented to increase safe water access for ART, pre-ART and PMTCT clients.

People living in resource-poor settings often have limited access to safe water and basic methods of hygiene and sanitation. The situation in Ethiopia is no different as only 35.9% of the population has access to a safe and adequate water supply, and only 29% has access to excretal disposal facilities. The government is currently addressing this issue through the health extension program where Health Extension Workers (HEW) and health promoters educate, mobilize, and support communities in constructing safe excreta disposals and teaching about safe water storage (an activity supported by the USG with non-PEPFAR funds).

PEPFAR Ethiopia will build on the government's safe water initiative to improve safe water access among PLWHA. This is important as there is ample evidence that simple safe water interventions radically improve the quality of life for PLWHA. For instance, a study of HIV-positive persons and their families in Uganda showed that use of a simple, home-based safe water system reduced incidence of diarrhea episodes by 25%, and the cost was less than $5 per family per year.

This activity strongly supports a safe water program as an element of the preventive care package for PLWHA in adherence to OGAC guidance. This activity will work closely with PEPFAR Ethiopia partners operating at hospitals and health centers to build on their safe water efforts and strengthen their links with community-based initiatives and safe water outlets.

Thirty hospitals and ninety health centers providing ART, PMTCT and HIV/AIDS care services and their surrounding community networks will be targeted, with particular attention to high prevalence areas with poor water and sanitation services. It will include: distribution of a locally-produced point-of-use water treatment, WuhaAgar, which is a diluted sodium hypochlorite approved by Ethiopian authorities, at voluntary counseling and testing (VCT), ART, PMTCT and postnatal clinics; inclusion of a voucher entitling HIV/AIDS-affected clients to receive free bottled water disinfectant at a nearby commercial outlet to avoid travel to the health facility just for the sake of getting WuhaAgar; training of health providers at hospitals and health centers on hygiene and safe water counseling; consistent supply of WuhaAgar to the facility-based service outlets; sensitization of commercial providers to the voucher approach; monitoring of the voucher program at commercial outlets primarily through stock monitoring; support of existing community-based education on hygiene and safe water by the health extension workers and community health promoters; assessment and revision of existing teaching materials; and the design of new information, education, communication (IEC) and behavior change communications (BCC) resources for patient education at facilities and by community health extension workers and health promoters on personal hygiene, safe water storage, and home water treatment, including how to use WuhaAgar.

The implementing partner will coordinate with the Ministry of Health HIV/AIDS Prevention and Control Office (MOH/HAPCO), Health Education Center, AIDS Resource Centers, the non-PEPFAR USG Essential Services for Health (ESHE) project, and other relevant PEPFAR Ethiopia partners on designing the IEC materials.

The implementing partners will spearhead the social marketing of WuhaAgar through commercial market outlets in urban and per urban areas. It will work in partnership with other PEPFAR partners, including the US universities, the Care and Support Program, IntraHealth, Family Health International, Save the Children-USA, International Orthodox Christian Charities, World Food Program, and the Partnership for Supply Chain Management/Supply Chain Management Systems to distribute WuhaAgar to community and facility outlets providing HIV/AIDS care, treatment and PMTCT services.

The implementing partner will also ensure equity of availability for the product. Those not yet benefiting from PEPFAR Ethiopia programs or not yet aware of their status will have access to the products at affordable prices in local markets.

Please note that PEPFAR Ethiopia will not fund social marketing activities through this activity except to cover the cost of WuhaAgar utilized by PLWHA at health facilities or at commercial outlets through the voucher system.

This market-assisted approach will support sustainability, increase availability of the product through commercial outlets and reduce possible stigmatization of purchasers. Moreover, the implementing partners will collaborate with other USG partners, including the Millennium Water Alliance, to work on safe water and health promotion to maximize impact of this particular intervention. The point of use safe water product, WuhaAgar, is approved by Ethiopian authorities.

With plus up funding received in late FY07, and continuing into FY08, the project will produce and distribute a Preventive Care Package essential preventive care elements to pre-ART and ART clients through facility and community-based care programs. Distribution will be supplemented by the training and deployment of approximately 800 women living with HIV to counsel on using the prevention products and to sell items such as affordable home water treatment in the community to their peers living with HIV as well as the general community. This will create income generating activities for women living with HIV. Implementation will be as per national guidelines, will attempt to leverage existing MOH malaria and TB programs and will test

Activity Narrative: various implementation models of delivery for cost and efficiency metrics.

The Preventive Care Package includes a range of services and items to reduce morbidity such as TB, diarrhea and malaria referral; home water treatment and locally available safe water storage vessels; oral rehydration salts; basic hygiene products including soap, bleach and antiseptic; multivitamins; antihelminthics; long-lasting insecticide treated nets (as required); and condoms for use by sexually active beneficiaries.

The package will include behavioral change and IEC elements meeting low-literacy levels regarding products described above in simple, pictorial form, as well as information and referral advice on cotrimoxazole prophylaxis, family planning methods to prevent unwanted pregnancy among women living with HIV, leaflets about STI treatment, referral for counseling and testing among family members over 18 months to know their HIV status, and referral of HIV-positive clients for TB screening.
Packages will be delivered through selected health networks, including community based care, hospitals and health clinics across Ethiopia. Staff at community organizations or clinic sites will receive training to provide counseling on the use of the package products. Community services and clinics will be provided with BCC materials to facilitate displays that promote water purification, nutrition, adherence and hygiene.

The package's effectiveness will be evaluated through three complementary methods: PEPFAR Ethiopia will work closely with USG partners in the US and a local public health institution to conduct a comprehensive evaluation of the Basic Care Package. The implementing partner will conduct regular mapping surveys to track availability of retail elements of the package, and map these to measure proximity to ART clinics, and to networks of community agents that have been trained. Finally, the implementing partner will conduct annual tracking surveys at the general population level to monitor the community's opportunities, ability and motivation to use water purification products and insecticide treated nets.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18697

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18697	18697.08	U.S. Agency for International Development	Population Services International	12031	12031.08		$1,860,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water	$450,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5527.09

Mechanism: Civil Society

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 10574.28243.09

Planned Funds: [redacted]

Activity System ID: 28243

Activity Narrative: Civil society/ Community-level Response to Palliative Care in Ethiopia

ACTIVITY UNCHANGED FROM FY2008

Activity is similar to activities described in COP08. This activity will not be modified in COP09. This is a competitive acquisition. The partner is To Be Determined. References to an implementing partner are incorrect in the narrative. OGAC will be advised of the award and Contractor.

COP 08 ACTIVITY NARRATIVE:

Palliative care requirements currently exceed facility-based support. The coverage of families, especially OVC, is some of the lowest among the fifteen focus countries. Household level support, specifically related to nutrition, hygiene, psychosocial support, and adherence and OI management does not meet coverage requirements in FY07. Community based care is restricted to major towns where a substantial number of individuals are already on treatment and where access to services is high. Community-based care expansion is required in secondary or market towns where HIV prevalence is high and facility-based uptake of care and treatment services are low and loss to follow up is notably higher.

This activity will consolidate the provision of palliative care services in major health networks with standardization, technical oversight, and integration with facility-based care, supporting nutritional, social and clinical outreach.

Family Health International (FHI) has supported the provision of chronic care services at public health centers; community-level AIDS care and support; and the development of multi-sect oral referral networks between community, health center and hospital services. FHI proposes to scale-up home- and community-based care (HCBC) programs to provide comprehensive palliative and preventative care in high-prevalence urban and per urban areas. Emphasis will be placed on building the capacity of community and faith-based organizations (CBO/FBO) to deliver palliative care services and to emphasize community-level ownership of HIV/AIDS services. To ensure sustainability, FHI will link HCBC programs to a strong network of palliative care services at health centers, hospitals and community posts.

FHI will work with district and town administrations to strengthen the capacity of CBO and FBO partners to provide services and mobilize resources to support these services under a framework developed by the Care and Support Program. This activity will provide the required intensity of community care needed to improve the quality of life of persons living with HIV and to link OVC to appropriate services.

This activity includes the package of community care to meet the needs of individuals and their families at various stages: ART and opportunistic infections (OI) adherence support, provision of household contacts for voluntary counseling and testing (VCT), TB screening, support disclosure to family members, addressing prevention for positives including condom provision, nutrition counseling, psychosocial and spiritual counseling, access to safe water, malaria prevention, stigma reduction, and care for OVC.

This activity will develop linkages with external microfinance and income generation activities and address male norms in the household for sustained behavior change. Community care will focus not only on providing care to critically ill clients, but also sustain the health status of asymptomatic HIV positive individuals to prevent the onset of AIDS. This activity is integrated with delivery of the Preventive Care Package.

Pediatric community care will be strengthened through training of HCBC providers to refer children in beneficiary households for counseling and testing (CT) and TB screening, child health interventions and also to identify and refer OVC who are family members of HCBC beneficiaries. Access to family planning/reproductive health (FP/RH) and PMTCT services will be facilitated to ensure that community care clients receive appropriate support, including focused FP/RH for couples and PMTCT follow-up for HIV-positive mothers and their HIV exposed infants. FHI will train HCBC providers to refer the mother and infant to the health center for palliative care and ART, if needed, and to support the mother in disclosing her status to her sexual partner and referring him to appropriate HIV/AIDS services.

Under primary health care provision, FHI will continue to train community care providers including new HCBC volunteers and community-level workers, health extension workers, PLWHA groups, local faith-based associations, youth groups, and volunteers engaged in HIV prevention programs. The community level training will build the communication and service delivery skills of HCBC providers and broaden their understanding of PLWHA needs. To ensure quality and supervision of HCBC services, FHI will work closely with CBO and FBO to recruit and retain nurse supervisors to whom the HCBC providers will report on a regular basis.

FHI will work with community partners to strengthen the referral networks at community level and to link HCBC providers to these networks. The networks will facilitate access to a range of services such as care and treatment, RH/FP and PMTCT services at health facilities; food and nutrition support from WFP; income generating activities; psychosocial, education, and legal support; resources for free shelter; and palliative care support groups. FHI will support the referral networks in mapping services and distributing up-to-date service directories, and in adopting user-friendly referral systems and tools to track referrals. FHI will train community-level referral network coordinators to collect, manage and analyze data to improve service quality and accessibility.

FHI will link community care activities to other USG partners, through case managers, to facilitate access to care services through a standard referral approach. This activity will strengthen civil society's linkages to catchment area and regional review meetings of the ART health network to standardize community care, defaulter tracing and adherence support.

FHI will support greater involvement of persons with AIDS through engaging PLWHA who have successfully

Activity Narrative: received ART to encourage and support treatment adherence in other patients.

FHI will contribute to scaling-up existing palliative care services through a package of care that includes prevention and positive living activities to support the broadened definition of palliative care. This will be implemented within the framework of the care continuum, ensuring that both adults and children are reached through a family-centered approach. FHI will focus on strengthening the community as a key actor in the provision of care and support services for PLWHA and their families and build their capacity to both mobilize and manage resources effectively to sustain services. FHI will work with the regional health bureau (RHB), HIV/AIDS Prevention and Control Office (HAPCO), CBO, FBO and communities themselves to expand and facilitate access to services at the community level while ensuring strong referral linkages to health facility-based care.

The palliative care program will provide ARV adherence support at the community level by HCBC providers and at the health centers by PLWHA who have successfully received and adhered to treatment. It will also address the increased emphasis on food and nutrition support for PLWHA and their households, including beneficiaries on ART, by reinforcing referral linkages to other programs providing this type of support, such as the World Food Program, a partner of FHI.

FHI's technical assistance efforts will be developed in collaboration with PEPFAR and other partners, including, but not limited to, US universities and MSH for implementation of palliative care services, WFP and AED for food and nutrition support, IntraHealth for PMTCT, and RPM Plus for logistics and supply management support.

This activity will target the provision of palliative care to PLWHA and their families, including MARPS. FHI will work closely with the RHB, HAPCO, CBO, FBO and the communities to distribute communication tools to promote palliative care services for HIV-positive individuals. PLWHA groups will be supported to implement advocacy activities to promote positive living, including the benefits of palliative care, and PLWHA role models to reduce stigma. The target populations will be reached through HCBC providers, community outreach workers and HEW who will make referrals to HCBC services. At health centers, the entry point will be counseling and testing (CT), TB/HIV and PMTCT where clients seeking care will be referred to CBO and FBO for HCBC.

Gender equity will underscore all FHI's palliative care efforts. This includes but is not limited to assessing and addressing barriers which limit access to general palliative care and support for women and girls with HIV/AIDS, and ensuring that both male and female HCBC providers are engaged in palliative care.

FHI will build capacity among palliative care providers in the community to provide quality care through both training, ongoing supportive supervision, and the provision of job aids to facilitate their work. Training for palliative care services that can be transferred to the community level will be conducted for HCBC providers and selected patient support group members.

Geographic coverage will be urban areas and per urban towns, either district or market towns, along transportation corridors outside of the HCT coverage being provided by other USG partners.

FHI will work with RHB and HAPCO to strengthen the organizational capacities of CBO, FBO and communities to provide quality palliative care services. FHI will provide sub grants to CBO and FBO to implement HCBC services. The sub grants will be the partnership mechanism through which FHI will build the technical and organizational capacities of CBO and FBO and institutionalize HCBC services for sustainability.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16699

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16699	10574.08	U.S. Agency for International Development	Program for Appropriate Technology in Health	12027	12027.08		$4,072,040
10574	10574.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	12025	12025.07		$2,090,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	7597.09	**Mechanism:**	Food by Prescription
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	5616.28255.09	**Planned Funds:**	[redacted]
Activity System ID:	28255		

Activity Narrative: Food by Prescription in HIV Care and Treatment

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuous activity. The proposed budget increase for COP09 is to mitigate the 40 % rise in food costs and procurement. Ethiopia is categorized as a focus country for food and nutrition, PEPFAR Ethiopia has identified nutrition support as a priority to provide care and support services which is critical to improve ART adherence and treatment outcomes. PEPFAR Ethiopia will start to implement therapeutic feeding in the form of Food by Prescription (FBP) at selected hospitals and health centers that have high volume number of high risk cases. The program will expand to more sites and enroll 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.

COP 08 Narratives:

The Food by Prescription (FBP) activity is a continuing activity designed in FY07 and is expected to increase care and support to 14,000 malnourished PLWHA at 80 health facilities in Ethiopia. This is an increase from 45 health facilities in COP07.

Studies have established clinical malnutrition as a risk factor for HIV progression and mortality for pre-ART and ART patients, as well as for birth outcomes among HIV-positive women. As HIV infection progresses, hyper-metabolism, mal-absorption of nutrients, diarrhea, and anorexia can all become severe challenges to maintenance of adequate nutritional status. In addition, poor nutritional status and inadequate dietary intake can adversely affect adherence to and efficacy of drug treatments. According to the World Health Organization (WHO), energy requirements are increased by 10% in asymptomatic adults, 20-30% in symptomatic adults and as much as 50-100% in infected children with growth faltering. WHO data reports that dietary protein levels should be maintained at 12-15% of total energy intake (approximately twice the level typically found in cereal- or tuber-based diets with minimal animal-source food intake), and a single recommended daily allowance (RDA) level is needed of essential vitamins and minerals (which many PLWHA in resource limited settings are unable to consume through their regular diets).

This situation, combined with the very high levels of malnutrition and food insecurity present in Ethiopia, implies that clinically malnourished PLWHA in care and treatment programs in Ethiopia have an immediate and critical need for nutrient-dense foods that can be readily and safely prepared and consumed to improve their nutritional and immunological status, especially as an adjunct to ART.

In response to this situation, PEPFAR Ethiopia included an FBP program in FY07 on a pilot basis in 20 hospitals and 25 health centers. The new activity will involve expanding to approximately 35 new health facilities that have a high ART patient load, bringing the total number of targeted facilities to 80. The program involves procurement and distribution of a ready-to-use therapeutic food (RUTF) and a nutrient-dense blended flour product to targeted health facilities, from where the food is provided to severely malnourished ART and pre-ART clients and to HIV-infected pregnant and lactating women. Anthropometric entry and exit criteria based on WHO classification of malnutrition are used. Beneficiaries will also receive nutritional counseling and education.

The program is being implemented by partners in Ethiopia in coordination with the Ministry of Health (MOH)/HIV/AIDS Prevention and Control Office (HAPCO) and with technical assistance from the Food and Nutrition Technical Assistance (FANTA) Project (HBHC-10571.08).

Based on the experience and results of the pilot program, PEPFAR Ethiopia will scale up the program to reach a larger target group of health facilities and eligible beneficiaries. In addition, an assessment of the acceptability of RUTF among adult clients will be carried out, and based on the results the use of food products may be refined and improved if needed. As part of the broader technical assistance activity for nutrition and HIV, the pilot program will be assessed and lessons will be used to inform refinement of the program for scale-up. Lastly, this activity will extend support to strengthen therapeutic feeding services for pediatric HIV patients and OVC and extend these services to areas of high HIV prevalence. Malnutrition is a severe problem among pediatric HIV patients in Ethiopia and PEPFAR will support partners experienced in addressing child malnutrition to ensure pediatric HIV clients and OVC are covered in therapeutic feeding and care services. The program seeks to refer beneficiaries to household food assistance and livelihood support, where such services are available.

A significant part of this activity will focus on linkages and coordination with the MOH/HAPCO, UNICEF, WFP, Clinton Foundation and other implanting partners to ensure that the FBP activity will not cause negative consequences in health facilities. Since the food can only be targeted to PLWHA, the FBP activity seeks to coordinate with other partners, where available, to help provide comprehensive food and nutritional services for beneficiaries not targeted by the FBP activity.

This activity will provide food support to approximately 14,000 malnourished PLWHA at 80 HIV care and treatment facilities, contributing to improved functioning, quality of life, and treatment outcomes. The activity aims to improve ARV adherence and the nutritional status of the beneficiaries.

By ensuring that the food needs of malnourished PLWHA are met, this activity will strengthen the care and support, ART, and other services that PEPFAR Ethiopia is supporting through the Care and Support Project (CSP) and the ART Scale-Up activities listed above. Implementing partners will work closely with the partners for these activities to ensure coordination in integrating food into these clinical services. Partners will also coordinate with UNICEF, the World Food Program, Clinton Foundation HIV/AIDS Initiative, and other partners providing nutritional support to HIV-affected populations to ensure coordinated coverage and consistent approaches and protocols.

The food program will also serve as a critical component of PEPFAR Ethiopia’s broader effort to strengthen

Activity Narrative: integration of nutrition into HIV services, and the assessment and counseling services offered through that integration effort are important components of the Food by Prescription program.

Severely malnourished PLWHA (ART and pre-ART clients), and HIV-infected pregnant women will be reached with food support and complementary services at hospitals and health centers. Service providers will be trained to assess clients' eligibility for food, provide food by prescription, and counsel clients in use of the food and in related nutritional practices.

In response to the urgent need for food to support successful care and treatment, PEPFAR resources will be used to provide therapeutic food malnourished PLWHA. The activity also seeks to enhance nutritional assessment, training and counseling to promote adherence and improve nutritional care among the beneficiaries.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16597

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16597	5616.08	U.S. Agency for International Development	To Be Determined	7597	7597.08	Food by Prescription	[redacted]
10398	5616.07	U.S. Agency for International Development	To Be Determined	5474	683.07	*	[redacted]
5616	5616.06	U.S. Agency for International Development	Management Sciences for Health	3798	3798.06		$327,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities [redacted]

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7588.09 **Mechanism:** Livelihood

Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	17865.28246.09	**Planned Funds:**	[redacted]
Activity System ID:	28246		

Activity Narrative: Livelihood Support for Vulnerable PLWH

ACTIVITY UNCHANGED FROM FY2008
This is a competitive acquisition and the partner will be identified

COP 08 ACTIVITY NARRATIVE:

This is a continuing activity.
This activity receives HBHC and HKID funding to provide analysis and implementation of viable economic strengthening models, specifically income generation, for persons living with HIV/AIDS and OVC in urban and per urban areas. This funding specifically targets persons living with HIV enrolled in care and treatment services.

As ART access becomes widely available to persons living with HIV in specific urban and per urban areas the dynamics of community based palliative care and OVC care has evolved. Several need assessment surveys done among households where persons with HIV reside or households where OVC reside in Ethiopia revealed limited community social support, such as lack of sustainable means to obtain economic resources for food, shelter and other necessities such as transportation to clinics for ART or related services. Findings from a recent Network Assessment conducted by Johns Hopkins University indicated that a majority of care and treatment beneficiaries required community-based social services to increase the security of their household livelihood.

This activity will improve PEPFAR Ethiopia's understanding of viable economic strengthening models for persons requiring disease management services or long term social support services in a livelihood insecure setting.

Ethiopia, like all focus countries, experiences socioeconomic barriers to care and treatment services. Often persons enrolled in care and treatment has migrated to urban areas and is beyond traditional coping structures such as extended family and community networks. Although these patients are enrolled in care and treatment and there is a positive impact on their capacity to self-care they have very unstable livelihoods that do not facilitate adherence to therapies received through inpatient facilities. This activity will work closely with USAID's Economic Growth Office to identify and pilot best practices and technical specialization from other African and Asian countries to strengthen PEPFAR Ethiopia's continuum of care, specifically social support as the need for income generation expand. This activity's impact will be disseminated widely to the HIV/AIDS Prevention and Control Office (HAPCO) to build upon evidence-based approaches to social support.

Several need assessment surveys done among PLWHA in Ethiopia revealed that lack of social support, such as lack of sustainable means to obtain economic resources for food, shelter and other necessities, such as transportation to clinics for ART or related services, was the most frequently mentioned challenge. Inadequate social support was quite often mentioned as one of the reasons for defaulting from ART treatment.

This activity will support major PLWHA associations and relevant CSO involved in social support of PLWHA to design viable IGA and livelihood options for vulnerable PLWHA members of the associations in urban areas linked with 30 hospitals and network health centers that provide majority of patients with ART care. The initiative will mainly target HIV positive women attending HIV/AIDS care and treatment services. Those HIV positive women who are heads of households, widowed, divorced and unemployed are primarily targeted. The project will provide livelihoods options for those women who otherwise are likely to be engaged in high risk sex, despite their HIV status, to generate income for their households. The activity will also be strongly linked with existing HIV/AIDS prevention, care and treatment services within the health network model. Prior to the implementation of this activity PEPFAR Ethiopia will conduct extensive mapping of available services for PLWHA in order to facilitate the referral linkages.
The IGA support will also be used as opportunity to approach the family to address issues like disclosure of HIV status and referring other members of the family for HIV testing.

The project will establish a sustainable savings and credit scheme for HIV/AIDS infected and affected persons. Through partner organizations, clients receive other services such as counseling, education on health issues related to AIDS.

Activities will include:
-Identifying relevant local partners to implement quality livelihood activities in 10 urban areas and support the highest number of PLWHA on care and treatment services
-Working with PEPFAR implementing partners, EGAT implementing partners and District/Town offices to identify economic strengthening activities
-Selection of beneficiaries for time limited support
-Mobilizing and training Group Saving and Loan (GSL) clubs and linking them to viable markets.

This activity will support an estimated 10,000 persons, 75% of which are female beneficiaries

This activity will contribute to the PEPFAR Ethiopia 5-year strategy by improving livelihoods and self reliance of households where persons with HIV reside. It will also contribute towards improved ART adherence through adherence counseling among support groups.

The program will cover at least 10 major urban areas with target groups of people living with HIV/AIDS (PLWHA) in the communities. This will contribute to behavioral change, improve living standards, provide better planning and organizational abilities for income generating activities (IGA) productivity through the training provided to them by the project. There will be reduced stigmatization against HIV/AIDS infected and affected persons with increase self reliance among PLWHA and their families. The program will support a total of 10,000 beneficiaries including families of PLWHA

Activity Narrative: Partnerships will be formed with other USG investment portfolios in agriculture, health, economic growth, and education to leverage resources. This activity will be coordinated with other PEPFAR and EGAT funded activities to increase the number of beneficiaries and households as possible. Examples include Aid to Artisans, Land O'Lakes small scale dairy programs, IOCC and WFP Urban HIV/AIDS program. During FY2008, PEPFAR Ethiopia will continue to its consultations with the OGAC Public Private Partnership technical working group including to disseminate the results of this activity.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17865

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17865	17865.08	U.S. Agency for International Development	To Be Determined	7588	7588.08	Livelihood	[redacted]

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7589.09

Mechanism: Nutrition Technical Assistance

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 18693.28248.09

Planned Funds: $750,000

Activity System ID: 28248

Activity Narrative: Counseling Tools and Training Manuals

ACTIVITY UNCHANGED FROM FY2008

This is a continuing activity from COP08. In 2008, FANTA finalized the development of nutrition guidelines, counseling tools and training manuals to facilitate integration of nutrition into HIV/AIDS care and support services at the facility and community levels. The request to fund FANTA is to extend technical assistance to regional health departments, health centers and hospitals to strengthen nutrition training and mentoring for service providers. There is no change in budget from COP08.

COP 08 ACTIVITY NARRATIVE:

Related Activities

In response to the pressing need to address the nutritional needs of HIV-infected individuals and OVC in PEPFAR programs in Ethiopia, PEPFAR activities began introducing nutrition assessment and counseling into HIV clinical services in FY07 . Technical assistance from the Food and Nutrition Technical Assistance (FANTA) Project is supporting the government and PEPFAR implementing partners in preparing a national strategy on nutrition and HIV, developing training materials on nutrition and HIV, producing materials to support service providers in carrying out nutrition assessment and counseling, and integrating nutrition counseling and assessment into PEPFAR-supported HIV care and treatment services. PEPFAR Ethiopia is also starting a food program on a pilot basis to provide therapeutic and supplementary food to severely malnourished PLWHA and to HIV-infected women during pregnancy and lactation. Based on assessed need and the results of the FY07 activities, FANTA activities will expand through FY08 to reach more beneficiaries, include new activities and establish broader and more permanent capacity for nutritional care among HIV service providers in Ethiopia.

Food and nutrition interventions are an important component of comprehensive care and support for people living with HIV (PLHIV). Building on Ethiopia's recent National Guidelines on HIV/AIDS and Nutrition, FANTA will work with the Government of the Federal Democratic Republic of Ethiopia (GFDRE), the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) partners, and their implementing partners to strengthen the integration of food and nutrition into Ethiopia's national response to HIV. After the FANTA visit in July 2007, a strong need was identified for nutrition technical assistance and support to PEPFAR, its implementing partners and the Ministry of Health (MOH)/HIV/AIDS Prevention and Control Office (HAPCO).

With the current interest in food and nutrition programming it is critical that PEPFAR, the HAPCO and implementing partners receive appropriate technical support to coordinate, implement and sustain effective food and nutrition activities. The increase in the FANTA budget will:

1) Expand training in nutritional care for PLWHA through regional trainings to cover service providers from 45, in the previous year, to at least 150 hospitals and health centers that provide ART and other HIV services;
2) Integrate key indicators of nutritional care for PLWHA into the national health management information system to ensure outcomes of nutritional care activities are monitored and used to inform the national HIV response and PEPFAR Ethiopia approaches;
3) Support PEPFAR Ethiopia and its partners to establish quality assurance and quality improvement systems for nutrition services at hospitals and health centers, in particular nutrition assessment, nutrition counseling, and therapeutic and supplementary feeding services where available;
4) Provide training and support materials to community-level health workers such as Health Extension Workers and community/home-based care workers in nutrition and HIV, and strengthen linkages between facility-based and community support for food and nutritional care for PLWHA;
5) Assess the progress, challenges, initial results, and gaps in the Food by Prescription program that began in FY07 and identify refinements to the program as needed;
6) Support the secondment of a nutritionist in HAPCO at the central level to serve as the focal point for nutrition and HIV activities nationally, and support nutrition focal points at regional levels to coordinate regional implementation;
7) Integrate nutrition and HIV into pre-service training curricula for Master of Science (Nutrition), Master of Public Health, nursing school, and medical school students to strengthen long-term capacity in addressing nutritional aspects of HIV care and treatment;
8) Establish a national-level technical working group (TWG) on food, nutrition, and HIV and support for development of a national strategy on nutrition and HIV
9) Develop, produce and disseminate guidelines and training materials on clinical nutritional care of PLWHA;
10) Develop, produce and disseminate program implementation materials and tools to support nutrition assessment and counseling of PLHIV;
11) Provide technical support to PEPFAR implementing partners for the introduction, strengthening, and monitoring of nutrition assessment and counseling at HIV care and treatment sites;
12) Provide technical support to the design and monitoring of a food and nutrition program targeting clinically malnourished PLHIV and orphans and vulnerable children (OVC); and
13) Facilitate of a regional meeting for PEPFAR and Title II implementing partners to strengthen coordination and integration of food aid and HIV programs.

To help support food and nutrition activities effectively in Ethiopia, FANTA has dramatically scaled-up their activities for FY2008. The increased budget will allow FANTA to increase technical assistance and support, in the above areas, to PEPFAR, implementing partners and the Ministry of Health to help build capacity to address food and nutrition issues in Ethiopia.

Together these activity components will increase the number of PLWHA reached with nutritional care and support and improve the quality and outcomes of HIV care and treatment services that PEPFAR is supporting. Approximately 200 service providers at 150 service outlets will be capacitated to provide

Activity Narrative: nutritional care and support to PLWHA.

By ensuring that nutritional aspects of care and treatment are addressed with high quality support, this activity will strengthen the care and support, ART, and other services that PEPFAR Ethiopia is supporting through the Care and Support Program and the ART Scale-Up activities listed above. The technical assistance partner will work closely with implementing partners to ensure coordination and integration of nutrition into clinical services. The partner will also coordinate with UNICEF, the World Food Program, Clinton Foundation HIV/AIDS Initiative, and other partners providing nutritional support to HIV-affected populations to ensure coordinated coverage and help standardize approaches and protocols for nutritional care of malnourished PLWHA. The nutrition counseling and assessment and capacity strengthening of Government HIV services complements the food services provided through the Food by Prescription activity.

PLWHA including HIV-infected pregnant women will be reached with nutrition assessment, counseling, and food support services that the activity will introduce and support through technical assistance to HAPCO, hospitals, health centers, and community programs. HIV-infected children and their caregivers will also be reached with nutrition assessment and counseling. Service providers will be targeted with training, support materials and capacity strengthening activities.

The activity will incorporate nutrition and HIV content into pre-service and in-service training for doctors, nurses, counselors, and other health care providers. A key approach used in this activity is to strengthen HAPCO's capacity to support, provide, and coordinate food and nutrition activities targeting PLWHA. By supporting human capacity and providing technical input to the national technical working group on nutrition and HIV, the activity will strengthen HAPCO at the national and regional levels.

Incorporation of nutrition indicators into the existing M&E system used for HIV facilities will improve the national M&E system and provide information that will enhance both service provision and program management. The focus of services introduced through this activity at the clinical level is on nutritional care, but referrals and linkages will also be established to available services that support livelihoods and address household access to food.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18693

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18693	18693.08	U.S. Agency for International Development	Academy for Educational Development	12032	12032.08		$750,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $550,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $200,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5483.09
Mechanism: TBD/CDC
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 28606.09
Planned Funds: [redacted]
Activity System ID: 28606
Activity Narrative: Integration of Water, Sanitation and Hygiene in the National HIV/AIDS Program

THIA IS A NEW ACTIVITY FOR FY09;

This is a new activity linked to the previous efforts of PEPFAR Ethiopia in provision of safe water and sanitation services to PLWH and their families. In FY08 and FY07, there were similar efforts to give these services.

In FY08, PEPFAR Ethiopia worked with national nutritional task forces to ensure that safe water and hygiene issues were addressed in the national guidelines on Nutrition and HIV/AIDS. But the challenge was that there are no clear guidelines in certain programs about safe water and hygiene.

In FY09, PEPFAR Ethiopia will support Government and other partners to review the current HIV/AIDS implementation guidelines on PMTCT, ART, TB/HIV and OI guidelines for evidence-based water, sanitation and hygiene strategies. The process will identify gaps and develop, revise, and the national guidelines and training manuals for HIV/AIDS-related services to ensure that essential technical information on WASH is adequately addressed. All relevant policies and guidelines will be evidence-based, relevant, appropriate and responsive to meet the demands for appropriate services to address the current epidemic in Ethiopia and to ensure the achievement of the program goals. During policy development, the program will conduct wide consultation with national and international experts and local stakeholders, service providers, non-governmental organizations, community-based organizations, other sectors whose activities impact on the program and, most importantly with the intended users of the services, persons infected with and affected by HIV, and their families. Emphasis will be placed on safe water treatment options and safe storage, hand washing with soap by providers, safe feces management and the promotion of a hygienic latrine, and food, personal and household hygiene. The guideline development process will include country-specific estimates for water consumption for HIV-affected households and recommendations for improved point-of-use water quality and access and mainstreaming WASH planning in the health and HIV/AIDS sector. Activities will be aimed at preventing mother-to-child HIV transmission (effective maternal nutrition and safe infant feeding), extending and optimizing quality of life throughout the continuum of illness for HIV-infected adults and children, and improving the lives of orphans and other vulnerable children affected by HIV/AIDS.

PEPFAR Ethiopia care and treatment facility partners will also be supported to place drinking water and hand washing stations with soap in HIV care and treatment, antenatal /MCH clinics, pediatric wards, TB/HIV clinics, etc. Installing the system at the antenatal /MCH clinics, pediatric wards, TB/HIV clinics may help a lot with stigma issues.

The interventions are a part of the program's delivery of the preventive care package for all HIV-positive clients. The approach will include providing commodities for safe drinking water at the point of use (water treatment with bleach/hypochlorite, storage vessels) for HIV-positive clients placing hand washing stations (soap, jerry cans, small bottles for tipsy-tap construction in water-scarce areas, and buckets with taps in areas with adequate water supplies).

Coupled with product distribution, TBD partner will support evidence-based behavior change activities and technical assistance, including: an in-service training curricula on hand washing behavior for physicians, nurses, community volunteers that is locally adapted, translated and implemented; a behavior change communications poster and electronic media materials for ART waiting rooms on priority water, sanitation and hygiene actions for PLWHA; and drinking water and tipsy-tap hand washing stations placed in the ART facility. Ongoing technical support and training will be provided to ART providers and PLWHA on improved hygiene behavior practices, with an emphasis on treating and storing water at the point of use and washing hands with soap at critical times and with proper technique. Logistics support will also address the appropriate use, storage and replenishment of commodities. Funding will primarily be used to train providers, develop BCC materials and procure commodities needed for treating and safely storing drinking water and hand washing stations, monitoring program implementation; and evaluating program outcomes.

New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	7609.09	**Mechanism:**	Care and Support Project
Prime Partner:	Management Sciences for Health	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	10647.27958.09	**Planned Funds:**	$2,278,240
Activity System ID:	27958		

Activity Narrative: HIV Care and Support Program

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity will continue as is described in COP 08, except for the targets receiving care and support services to reach 280,500 beneficiaries in COP 09. MSH will leverage resources from the Food for Peace program to provide food and nutrition for PLWHA, with an emphasis to involve facility and community service care providers to focus on providing preventative services to HIV positive cases in urban and periurban areas. The adult care and support will be closely linked to pediatric care and support activities, counseling and testing, PMTCT activities and comprehensive ART services. MSH care and support will also focus on strengthening the linkages to provide comprehensive services at both health center and community levels also, strengthening the linkages with hospital level care and support services.

COP 08 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 at Primary Health Care Unit level, health center 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 Family Health International IMPACT project and launched in FY07 by Management Sciences for Health as part of the Care and Support Program. The Palliative Care Activity within the CSP is focused on health centers. Hospital-centered delivery of care and support services is near capacity. JHU recently conducted an assessment that indicates that hospital providers on average spend only seven minutes with each ART patient. The Government of Ethiopia has accelerated decentralization of care and treatment to health centers. To complement this strategy, PEPFAR Ethiopia will continue to expand the delivery of palliative services throughout the health network. The 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 in line with the MOH decentralization of HIV/AIDS care at health centers. Activities include implementation of enhanced palliative care services in 393 selected health centers nationwide. Health centers that are geographically and functionally linked to ART health networks will be included in this category.

At these selected health centers, CSP will provide technical assistance to support asymptomatic and symptomatic care in several main 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 (IMAI) 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 PLWHA 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 (LLITN) in malaria endemic areas, Cotrimoxazole Preventive Therapy (CPT), prevention for positives, screening for active TB among HIV-positive clients, and nutrition counseling in collaboration with the GFATM and World Bank.

CSP-PC 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 PLWHA to food-by-prescription and later to Title II food or livelihood support initiatives. (Food-by-prescription will be initiated at least 25 health centers providing ART services).

Laboratory services will be improved including the areas of 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. Along with improved laboratory services, CSP will be implementing 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 FHI, to 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 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 Narrative: 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, Community Health Agents, and Traditional Birth Attendants to support and link patients with community-based services. These include the promotion of adherence, referral to RH/FP and child survival services, delivery of elements of the preventive care package, and referrals to spiritual counseling. These efforts will continue to promote effective referrals within health centers, to and from hospitals for specialized care, and to and from community and faith-based organizations. A data tracking system supporting case management will link hospitals, health centers and community services through Tulane University strategic information support.

To create additional linkages between the health network, communities and families, PEPFAR Ethiopia will continue to provide technical assistance to selected Ward HIV/AIDS desks and health posts to deploy, at a minimum, five volunteer outreach workers supporting Health Extension Workers in their community outreach activities. The outreach workers will collaborate closely with existing community health promotion volunteers and reproductive health agents. In addition, CSP-PC will work closely with FHI's Community-level Responses to Palliative and preventive care activities to further strengthen local ownership and capacity development of indigenous partners. Finally, the CSP-PC works closely with PEPFAR Ethiopia university partners and 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 PLWHA, including most at risk populations. Program linkages through palliative care and other activities will enable a reach into 500 health centers. The program will rely on Health Extension Workers 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 enabling more persons 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, CDC and US 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 (ZHD) and District Health Offices (DHO).The managerial capacity of RHB, ZHD and DHO is the key to the success of the program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16596

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16596	10647.08	U.S. Agency for International Development	Management Sciences for Health	7609	7609.08	Care and Support Project	$890,411
10647	10647.07	U.S. Agency for International Development	Management Sciences for Health	5516	3798.07		$3,306,820

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$1,000,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	7601.09	**Mechanism:**	EGAT-Small Scale Dairy Wraparound
Prime Partner:	Land O'Lakes	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	12310.27951.09	**Planned Funds:**	$1,296,000
Activity System ID:	27951		

Activity Narrative: Income Generation for PLWHA (Small scale dairy)

ACTIVITY UNCHANGED FROM FY2008

COP 08 ACTIVITY NARRATIVE:

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 exacerbate an individual's poverty status as they 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 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 FY 07 activity that contributed GHAI funds into a pre-existing mechanism funded through USAID/Ethiopia's Office of Business, Environment, Agriculture and Trade (BEAT) to expand income generation activities 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 07 activity and expand this activity to a larger population. PEPFAR Ethiopia will continue to benefit from and leverage $5,000,000 of DA funding and technical expertise from the ongoing BEAT dairy development project to implement revenue generating activities for urban/per 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/per urban persons currently enrolled in the HIV/AIDS care and treatment program in ART health networks.

The FY 08 program will continue with implementation of dairy income generation activities for beneficiaries selected in FY 07 and will select new beneficiaries in FY 08. Beneficiary selection will occur utilizing existing community-based care structures within local government/local faith-based associations and local non-governmental organizations. The program anticipates establishing smallholder dairy businesses, including dairy production (majority); fodder production, small scale processing, and milk marketing for 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 nongovernmental organization (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/per urban areas that overlap with several ART health networks that contain thousands of ART beneficiaries. Such areas include but are not limited to Gondar, Bahia Dar, Debra Marcos and Addis Ababa "milk sheds". 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 per urban areas are within easy distance of milk collection and sales points. Per 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17864

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17864	12310.08	U.S. Agency for International Development	Land O'Lakes	7601	7601.08		$1,116,000
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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening	$1,000,000

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3794.09
Mechanism: Urban HIV/AIDS Program
Prime Partner: World Food Program
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 5774.28066.09
Planned Funds: $5,081,600
Activity System ID: 28066

Activity Narrative: urban HIV/AIDS Programs

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity from COP08. The proposed increase in COP09 funding is necessary to mitigate the 40 % rise in world food costs and procurement. As Ethiopia is categorized as a focus country for food and nutrition, PEPFAR Ethiopia has identified nutrition support as a priority care and support service that is critical to improve ART adherence and treatment outcomes. The program will continue to expand to more high risk outlet sites improving the enrollment of 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.

COP 08 Narrative:

Related activities (drop down box):
Management Science for Health HIV/AIDS Care and Support project activities in Palliative Care (10647) and TB/HIV (10400)
PMTCT/Health Centers and Communities (10615)
International Training and Education Center on HIV (I-TECH) technical support for ART scale up (10439)
Johns Hopkins University (JHU) Technical Support for ART Scale-up (10430)
Columbia University Technical Support for ART Scale-up (10436)
University of California San Diego (UCSD) military ART support services (10426)

This is a continuation of a COP06 and COP07 activity that provides nutritional support to food insecure and malnourished PLWHA, including HIV positive mothers and their children in the ongoing “Urban HIV/AIDS” project in WFP Ethiopia’s Protracted Relief and Recovery Operation (PRRO). Funding has been increased to reach increased numbers of clinically malnourished and food insecure PLWHA and expand the geographical areas in the project.

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 PLWHA and mothers participating in Prevention of Mother-to-Child Transmission (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 PLWHA, 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 antiretroviral treatment (ART), HBC and Income Generating Activities (IGA). Nutritional support will also be linked to the new facility based Food by Prescription activity funded by PEPFAR. Malnourished PLWHA, 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 PLWHA 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 per 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 PLWHA 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 per urban areas, assuming additional donor funding is forthcoming.

The beneficiaries of the project are PLWHA, 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, PLWHA associations and NGOs 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 PLWHA 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

Activity Narrative: 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 PLWHA 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 utilizes 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 to 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.

This activity is directly aligned to support ART services provided by other PEPFAR partners in the implementation areas, integrating nutrition assessments of PLWHA into pre-ART and ART services. The activity then provides the additional energy requirements PLWHA 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 PLWHA 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 PLWHA 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 PLWHA. Most PLWHA 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. PLWHA 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 PLWHA, which assists in countering stigma and discrimination and helps ensure that PLWHA are fully integrated members of their communities. WFP utilizes 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, PLWHA 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 PLWHA. 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16681

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16681	5774.08	U.S. Agency for International Development	World Food Program	7503	3794.08	Urban HIV/AIDS Program	$4,000,000
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

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$66,060

Food and Nutrition: Commodities	
Estimated amount of funding that is planned for Food and Nutrition: Commodities	$4,934,233

Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	$76,224

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3786.09
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: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 5767.27914.09
Planned Funds: $467,500
Activity System ID: 27914

Activity Narrative: Rapid expansion of successful and innovative treatment programs

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY09, I-TECH will strengthen the prevention with positive efforts by further standardizing healthy living promotion efforts and encouraging involvement of people living with HIV. For the later, I-TECH will work closely with Addis Ababa HIV/AIDS Prevention and Control Offices and its sub-partner Organization for Social Services for AIDS. I-TECH will use its experience of developing prevention with positives training manual for health workers in further adopting the material for training a PLWH in social support group. Trained PLWH will facilitate discussion in PLWH support group and mobilize the community in a view toward creating conducive environment for disclosure of HIV status. I-TECH will also support the development of a strategic framework on positive prevention through a participatory process with key stakeholders. I-TECH will also continue its lead in positive prevention roll out and integration of positive prevention and in the national comprehensive prevention strategy

COP 08 ACTIVITY NARRATIVE:

In FY07 and FY08, the University of Washington/I-TECH is working on palliative care and prevention with positives activities. In FY06, 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. I-TECH 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 received palliative care, and 60 000 tablets of cotrimoxazole (CTX) and 1 000 bottles of CTX were provided to ART sites in the Afar region as emergency support.

In FY08, I-TECH is supporting care and support activities at 46 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 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 is assisting hospitals in Afar, Amhara, and Tigray to provide the preventive care package, complementing the Global Fund for Aids, Tuberculosis and Malaria (GFATM), 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.

In FY09 I-TECH will continue to work closely with PEPFAR Ethiopia's other US-based university partners to ensure complementarily of activities in the implementation of national pain management guidelines and the palliative care training curriculum.

In FY09, I-Techs' 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

Activity Narrative: 9) Continue patient management after hospital discharge if pain or symptoms are chronic
10) Link patients with community resources after discharge
11) Continue to provide safe water interventions like point of use water treatment by disinfectant and general personal and environmental hygiene for people living with the virus and families.

I-TECH will ensure that all supported sites have reliable stocks of CTX tablets and 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. 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 human resource issue by increasing healthcare worker training through the standardized palliative care curriculum.

In FY08, I-TECH spearheaded the establishment of a Federal HIV/AIDS prevention and Control Office (FHAPCO) lead prevention with positives core team. The team is working toward standardizing and scaling up prevention effort targeting PLWH at care and treatment setting. The core team develops strategic framework outlining activities like training for health workers at different levels; sensitization workshop at national and regional levels, addressing reproductive health rights and needs of PLWH; harmonizing behavioral change message at health facility, community and mass media level to maximize the synergistic effect. I-TECH led the adoption of well piloted prevention with positive training material to be used by health care providers in care and treatment settings in Ethiopia. The training material was reviewed by experts drawn from government of Ethiopia, other USG partners and different UN agencies. In FY09, I-TECH will strengthen the prevention with positive efforts by further standardizing healthy living promotion efforts and encouraging involvement of people living with HIV. For the later, I-TECH will work closely with Addis Ababa HIV/AIDS Prevention and Control Offices and its sub-partner Organization for Social Services for AIDS. I-TECH will use its experience of developing prevention with positive training manual for health workers in further adopting the material for training a PLWH in social support group. Trained PLWH will facilitate discussion in PLWH support group and mobilize the community to create a conducive environment for disclosure of HIV status. At most effort will be exercised to ensure that disclosing status will not incite violence. The following strategies will be further promoted and implemented to: create enabling environments for the empowerment of people with HIV; protect and promote human rights and ethical principles, including the right to privacy, confidentiality, informed consent and the duty to do no harm; and work with all partners to prevent the stigmatization of PLWH while focusing on their specific needs and rights. The meaningful involvement of PLWH is instrumental and will be promoted in all prevention-with-positives activities throughout PEPFAR Ethiopia's care and treatment programs. I-TECH will continue to 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16643

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16643	5767.08	HHS/Health Resources Services Administration	University of Washington	7487	3786.08	Rapid expansion of successful and innovative treatment programs	$550,000
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

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3787.09

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:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	5618.27925.09	**Planned Funds:**	$399,361
Activity System ID:	27925		

Activity Narrative: Support for Program Implementation

ACTIVITY UNCHANGED FROM FY2008

COP 08 ACTIVITY NARRATIVE:

In FY06, Johns Hopkins University – Bloomberg School of Public Health (JHU-BSPH) introduced a basic care and support 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 and support activities at sites; development of site-level training materials for palliative care and the prevention 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. In FY07, this project has provided care and support services to 22 244 people, and has distributed 22 000 condoms, 1.2 million CTX tablets, 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 collaborated with the HIV/AIDS Prevention and Control Office (HAPCO) and Food and Nutrition Technical Assistance (FANTA) to facilitate the introduction of “food by prescription” programs at hospital level. To this end, National Guideline on Nutritional and HIV/AIDS is being revised and Guide to Clinical Nutrition Care for Children 6 Months–14 Years Old and Adults Living with HIV training manual is being finalized. In the training manual section on safe water system, hygiene and sanitation have been added to reflect the PEPFAR Ethiopia effort to strengthen this service to PLWH and their families. The task force has standardized the national initial site visits have been conducted at St. Peter’s Hospital by JHU with FANTA.

In FY08, JHU plan to expand the services to total of 50 but to date it is only possible to support palliative care and support activities at 45 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 continue to 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.

In FY09, JHU will try to expand the services to 50 facilities that 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 continue to 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 and ensuring personal and environmental hygiene for PLWH 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 continue to work closely with other university partners to ensure complementary of activities with, for example, the implementation of national pain management guidelines 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
11) Continue to provide safe water interventions like point of use water treatment by disinfectant and general personal and environmental hygiene for people living with the virus and families.

JHU will: ensure that all supported sites have reliable stocks of CTX tablets; provide emergency supplies when needed for quality and continuity of care; promote TB screening; and provide and promote INH prophylaxis for HIV positive adults and children. Supportive supervision and the institution of standard operating procedures and national guidelines will improve the use of CTX and INH prophylaxis. Attention

Activity Narrative: 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 FY09, 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.
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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16633

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16633	5618.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	7485	3787.08	Support for program implementation through US-based universities in the FDRE	$469,836
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

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5522.09
Mechanism: pc
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 10582.28059.09
Planned Funds: $500,000
Activity System ID: 28059

Activity Narrative: Care and Support Activites

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Peace Corps Ethiopia is continuing its Care and Support activities from FY08. As in FY08, Peace Corps is requesting a total of 40 Volunteers (30 PEPFAR funded, 10 appropriated funded). New for FY09, Peace Corps Ethiopia will expand from the Amhara and Oromiya regions into the neighboring Tigray and Southern Nations (SNNPR) regions.

COP 08 ACTIVITY NARRATIVE:

This PC/ET activity relates to Orphan and Vulnerable Children (10533), prevention (New), treatment (HXTS), and staffing and management (HVMS).

Activity Narrative:
This is a continuation of the same activity from COP07.

BACKGROUND

In January 2007, PC/ET started its operations in Ethiopia. Staff have been hired and PC/ET will receive 43 Peace Corps Paves (Paves) in October 2007 (33 EP-funded and 10 appropriated-funded). Based on GOE requests and a subsequent field assessment, PC/ET worked closely with the Ministry of Health (MOH)/HAPCO to identify viable sites for Paves in eight zones in Amhara region and nine zones in Oromia region. A key criterion for site selection was the presence of ongoing Emergency Plan (EP) activities so that Paves could assist in program linkages and coordination, and to assure programs are reaching those in the community most in need of services. Paves will be working with the zonal and woreda health offices, local partners, including EP Implementing Partners, NGOs, CBOs, and FBOs 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, PCVs 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 EP 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 PCVs will shift the focus of their activities primarily towards meeting prevention needs.

PCV HOME-BASED CARE OVERVIEW

PCVs will be assigned to government health offices, NGOs, FBOs or CBOs to strengthen the delivery of palliative care services to PLWHA and their caregivers. PCVs will work in collaboration with their counterparts (CPs) to identify gaps and strengthen services to those chronically ill with HIVAIDS 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, health care services, or livelihood activities. PCVs 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), Orphan and Vulnerable Children (OVC) services, promotion of positive living and health education, and Prevention of Mother to Child Transmission (PMTCT).

PCV TRAINING

In October 2008, PC/ET will receive 30 more EP funded and 15 more appropriated-funded PCVs. This will bring the projected total of EP-funded to 63 and appropriated-funded PCVs to 25 for a total of 88 PCVs. During their overall pre-service training trainees will received training in basic HIV/AIDS 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 Oromia regions will be presented, and where possible, materials for the PCVs from existing programs in the region will be shared. PC/ET will collaborate with the EP USG-E team to ensure that during their training, PCVs receive materials and technical expertise available through the USG-E EP team and various EP partners in prevention.

In addition to technical training and access to existing EP resources, PCVs will receive EP- funded HIV/AIDS training and have access to PCV Activities Support and Training (VAST) program grants. PC/ET's VAST program is an EP funded small grants and PCV training program to support small-scale, capacity-building projects (including community-focused training) among community-based organizations and/or faith based organizations (C/FBOs), and/or non-governmental organizations (NGOs) that work with or provide services to local communities to fight the HIV/AIDS pandemic. Through the VAST program, PCVs will support local projects that are addressing pressing prevention, care, and support needs at the community level.

PCV ACTIVITIES

Once at their sites, PCVs will support HBC activities, coordination of HBC services on several fronts. At the community level, PCVs and counterparts (CPs) and local partners will support community-level activities to organize a coordinated approach to HBC services; support the capacity of local organizations, communities to provide HBC services; and strengthen the myriad of social care services. They will support leadership development of PLWHA associations and prevention services as well as developing linkages to food support and income-generating programs. PCVs will work with their CPs to build capacity of HBHC service providers and the beneficiaries through linking organizations and individuals to locally available resources or

Activity Narrative: EP funded programs. At the service- level, PCVs and CPs 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. PCVs will organize community events to help lessen the stigma and discrimination of PLWHA and to strengthen the capacity of communities to advocate and adequately respond to PLWHA needs. They will also work with local Anti-AIDS Clubs, PLWHA groups, and Idirs to reach OVC and their caregivers.

In addition, PCVs will work with government organizations, NGO, FBO or CBO engaged in HBC services and work with PLWHA 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, and Prevention Care Services.

PCVS AS COORDINATORS

Beyond direct interaction with the community and direct support and implementation of particular prevention programs, PCVs will work with woreda and zonal level coordinating bodies in order to support prevention programs addressing 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 woreda efforts as a whole in HBC, and through this approach, help eliminate duplication of efforts or conflicting messages. PCVs 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 care givers. PCVs will act as facilitators in coordinating local efforts to work towards common goals and build off one another's efforts.

TARGETS

Assuming that 40 PCVs and their CPs will each train 10 individuals in HIV-related palliative care services this will result in 420 Ethiopians trained. Forty-three PCVs will each assist 1 HIV-related palliative service outlet (i.e., Government organization, NGO, or Community group) for a total of 42 HBC outlets. Forty-three PCVs will link 20 individuals to HIV-related palliative care services for a total of 840 individuals reached.

This activity contributes to the overall EP to support the Government of Ethiopia strategy for accelerated access to HIV/AIDS prevention, care and treatment in Ethiopia. PC/ET's uniqueness 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 PCVs live and work over a two year period. Peace Corps has a two-pronged approach to strengthen the linkages of EP program areas and other programs, including wrap-around activities. They are: 1) Where possible, PCVs 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 PCVs presence to promote information exchange and sharing of best practices. They will assist in creating networks among and between service providers and communites; and build local organiztional capacity. 2) PCVs will work through zonal, woreda, or town health office HIV/AIDS units to strenghten the overall coordination of HIV/AIDS services and to strengthen the linkages between prevention, care and treatment services, including wrap-around activities.

PCVs will work either with government health office HIV/AIDS units or NGOs, FBOs, or CBOs targeting home-based care providers or services. PCVs will also work with PLWHA Associations, Idirs, and Anti-AIDS Clubs engaged in Home Based Care services.

In conclusion, all PCVs will be tasked with bringing different programs (Prevention, OVC, HBHC, and Treatment) together to discuss linkages, referrals, and common goals.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16683

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16683	10582.08	Peace Corps	US Peace Corps	7505	5522.08	pc	$800,000
10582	10582.07	Peace Corps	US Peace Corps	5522	5522.07	pc	$925,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	$300,000

Education	
Estimated amount of funding that is planned for Education	$100,000

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7615.09
Mechanism: Grant Solicitation and Management
Prime Partner: World Learning
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 17867.28094.09
Planned Funds: $300,000
Activity System ID: 28094

Activity Narrative: Grants, Solicitation and Management

ACTIVITY HAS BEEN MODIFIED IN TEH FOLLOWING WAY

This activity will continue to engage local civil society organizations with grants and capacity building. There are no substantive changes from activities described in the COP08 narrative. One additional sub partner will be engaged to support HIV prevention and capacity building activities of the National Network of Ethiopians Living with HIV/AIDS. The activity narrative will not be d for COP09.

COP 08 Narrative:

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 non-governmental 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 percent 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 $2,300,000 in funding ($720,000 for OVC, $240,000 in AB Prevention, $1,140,000 in Other Prevention, and $200,000 for HBHC). The 15 percent 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 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. GSM recipients will train 400 individuals and reach an estimated 100,000 with behavior change communication programming on HIV prevention. Prevention targets for the GSM program are under the HVOP section (10407).

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 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 Engender Health 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. Prevention activities under the GSM program will reach an estimated 125,000 individuals. An estimated 1,000 individuals will be trained 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17867

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17867	17867.08	U.S. Agency for International Development	World Learning	7615	7615.08	Grant Solicitation and Management	$200,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 603.09
Mechanism: FBO-IOCC
Prime Partner: International Orthodox Christian Charities
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 5593.28078.09
Planned Funds: $419,000
Activity System ID: 28078

Activity Narrative: HIV/AIDS Response Mechanism Project

ACTIVITY UNCHANGED FROM FY2008

COP 08 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 utilizes 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 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 PLWHA with care and support activities including income generating activities, home-based care (HBC) and spiritual counseling. IOCC utilizes volunteers drawn from local Orthodox congregations to conduct home visits to clients who are bedridden or in the end-of-life stages of AIDS. 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 Engender Health "Men as Partners" activity (ID 12232).

During 2008, IOCC/DICAC will provide HBC services to 3,000 PLWHA 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 PLWHA 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 PLWHA households with IGA. In FY08, IOCC/DICAC will extend IGA support to an additional 1,500 PLWHA 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 PLWHA 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 PLWHA 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16676

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16676	5593.08	U.S. Agency for International Development	International Orthodox Christian Charities	7499	603.08	*	$719,501
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

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

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 683.09
Mechanism: ***
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 12311.28334.09
Planned Funds: [redacted]
Activity System ID: 28334

Activity Narrative: Income Generation for PLWHA (Aid to Artisans

ACTIVITY UNCHANGED FROM FY2008

COP 08 Narratives:

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 exacerbate an individual's poverty status as they 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 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 FY 07 activity that contributes GHAI funds into a pre-existing mechanism funded through USAID/Ethiopia's Office of Business, Environment, Agriculture and Trade (BEAT) expand income generation activities specific to handicraft production and marketing for HIV/AIDS care and treatment beneficiaries. PEPFAR Ethiopia proposes to add an additional $500,000 to continue implementation of the 07 activity and expand this activity to a larger population. PEPFAR Ethiopia is expected to leverage $1,000,000 of DA and other partner funding as well as technical expertise from the BEAT Office to implement revenue generating activities for urban/per urban beneficiaries currently enrolled in the HIV/AIDS care and treatment program.

PEPFAR funding leverages investments by BEAT within a mechanism to introduce or strengthen handicraft production to urban/per urban persons currently enrolled in the HIV/AIDS care and treatment program in selected ART health networks.

An international NGO (to be determined) with specific expertise and experience in handicraft development and marketing will maintain a successful Market Link program to support entrepreneurial skills, product design, production, business skills and market development. BEAT's activity will focus on 1) development of market linkages for export to developed markets 2) providing technical trainings in product design and production and 3) organizing micro-producers to maximize economic efficiency. PEPFAR funds will cover the cost of HIV/AIDS care and treatment beneficiary inclusion for a time limited period in the program. Upon graduation from the program the beneficiary will have a small sustainable income to support their adherence to care and treatment and to maintain a healthy, productive lifestyle to serve as a role model for their community.

The FY 08 program will continue with implementation of handicraft production and marketing income generation activities for beneficiaries selected in FY 07 and will select new beneficiaries in FY 08. Beneficiary selection will occur utilizing existing community-based care structures within local government/local faith-based associations and local non-governmental organizations. Selected handicrafts such as leather products, weaving, basketry and pottery-making will help beneficiaries in care and treatment receives a sustainable income. The activity will enable chronically poor beneficiaries to become micro producers to participate in the market for an additional 3,000 beneficiaries enrolled in HIV/AIDS care and treatment services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18030

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18030	12311.08	U.S. Agency for International Development	To Be Determined	7603	7603.08		[redacted]
12311	12311.07	U.S. Agency for International Development	US Agency for International Development	5475	118.07		$500,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening [redacted]

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3784.09
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: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 5772.27899.09
Planned Funds: $346,637
Activity System ID: 27899

Activity Narrative: Pallative Care Support

ACTIVITY UNCHANGED FROM FY2008

COP 08 NARRATIVE:

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 and FY08, ICAP-CU supported basic palliative care services at 52 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 FY09, ICAP-CU will continue to support palliative care and support activities at 52 facilities providing HIV care and treatment via a multidisciplinary, family-focused approach for providing the preventive care package for adults. 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 continue to 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; CTX; symptom management; micronutrient (multivitamin) and nutrition supplementation and counseling; 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.

ICAP-CU will continue to work closely with other PEPFAR Ethiopia US-based university partners (e.g., University of California, San Diego) to ensure complementarities of activities on implementation of national pain management guidelines. As member of the National Technical Working Group on Palliative Care, ICAP -CU will continue to 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, 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.
11) Continue to provide safe water interventions like point of use water treatment by disinfectant and general personal and environmental hygiene for people living with the virus and families.

ICAP-CU activities will promote prophylaxis and treatment for opportunistic infections in accordance with national guidelines. Appropriate use of pCTX as essential elements of care for HIV-positive adults continue to 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 will provide emergency supplies at a time of 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. 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 continued to 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+ pregnant or breastfeeding women, HIV-exposed or infected infants who are no longer breastfeeding, malnourished patients). 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16669

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16669	5772.08	HHS/Centers for Disease Control & Prevention	Columbia University	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	$372,000
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

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 637.09

Mechanism: USAID-CRS

Prime Partner: Catholic Relief Services

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 5734.27888.09

Planned Funds: $599,659

Activity System ID: 27888

Activity Narrative: Care and support for PLWHA

ACTIVITY UNCHANGED FROM FY2008

This is a continuous wrap around activity continuing with the same activities as is described in COP08.

COP 08 NARRATIVE:

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16662

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16662	5734.08	U.S. Agency for International Development	Catholic Relief Services	7494	637.08	*	$544,050
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

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 649.09

Mechanism: N/A

Prime Partner: International Rescue Committee

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

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 18102.28083.09

Planned Funds: $186,621

Activity System ID: 28083

Activity Narrative: Care and Support Activities for Sudanese and Eritrean Refugees

ACTIVITY UNCHANGED FROM FY2008

This activity is unchanged from FY08. IRC determined that it does not currently have the capacity to expand its care and support activities to My Agni Refugee Camp, which opened in May 2008 to accommodate the continued influx of Eritrean asylum seekers entering Ethiopia. To date, My Agni hosts a temporary clinic providing basic health care, but does not have the capacity to provide other services. IRC intends to focus on initiating AB and OP outreach activities as well as OVC, VCT and PMTCT services in FY09 with the hope of building enough capacity to initiate care and support services in My Agni in 2010.

During program design it was determined that FY08 targets were set too high given the actual number of PLWH in the camps and host communities. FY09 targets have been reduced to reflect this reality. FY07 VCT results indicate that 81 individuals tested positive (15 in Shekel and 66 in Shim Elba), but not all of these individuals require (d) palliative care. Because the number of individuals requiring care is reduced there is an expected reduction in the number of individuals trained to provide HIV-related palliative care (assuming a 1:2 ratio of care providers to care recipients).

COP08 NARRATIVE FOR THIS ACTIVITY:
Care and Support Activities for Sudanese and Eritrean Refugees
International Rescue Committee

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 Shekel and Shim Elba Refugee camps and the surrounding host communities.

IRC's HIV prevention and CT project was initiated in October 2004 in Shekel Camp (in the Benishangul-Gumuz region) and in 2007 in Shim Elba 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 Shekel 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 Shim Elba 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 Shekel 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 Assisi Regional Hospital for wraparound care and monitoring. Eight are receiving ART therapy and 16 are being monitored.

HIV testing in Shim Elba 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.

Activity Narrative: 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.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18102

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18102	18102.08	Department of State / Population, Refugees, and Migration	International Rescue Committee	7516	649.08		$186,621

Emphasis Areas

Gender

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

Refugees/Internally Displaced Persons

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $15,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5483.09

Mechanism: TBD/CDC

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 28609.09

Planned Funds: [redacted]

Activity System ID: 28609

Activity Narrative: Prevention of Cervical Cancer in HIV Positive Women

THIS IS A NEW ACTIVITY FOR FY09:

This is a new activity in FY09. This is a prevention of cervical cancer in HIV positive women in selected 20 sites providing care and support activities. This activity will form the basis for further rollout of cervical cancer prevention in HIV positive women on a wider scale in Ethiopia.

Current estimates anticipate 7,619 Ethiopian women will be diagnosed with cervical cancer every year and 6,018 will die of the disease. Cervical cancer is the leading cause of cancer among Ethiopian women between 15 and 44 years of age.

In FY09, PEPFAR Ethiopia TBD Partner will introduces a prevention approach that uses visual inspection of the cervix using dilute acetic acid or vinegar (VIA) to detect pre-cancerous lesions and treatment of detected lesions with cryotherapy during the same visit in some 20 sites offering care and support activities. The approach is simple enough to be used by trained nurses in lower level facilities, such as health centers.

In Ethiopia, The Federal Ministry of Health, through its Family Health Department, has already recognized the importance of cervical cancer as a public health issue and included its prevention as part of the National Reproductive Health Strategy. It has also funded a feasibility study, in collaboration with the Addis Ababa University Department of Obstetrics and Gynecology, for establishing screening programs including VIA in the national Addis Ababa teaching hospital and 7 referral hospitals throughout Ethiopia. The following issues are identified as limitations: the current lack of a key component of the single visit approach, the treatment of pre-cancerous lesions, and thus are limited by the lack of options once a case has been detected. In addition, there is only one radiotherapy unit in the country. As a result, while providers were trained in VIA, screening services may not have started. This pilot activity will build on resources already committed to this problem.

In selecting sites for this pilot program hospitals where providers were trained in visual inspection with acetic acid are prioritized. This activity would support only the screening and treatment of pre-cancerous lesions among HIV positive women. Inevitably, more advanced stages of cervical cancer will be detected and the TBD partner will help sites to establish a site-specific referral process. The TBD partner will also spearhead advocacy strategy for the MOH to invest in strengthening their capacity to manage advanced cases as well as offer palliative care for far-advanced cases detected during the screening program.

Important stakeholders include Ministry of Health Family Health Department, the local and USG universities partners, Ethiopian Society of Gynecologist and Obstetrics (ESOG) etc. The TBD partner will establish the feasibility of the single visit approach with minimal resources to ensure the integration in ART clinics.

This activity will ensure the following activities:
1. Briefing of national stakeholders including the Family Health Department (FHD) about HPV infection, cervical cancer and HIV/AIDS; and the application of the single visit approach for prevention
2. Establishing a National Technical Working Group under national palliative care task force for cervical cancer prevention representing all the important stakeholders including FHD, HAPCO, CDC, NAPWE, ESOG, ENA, other women's groups etc.
3. Identifying possible donors or charitable organizations interested in cervical cancer prevention and able to contribute to a national program
4. Selecting twenty sites for implementation of the cervical cancer prevention activities
5. Procuring 20 cryotherapy units for the hospitals already implementing VIA and identifying sources of carbon dioxide to run the cryotherapy units
6. Promote policy consensus and adoption for providing cervical cancer prevention to HIV positive women by sponsoring a consensus building workshop to present the evidence to date and discuss integration with HIV/AIDS-related services. Such a meeting would also decide what category of nurses and other health professional can carry out screening and treatment in a single visit format, as well as to whether services are integrated into MCH units and HIV positive women linked to the care there or integrated within pre-ART and ART settings.
7. Reproduce training materials (flash cards, atlas, DVDs and manuals) for local use. Train a core team of trainers and rolling out trainings; Develop educational materials for women to be displayed in target sites (brochures, posters) to inform them of the availability of services, translate into local languages and print materials; Provide training in the single visit approach (one week) for 20 to 40 providers. The exact number will depend on funding---at least 2 providers per potential service point.
8. Work with facility based PEPFAR Ethiopia Care and Support partners to train clinical staff in the roll out and application of the single visit approach and give site level mentorship and supervision to the trained providers.
An evaluation report on the community counselors' program has been compiled and shared with stakeholders.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 674.09

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: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 28619.09

Planned Funds: $216,000

Activity System ID: 28619

Activity Narrative: Standardizing Basic Care Package and Care and support program

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity has been funded through COP07 supplemental funding to evaluate the Ethiopian basic care package program. Ethiopian Public Health Association (EPHA) participation in the baseline evaluation was not possible due to delayed implementation of the Basic Care Package Provision program. A baseline evaluation will be carried out by CDC-Ethiopia before implementation. The delay in the implementation is partly due to the fact that in Ethiopia, specific elements of preventive care package are not well defined. There are ongoing efforts to define the menu of services for people with HIV and their families. Planning for the basic care package implementation is underway. With this background this activity has two complimentary parts.

The first part of this activity is linked to Basic Care Package Provision Program. In this part EPHA will conduct a systematic, quantitative mid-term and final program evaluation of the implementation of the basic care package in Ethiopia. The goal of this evaluation is to determine the extent to which the basic care package has been provided to persons enrolled for HIV care in Ethiopia.

CDC-Ethiopia will work closely with CDC-Atlanta and EPHA to design and conduct programmatic evaluation through a multi-stage scientific sampling process that will establish a study population representative of all patients enrolled for HIV care in Ethiopia. Trained study staff will interview patients, conduct chart reviews and make home visits to collect water samples and observe usage of items at home to establish the extent to which the basic care package is being used within the study population. The data from the baseline, mid-term and final evaluations will be analyzed to project an overall utilization rate for each element of Ethiopia's basic care package.

The analysis will allow identification of factors associated with incomplete or with full implementation of the basic care package; further it will identify gaps in the use of various commodities necessary for the basic care package, or inadequate facility-level promotion of its use, and identify ways to improve program implementation. Finally, this project will build capacity for program evaluation within Ethiopian Public Health Association.

The second part of this activity concentrates on defining and describing basic care package for Ethiopian context. This part will very much depend on the first part. In other words, the evaluation would be an input in refining the elements of the Basic Care package.

In the past years, PEPFAR Ethiopia worked to ensure all HIV positive clients benefited from basic HIV prevention and care, including a core set of evidence based effective interventions that are simple, relatively inexpensive, can improve the quality of life, prevent further transmission of HIV, and for some interventions, delay progression of HIV disease and prevent mortality. Toward that end, EPHA will sponsor national level activities directed toward revising implementation guidelines with a view to define a set of preventive care interventions for the Ethiopian context. Recently, World Health Organization develops guideline on Essential prevention and care interventions for adults and adolescents living with HIV in resource-limited and through this activity EPHA will ensure that all those interventions are defined nationally. These WHO guidelines outline evidence-based interventions that, in addition to or prior to the initiation of ART, promote health, reduce the risk of HIV transmission to others, and address diseases that most impact the quality and duration of life of adults and adolescents with HIV. The recommended interventions will be those focusing on prevention of initial illness or episodes of opportunistic infections and malignancies rather than treatment or prevention of recurrence. Most interventions considered in the WHO and OGAC guidance is delivered by staff in health-care facilities, some are best delivered in households, such as point-of-use interventions to improve water safety which make the interventions more practical for our context.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3790.09

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: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 10572.28209.09

Planned Funds: $123,050

Activity System ID: 28209

Activity Narrative: Palliative Care for Refugees

ACTIVITY UNCHANGED FROM FY2008

UNHCR will expand the FY08 geographic coverage of this activity to provide services to Asayita Refugee Camp in the Afar region and Sheder Refugee Camp in the Somali region. Ethiopia has experienced an influx of Somali refugees, many fleeing the current political insecurity in Mogadishu. A second camp, Aw Barre (formerly Teferiber), was established in July 2007 and a third camp, Sheder, was established in April 2008 to accommodate this influx. Given the current situation in Somali it is expected that this number will continue to rise. At the same time there is a continued influx of Eritrean refugees entering Ethiopia from the north necessitating the opening of a second refugee camp for Eritrean Afari refugees in Ethiopia's Afar region. In FY09 UNHCR plans to expand prevention (both AB and OP outreach activities) as well as VCT and PMTCT services in the same geographic areas and it is important to provide care and support services for those testing positive. Additionally, experience has demonstrated that initiating care and support services in refugee camps in Ethiopia has encouraged the use of VCT services.

In addition to services described in the FY08 activity, UNHCR will initiate income generation and backyard garden activities for PLWH in FY09. In general, approximately 30-40% of refugee food rations are sold by refugees to cover non-food items (NFI) and other food needs. As a result, beneficiaries of palliative care services are asking for more than the current food basket—which includes supplementary feeding items—and NFI provided under the program. UNHCR plans to fund development of bag and multistory gardens to provide supplementary food and income to vulnerables in the camp, including individuals receiving palliative care services, OVC and victims of sexual and gender-based violence.

COP08 NARRATIVE FOR THIS ACTIVITY:

Related Activities: The activity is programmatically linked to HIV Prevention Services for Refugees and Host Populations in Ethiopia (10528), Condoms and Other HIV Prevention Services for Refugees and Host Populations in Ethiopia (10529), Voluntary Counseling and Testing Services for Refugees and Host Populations in Ethiopia (Reprogrammed in 2007—formerly 10527), Assistance to Orphans and Vulnerable Children in Six Refugee Camps in Ethiopia (10530), and Universal Precautions and Post-Exposure Prophylaxis in Six Refugee Camps (10634).

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16689

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16689	10572.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	7506	3790.08		$107,000
10572	10572.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	5524	3790.07		$100,000

Emphasis Areas
Gender
* Increasing gender equity in HIV/AIDS programs
Health-related Wraparound Programs
* TB
Refugees/Internally Displaced Persons

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$20,200

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	$50,500

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 118.09
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: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 18724.27987.09
Planned Funds: $252,974
Activity System ID: 27987

Activity Narrative: Management and Staffing

THERE HAS BEEN NO STAFFING CHANGE FROM COP08

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).

New/Continuing Activity: Continuing Activity

Continuing Activity: 18724

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18724	18724.08	U.S. Agency for International Development	US Agency for International Development	7479	118.08	USAID M&S	$502,782

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3785.09

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: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 5770.28216.09

Planned Funds: $420,811

Activity System ID: 28216

Activity Narrative: Palliative Care Assistance at Uniformed Service Health Facilities

ACTIVITY UNCHANGED FROM FY2008

COP 08 ACTIVITY NARRATIVE:

This is a continuing activity from FY08. In FY07 and FY08, the University of California, San Diego (UCSD) introduced basic palliative care and preventive care services to 33 more facilities, in addition to the 13 ART facilities it supported in FYO6. 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.

In FY08, UCSD has continued 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 two new sites, bringing the total number of sites to 48 uniformed services health facilities providing HIV/AIDS care and treatment. UCSD continue to 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.

In FY09, UCSD will continue to support facilities 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, 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, the importance of adherence to both care and treatment for PLWH, and 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 continue to correspond with international partners to bring in experiences and best practices in palliative care and support and pain management. UCSD is working with key national palliative care partners like Ethiopian Pharmaceutical Company to import powder morphine and formulate and distribute it as liquid morphine.

UCSD is finalizing the preparation to train pharmacist and physicians in pain management with a practical attachment in international model palliative care centers. After getting approval from drug administration and control authority, UCSD import powder morphine and sponsor trainings pharmacists and physicians as soon as the stability study is completed. Based on the feedback collected from partners, UCSD will lead the revision of the pain management guideline to promote the availability and access of opioids.

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 efforts to implement a sustainable 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.

Activity Narrative: 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) Establish 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16619

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16619	5770.08	HHS/Centers for Disease Control & Prevention	University of California at San Diego	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	$373,200
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

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 651.09

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: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 10549.28324.09

Planned Funds: $1,036,800

Activity System ID: 28324

Activity Narrative: Development of Model Voluntary Counseling and Testing Services

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

In FY09 OSSA will add another 50 service outlets, bringing the total number to 70 to serve ART client's in the hospitals. According to the June 2008 report, of255, 313 clients ever enrolled for care in the country, 78% of patients are enrolled in hospitals. Although we are working to off load patient to health centers, it is critical that we have to arrange community care for those attending hospitals. OSSA would give family-centered care and support to 60,000 clients through these 70 service outlets and home-based care.
In FY09 OSSA will closely work with University of Washington to complement and strengthen the prevention with positives efforts at facility level. Recruit PLWH and sponsor the training of PLWH in prevention with positives; assist HIV-positive clients to disclose test results to sexual partners and family members and encourage HIV testing for couples and families; provide preventive and supportive posttest services for concordant HIV positive and discordant couples; provide care for terminally-ill patients at their home and support family members to prepare for loss.

In FY09, 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 support to clients enrolled at hospitals nationwide, in collaboration with US university partners.

COP 08 ACTIVITY NARRATIVE:

OSSA have 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 expanded its capacity and establish six new service outlets, bringing the total number of such outlets to 20. Although OSSA has stated to meaningfully support the hospital by offering PLWH in hospitals with range of care and support services, it is becoming more evident that expansion of the service is needed. In FY09 OSSA will add another 50 service outlets, bringing the total number to 70 to serve ART client's in the hospitals. According to the June 2008 report, off 255,313 clients ever enrolled for care in the country 78% of patients are enrolled in hospitals. Although we are working to off load patient to health centers, it is critical that we have to arrange community care for those attending hospitals. OSSA would give family-centered care and support to 60,000 clients through these 70 service outlets and home-based care.

OSSA will continue to support ART provision in hospitals in the following key activity areas:
Support 80% of ART hospitals by making 70 community service outlets operational.
1) Each of these service outlets will be the community support end for two to three ART hospitals. All clients will be offered the following services depending on their need: adherence counseling, link to PLWH support group for psychological support and education on safe water and basic sanitation, as well as nutrition counseling.
2) Trace patient lost from follow up and assist critically ill patients to access different services within the hospital and link patients with home based care run by OSSA at discharge. Provide care for terminally-ill patients at their home and support family members to prepare for loss.
3) Establish patient peer-support groups in close collaboration with the hospitals to support adherence to care and treatment. Use patient support group to distribute and replenish basic preventive care package.
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) In FY09 OSSA will closely work with University of Washington to complement and strengthen the prevention with positives efforts at facility level. Recruit PLWH and sponsor the training of PLWH in prevention with positives. Assist HIV-positive clients to disclose test results to sexual partners and family members and encourage HIV testing for couples and families. Provide preventive and supportive posttest services for concordant HIV positive and discordant couples.
7) Provide support to PLWH and family members (including orphans) to maintain their living through income generating activities. Prioritize woman and girls for income generating activities and vocational training. Encourage house hold to keep young girls in school by compensating for lost family income through giving priority to participate on income generating activities. Recruiting and training more male on care for PLWH at home.
8) Work closely and link PLWH with major religious organizations that provide spiritual care & support for HIV/AIDS patients. Organize forum with religious organization in effort to reduce stigma and discrimination.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16694

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16694	10549.08	HHS/Centers for Disease Control & Prevention	Addis Ababa Regional HIV/AIDS Prevention and Control Office	7508	651.08	Development of Model Voluntary Counseling and Testing Services in the Democratic Republic of Ethiopia	$600,000
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

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7597.09
Mechanism: Food by Prescription
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 29752.09
Planned Funds: [redacted]
Activity System ID: 29752

Activity Narrative: April 2009 Reprogramming:
Activity Title: Malaria HIV Co-infection

Ethiopia improved access to preventive and curative services against HIV and malaria at the primary health care level but malaria remains among the top three causes of morbidity. There are multiple ad hoc evidences that suggest Malaria infection is one of the leading causes of morbidity and probably mortality among HIV infected patients. Globally, it is well established that such co-infection leads to worsening of HIV/AIDS progress and amplified transmission of Malaria among the general community. It is also well documented that the co-infections increase the chance of malaria drug resistance, including the current life saving ones.

The ultimate goal of HIV/AIDS care and treatment programs is to improve the quality and span of life among persons living with HIV/AIDS; but without appropriate organized systematic response to malaria, the ultimate goal will be challenged to be realized in Malaria endemic or epidemic-prone areas.

Strengthening the existing Presidential Malaria Initiative wraparound activity with PEPFAR the activity will assess the level of Malaria and HIV coinfection including a pilot implementation with the following activities in an area of high HIV prevalence and endemic or epidemic prone areas of Ethiopia:

Raising the level of sensitiveness of health workers in diagnosing and treating malaria among Pre- and ART patients
Regular screening for malaria in selected areas and high malaria transmission zones
Malaria treatment as per the national guideline
Developing a study protocol, that can also be used for other similar studies
Site selection (representative across different HIV and malaria transmission zone), sampling and development of tools
Longitudinal data collection at least over two high malaria transmission periods
Data storage and analysis stratified at different epidemiological zones
Write-up and dissemination

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 8181.09

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: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 18725.28992.09

Planned Funds: $14,800

Activity System ID: 28992

Activity Narrative: CDC M&S

ACTIVITY MODIFIED IN THE FOLLOWING WAYS

In COP'08 Care and Support program area budget (HBHC) included Adult and Pediatric Care salaries and benefit of local technical staff. Based on COP'09 guidance, these two program areas have been separated to reflect local technical staff salary and benefit cost accordingly.

COP08 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18725

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18725	18725.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8181	8181.08	CDC-M&S	$45,400

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 119.09
Mechanism: Ethiopian National Defense Force
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 28887.09
Planned Funds: $200,000
Activity System ID: 28887
Activity Narrative: Prevention with Positives

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Flat Funding: Little change in FY09. With level funding this activity will continue to build on the achievements made with 08 funding solidifying methods and evaluation plans will be implemented.

Reduced Funding: this activity will be scaled back so that implementation in the primary site is solidified but expansion and evaluation plans will be limited.

Expanded Funding: This activity will expand to other sites and evaluation plans will be finalized and implemented.

New/Continuing Activity: New Activity
Continuing Activity:

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

Total Planned Funding for Program Budget Code: $75,504,276

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 8181.09
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: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 18735.28996.09
Planned Funds: $33,400
Activity System ID: 28996

Activity Narrative: CDC M&S

ACTIVITY MODIFIED IN THE FOLLOWING WAYS

In COP08 Care and Support program area budget (HTXS) included Adult and Pediatric Treatment salaries and benefit of local technical staff. Based on COP09 guidance, these two program areas have been separated to reflect local technical staff salary and benefit cost accordingly.

COP08 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18735

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18735	18735.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8181	8181.08	CDC-M&S	$77,300

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3787.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 29754.09

Planned Funds: $380,800

Activity System ID: 29754

Activity Narrative: April 2009 Reprogramming:

Expansion of HIV/AIDS Pre service Education Problem Statement 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 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, JPIEGO (PEPFAR partner) 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. Also, the PEPFAR partner 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. The PEPFAR partner 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 of maximizing mentoring of students in clinical areas.
In FY08, the PEPFAR partner consolidated its efforts in the three universities and expand to new cadres within the university. These cadres included laboratory technicians, pharmacists and others. The partner worked with PEPFAR partners—Strengthening Pharmaceutical Systems (SPS) and a CDC laboratory partner. The partners worked to update faculty knowledge and skills and revise curricula, and provided effective teaching-skills training and teaching equipment. The partner also applied the Standards Based Education Management and Recognition (SBEM-R) approach for strengthening the quality of the pre-service education. In addition, the partner applied the lessons learned in university settings to regional health college for diploma-level nursing education. With the assumption that nurses recruited from and trained in the regions of Gambella and Benishangul are more likely to stay in the regions for a longer proportion of their career, the PEPFAR partner strengthened the nursing schools in Gambella and Benishangul and prepared them to accept larger intakes of students. The focus was on HIV/AIDS content, but the strengthening will include equipping classrooms and clinical skills labs, ensuring good scheduling of clinical attachments/internships 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. The partner established a core team of "Educational Mentors for Health" to build capacity for internal development of instructors and to overcome the problem of teacher turnover. The PEPFAR partner continued 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. The partner shared 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.
In FY 09 these activities were reprogrammed from JHPIEGO to John Hopkins University (JHU) to implement the following activities.
• Ensure that one Academic Development and Resource Center (also known as educational development centers) is established and strengthened at each of the two universities in the cities of Awassa and Addis Ababa
• Ensure that two skills laboratory are strengthened
• Ensure that competency-based education is promoted and strengthened at the universities in the cities of Awassa and Addis Ababa.
• Educational quality is improved based on the increment in achievement of performance standards through standards-based educational management and recognition
• 50 instructors will be trained on effective teaching skills
• 50 instructors will be trained on Instructional Design (ID)
• 50 instructors will be trained on student's performance assessment teaching and student performance assessment will be improved.
• In collaboration with the Ministry of Education, Ministry of Health, the Higher Education Relevance and Quality Agency, and professional associations, accreditation and licensure processes will be developed and implemented
• Pre-service HIV/AIDS education strengthening support is expanded to other health science disciplines and universities
• Practical training sites and their linkages with teaching institutions are strengthened; through training of preceptors and strengthening the support to practical sites.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3784.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 29755.09

Planned Funds: $125,000

Activity System ID: 29755

Activity Narrative: April 2009 Reprogramming:

Expansion of HIV/AIDS Pre service Education Problem Statement 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 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, JPIEGO (PEPFAR partner) 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. Also, the PEPFAR partner 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. The PEPFAR partner 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 of maximizing mentoring of students in clinical areas.
In FY08, the PEPFAR partner consolidated its efforts in the three universities and expand to new cadres within the university. These cadres included laboratory technicians, pharmacists and others. The partner worked with PEPFAR partners—Strengthening Pharmaceutical Systems (SPS) and a CDC laboratory partner. The partners worked to update faculty knowledge and skills and revise curricula, and provided effective teaching-skills training and teaching equipment. The partner also applied the Standards Based Education Management and Recognition (SBEM-R) approach for strengthening the quality of the pre-service education. In addition, the partner applied the lessons learned in university settings to regional health college for diploma-level nursing education. With the assumption that nurses recruited from and trained in the regions of Gambella and Benishangul are more likely to stay in the regions for a longer proportion of their career, the PEPFAR partner strengthened the nursing schools in Gambella and Benishangul and prepared them to accept larger intakes of students. The focus was on HIV/AIDS content, but the strengthening will include equipping classrooms and clinical skills labs, ensuring good scheduling of clinical attachments/internships 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. The partner established a core team of "Educational Mentors for Health" to build capacity for internal development of instructors and to overcome the problem of teacher turnover. The PEPFAR partner continued 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. The partner shared 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.
In FY 09 these activities were reprogrammed from JHPIEGO to I-TECH (International Training & Education Center on HIV, University of Washington) to implement the following activities.
• Ensure that one Academic Development and Resource Center (also known as educational development centers) is established and strengthened at each of the two universities in the cities of Jimma and Harayama
• Ensure that two skills laboratory are strengthened
• Ensure that competency-based education is promoted and strengthened at the universities in the cities of Jimma and Harayama
• Educational quality is improved based on the increment in achievement of performance standards through standards-based educational management and recognition
• 50 instructors will be trained on effective teaching skills
• 50 instructors will be trained on Instructional Design (ID)
• 50 instructors will be trained on student's performance assessment teaching and student performance assessment will be improved.
• In collaboration with the Ministry of Education, Ministry of Health, the Higher Education Relevance and Quality Agency, and professional associations, accreditation and licensure processes will be developed and implemented
• Pre-service HIV/AIDS education strengthening support is expanded to other health science disciplines and universities
• Practical training sites and their linkages with teaching institutions are strengthened; through training of preceptors and strengthening the support to practical sites.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3786.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 29756.09

Planned Funds: $125,000

Activity System ID: 29756

Activity Narrative: April 2009 Reprogramming:

Expansion of HIV/AIDS Pre service Education Problem Statement 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 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, JPIEGO (PEPFAR partner) 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. Also, the PEPFAR partner 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. The PEPFAR partner 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 of maximizing mentoring of students in clinical areas.
In FY08, the PEPFAR partner consolidated its efforts in the three universities and expand to new cadres within the university. These cadres included laboratory technicians, pharmacists and others. The partner worked with PEPFAR partners—Strengthening Pharmaceutical Systems (SPS) and a CDC laboratory partner. The partners worked to update faculty knowledge and skills and revise curricula, and provided effective teaching-skills training and teaching equipment. The partner also applied the Standards Based Education Management and Recognition (SBEM-R) approach for strengthening the quality of the pre-service education. In addition, the partner applied the lessons learned in university settings to regional health college for diploma-level nursing education. With the assumption that nurses recruited from and trained in the regions of Gambella and Benishangul are more likely to stay in in the regions for a longer proportion of their career, the PEPFAR partner strengthened the nursing schools in Gambella and Benishangul and prepared them to accept larger intakes of students. The focus was on HIV/AIDS content, but the strengthening will include equipping classrooms and clinical skills labs, ensuring good scheduling of clinical attachments/internships 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. The partner established a core team of "Educational Mentors for Health" to build capacity for internal development of instructors and to overcome the problem of teacher turnover. The PEPFAR partner continued 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. The partner shared 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.
In FY 09 these activities were reprogrammed from JHPIEGO to I-TECH (International Training & Education Center on HIV, University of Washington) to implement the following activities.
• Ensure that one Academic Development and Resource Center (also known as educational development centers) is established and strengthened at each of the two universities in the cities of Gonder and Mekele
• Ensure that two skills laboratory are strengthened
• Ensure that competency-based education is promoted and strengthened at the universities in the cities of Gonder and Mekele
• Educational quality is improved based on the increment in achievement of performance standards through standards-based educational management and recognition
• 50 instructors will be trained on effective teaching skills
• 50 instructors will be trained on Instructional Design (ID)
• 50 instructors will be trained on student's performance assessment teaching and student performance assessment will be improved.
• In collaboration with the Ministry of Education, Ministry of Health, the Higher Education Relevance and Quality Agency, and professional associations, accreditation and licensure processes will be developed and implemented
• Pre-service HIV/AIDS education strengthening support is expanded to other health science disciplines and universities
• Practical training sites and their linkages with teaching institutions are strengthened; through training of preceptors and strengthening the support to practical sites.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	3785.09	**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:**	Treatment: Adult Treatment
Budget Code:	HTXS	**Program Budget Code:**	09
Activity ID:	29757.09	**Planned Funds:**	$125,000
Activity System ID:	29757		

Activity Narrative: April 2009 Reprogramming:

Expansion of HIV/AIDS Pre service Education Problem Statement 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 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, JPIEGO (PEPFAR partner) 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. Also, the PEPFAR partner 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. The PEPFAR partner 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 of maximizing mentoring of students in clinical areas.
In FY08, the PEPFAR partner consolidated its efforts in the three universities and expand to new cadres within the university. These cadres included laboratory technicians, pharmacists and others. The partner worked with PEPFAR partners—Strengthening Pharmaceutical Systems (SPS) and a CDC laboratory partner. The partners worked to update faculty knowledge and skills and revise curricula, and provided effective teaching-skills training and teaching equipment. The partner also applied the Standards Based Education Management and Recognition (SBEM-R) approach for strengthening the quality of the pre-service education. In addition, the partner applied the lessons learned in university settings to regional health college for diploma-level nursing education. With the assumption that nurses recruited from and trained in the regions of Gambella and Benishangul are more likely to stay in in the regions for a longer proportion of their career, the PEPFAR partner strengthened the nursing schools in Gambella and Benishangul and prepared them to accept larger intakes of students. The focus was on HIV/AIDS content, but the strengthening will include equipping classrooms and clinical skills labs, ensuring good scheduling of clinical attachments/internships 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. The partner established a core team of "Educational Mentors for Health" to build capacity for internal development of instructors and to overcome the problem of teacher turnover. The PEPFAR partner continued 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. The partner shared 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.
In FY 09 these activities were reprogrammed from JHPIEGO to the University of California in San Diego (UCSD) to implement the following activities.
• Ensure that one Academic Development and Resource Center (also known as educational development centers) is established and strengthened at the Medical School of the Ethiopian Defense University
• Ensure that one skills laboratory is strengthened
• Ensure that competency-based education is promoted and strengthened at the Medical School of the Ethiopian Defense University
• Educational quality is improved based on the increment in achievement of performance standards through standards-based educational management and recognition
• 25 instructors will be trained on effective teaching skills
• 25 instructors will be trained on Instructional Design (ID)
• 25 instructors will be trained on student's performance assessment teaching and student performance assessment will be improved.
• In collaboration with the Ministry of Defense, Ministry of Education, Ministry of Health, the Higher Education Relevance and Quality Agency, and professional associations, accreditation and licensure processes will be explored and if feasible it will be developed and implemented
• Pre-service HIV/AIDS education strengthening support is expanded to other health science disciplines
• Practical training sites and their linkages with teaching institutions are strengthened; through training of preceptors and strengthening the support to practical sites.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5483.09

Mechanism: TBD/CDC

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 28842.09

Planned Funds: [redacted]

Activity System ID: 28842

Activity Narrative: Retention of Health Care Workers

ACTIVITY UNCHANGED FROM FY2008

This is a continuing activity from COP07 (through plus-up funds) and COP08.

In general, retention of trained staff and health care workers has posed challenges worldwide, and Ethiopia's human resources for health (HRH) situation is one of the worst, with 51 597 technical health care workers in 2006 (including at the time 8,901 Health Extension Workers) for a population of over 70 million, resulting in one of the lowest health care worker to population ratios in the world. The number of doctors is also rapidly decreasing since 2001, with graduation of new doctors not keeping up with attrition. Furthermore, health workers are poorly distributed with many concentrated in urban areas. The government's Health Extension Program seeks to address this imbalance and 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 antiretroviral therapy by 2010. While production of health care 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 for two HRH activities. The first (activity ID 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 health care workers trained and deployed in HIV/AIDS-related services. With the TIMS funding, a PEPFAR partner and PEPFAR Ethiopia were able to assist the Federal Ministry of Health (FMOH) 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 the partner's input was the support of a local health economist to cost out the strategy. The partner is currently working on a concept note for an HR inventory specific to the HIV/AIDS workforce, as requested by the Federal HAPCO office. The partner's involvement in these efforts has opened the door for working hand in hand with government counterpart on testing and documenting various retention efforts.

For the Retention of Trained Staff program in FY07, proposed activities were a survey of potential retentions schemes, followed by consultative meetings, and putting in place several performance-based retention schemes to improve workers' morale and motivation, to be continued and potentially expanded in FY08. US university partners are offering overtime/duty pay, but the regional health bureaus 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 health care workers in remote sites or providing bank loans; however, the partner may look to work with other donors and partners to leverage those that can work in this area.

One aspect of HRH that has been proposed is the need to monitor the impact of various efforts is 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 thus not very reliable. The PEPFAR partner'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 health care workers. A World Bank consultant has proposed working with this implementing partner 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 health care workers. The FMOH is currently overseeing the licensing of bachelor degree-level health care workers and above in collaboration with universities, but has recently delegated the task of registration and licensing of diploma and those below diploma level health care workers to regional health bureaus. The FMOH has suggested to this partner that strengthening that system across regions and ensuring some standardization might be an important and useful task that could be undertaken. This would include the registration of lay health care workers who provide HIV/AIDS services.

Another aspect of the HR strategy that is critical to retention but yet 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. Continuing in FY08 will be the need to build the capacity of the FMOH's Human Resources Department, including seconding of technical advisors. The partner has developed HIV/AIDS-specific performance standards. Achievement of those standards can be linked to recognition and financial or non financial 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. PEPFAR partner 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 has assisted governments to conduct workforce planning exercises and prepare strategies for providing adequate numbers of appropriately trained personnel to provide heath services. In recent years, for the governments of Zambia and Rwanda, they have taken a close look at the use of 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 human resources for health in many countries and helped 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 human resource management and development issues, including: human resource planning,

Activity Narrative: assessing and identifying HRM/D practices such as recruitment, deployment and retention, training and development systems, performance management systems, HR information systems. LATH has worked with PEPFAR partner in Malawi in HRIS and HR planning areas.

A significantly increased budget is requested so as to allow for the procurement of additional expertise from LATH and Initiatives to complement the partner's efforts and to staff the HR Department and the partner to coordinate inputs. Piloting of retention schemes began in FY07 and was significantly expanded in FY08 after additional regions requested assistance and more time in the year to implement the activities (given that funding for FY07 was released late).

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5483.09

Mechanism: TBD/CDC

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 28969.09

Planned Funds: [redacted]

Activity System ID: 28969

Activity Narrative: Expansion of HIV/AIDS Pre-Service Education

ACTIVITY MODIFIED IN THE FOLLOWING WAYS

To date, over 250 faculties participated in educational strengthening activities and HIV care competencies have been integrated in the course syllabi of all participating schools.

To ensure sustainability, PEPFAR's pre-service education strengthening activities, including e-learning, have supported, through sub agreements, Academic Development and Resource Centers (ADRCs) and IT departments at each institution, consistent with their own vision to build their internal capacity in curricula design and educational strengthening. At the policy level, PEPFAR has supported the Ministry of Education and its affiliate, the Higher Education Relevance and Quality Assurance Agency (HERQA), in their endeavor to standardize higher education for health and will continue to do so by strengthening policies, protocols and standards and establishing accreditation and licensing processes. In light of PEPFAR II suggestions and the GoE plan to increase the output of health education institutions, PEPFAR partner will conduct a thorough need-assessment and feasibility study for supporting long term training programs for other cadres and for strengthening TB and malaria education by the higher institutions. To assess impact for the future programming, the partner proposes to conduct mid term and project end evaluation.

In FY09, PEPFAR partner will continue with the following activities:

• Academic Development and Resource Centers (also known as educational development centers) established and strengthened at three target universities and colleges
• Three skills laboratories strengthened
• Competency-based education to be promoted and strengthened at three target public universities, two private colleges and two regional colleges
• Educational quality is improved based on the increment in achievement of performance standards through standards-based educational management and recognition
• 100 instructors will be trained on effective teaching skills
• 100 instructors will be trained on Instructional Design (ID)
• 100 instructors will be trained on student's performance assessment teaching and student performance assessment will be improved.
• In collaboration with the Ministry of Education, Ministry of Health, the Higher Education Relevance and Quality Agency, and professional associations, accreditation and licensure processes will be developed and implemented
• Pre-service HIV/AIDS education strengthening support is expanded to other health science disciplines and universities
• Practical training sites and their linkages with teaching institutions are strengthened; through training of preceptors and strengthening the support to practical sites.

FY08 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 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, PEPFAR partner 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. Also, PEPFAR partner 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. The PEPFAR partner 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 of maximizing mentoring of students in clinical areas.

For FY08, the PEPFAR partner 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. The partner 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 will provide effective teaching-skills training and teaching equipment. This partner will also apply the Standards Based Education Management and Recognition (SBEM-R) approach for strengthening the quality of the pre- service education.

In addition, the partner 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

Activity Narrative: Gambella for a longer proportion of their career (with the similar assumption for Benishangul), PEPFAR partner 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/internships 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. The partner 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. The PEPFAR partner 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), it 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, the partner 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.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1264.09

Mechanism: IMAI

Prime Partner: World Health Organization

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 5681.28087.09

Planned Funds: $1,062,500

Activity System ID: 28087

Activity Narrative: Integrated Service Strengthening

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity from COP 2008. There will be no change to the activity narrative or targets. This activity is mainly focusing in developing capacity of health care providers to treat the HIV positive clients using IMAI methodology and the new Ethiopian Comprehensive HIV/AIDS Care and Treatment guideline.

COP 08 Narrative:

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 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 1384 health professionals from 10 of the 11 regions using USAID, Italian and Canadian fund.

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 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 on creating a national electronic health workforce database (HRIS) which, provide more reliable information on workforce demographics, training need, migration patterns and workforce capacity. Information such as the number of health care 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 health care providers working at the first level health facilities and HIV/ART program at region, zonal and district level will be strengthen 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, Prevention of Mother-to-Child Transmission of HIV (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

Activity Narrative: 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 6 times per year) and organize a quarterly review meeting among health care 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 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 infected 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16613

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16613	5681.08	U.S. Agency for International Development	World Health Organization	7481	1264.08	IMAI	$1,350,000
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

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$1,062,500
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 645.09
Mechanism: Private Sector Program
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 6637.28321.09
Planned Funds: [redacted]
Activity System ID: 28321

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This mechanism will conduct similar activities as described in COP08. Initiation of ART in private higher clinics for adult and pediatric clients slowed based on ART drug management policies. Private higher clinics have limited ability to manage ART drugs and capacity must be installed alongside establishment of a policy framework to deliver public ART drugs through private health facilities. Despite delays the activity has overcome policy issues and is now on track to expand to an initial 30 private higher clinics in Addis Ababa in COP08 making ART services more affordable and accessible to those seeking therapy in the private sector due to long queues and poor quality of health services in the public sector. This activity will not be updated in COP09. Targets will be updated to reflect continued expansion from COP08 and COP09.

COP 08 Narrative:

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-bases 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 underutilized. 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 utilize 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16569

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16569	6637.08	U.S. Agency for International Development	Abt Associates	7471	645.08	Private Sector Program	$1,200,000
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

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 494.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 5670.28315.09

Planned Funds: $126,000

Activity System ID: 28315

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

This is a continuation of activity from FY08. 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, TB and sexually transmitted infections (STI) program activities.

AAU 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. 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, public health evaluations and basic program evaluations, 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 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 regions of the country - Addis Ababa City Administration, Southern Nations Nationalities and Peoples Region, Gambella and Benshangul-Gumuz.

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 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 (JHU-THSEHAI) and Management Sciences for Health (MSH), as well as undertake planning and review meetings with other local universities and stakeholders as appropriate. 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16693

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16693	5670.08	HHS/Centers for Disease Control & Prevention	Addis Ababa University	7507	494.08	Strengthening HIV/AIDS, STI & TB Prevention, Control & Treatment Activities	$140,000
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

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	3806.09	**Mechanism:**	Twinning Initiative
Prime Partner:	American International Health Alliance Twinning Center	**USG Agency:**	HHS/Health Resources Services Administration
Funding Source:	GHCS (State)	**Program Area:**	Treatment: Adult Treatment
Budget Code:	HTXS	**Program Budget Code:**	09
Activity ID:	5678.28309.09	**Planned Funds:**	$2,380,400
Activity System ID:	28309		

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

This is a continuation of activity from FY08.

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:

o 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; and
o 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 FYO7.

As of July 2007 the TC had 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.
? 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.

? 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.

? Addis Ababa University School of Social Work (AAU)/Jane Addams College of Social Work (JACSW), Chicago USA/Institute of Social Work (ISW)-Tanzania:
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.

All these activities are going well and will continue to be implemented in COP09. TC will work to maintain these activities, but there will not be new partnership initiation because headquarters costs, which were initially funded centrally, are covered by country level COP funding (starting from COP08).

These partnerships and the volunteer program focuses 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16711

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16711	5678.08	HHS/Health Resources Services Administration	American International Health Alliance Twinning Center	7517	3806.08	Twinning Initiative	$2,756,000
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

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3804.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 5675.28164.09

Planned Funds: $81,000

Activity System ID: 28164

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

This is a continuation of activity from FY08. The partner does not have cooperative agreement with CDC and has not received funds so far. The partner is in the process of securing a cooperative agreement with CDC.

Mekele University (MU), located in Mekele Town (the seat of the Tigray region in Northern Ethiopia), is providing training for students 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.

Through technical support from PEPFAR Ethiopia's implementing partner (University of Washington I-TECH), MU and its teaching hospitals have initiated anti-HIV/AIDS activities and services among the university community and hospital clients. 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. 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 order to establish these capacities, the university will be offered 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 (MSH), 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 to be in a position to takeover smoothly the technical support currently provided by I-TECH.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16720

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16720	5675.08	HHS/Centers for Disease Control & Prevention	Mekele University	7522	3804.08	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	$90,000
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

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3802.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 5673.28306.09

Planned Funds: $81,000

Activity System ID: 28306

Activity Narrative: HIV/AIDS (ART) Program Implementation Support

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

This is a continuation of activity from FY08. Alemaya University (AU), a 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.

AU is strengthening its HIV/AIDS-related services to students and staff of the university. With support from PEPFAR Ethiopia partner (Columbia University ICAP), 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.

AU secured support from PEPFAR Ethiopia by signing cooperative agreement with CDC, and also through partnership with Columbia University (CU). The university will further consolidate its HIV/AIDS initiatives to provide support to four 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. 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 FY09, 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 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 (MSH) and will also undertake planning and review meetings with other local universities and stakeholders as required.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16701

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16701	5673.08	HHS/Centers for Disease Control & Prevention	Alemaya University	7510	3802.08	Implementation Support for HIV/AIDS ART Program through Local Universities in the Federal Democratic Republic of Ethiopia under PEPFAR	$90,000
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

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 118.09
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: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 18734.27993.09
Planned Funds: $282,118
Activity System ID: 27993

Activity Narrative: Management and Staffing

THERE HAS BEEN NO CHANGE IN STAFFING FROM COP08

USAID staff supporting the ARV Treatment Services Program Area includes two Direct Hires, two Foreign Service National (FSN) ART Network Monitors. No new positions are proposed for COP09.

HIV/AIDS Officer (USDH)
The HIV/AIDS Officer, works 70 % time in this area, and plays a key role in overseeing and coordinating the program elements treatment activities. The HIV/AIDS Officer is responsible for overseeing the delivery of HIV/AIDS commodities at site level. He coordinates 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.

HIV/AIDS Office (USDH: Non-PEPFAR Funded)
The USDH, who is not PEPFAR funded, focuses on designing, implementing, monitoring and evaluating facility-based programs with emphasis on strengthening primary care services, including Provider Initiated Counseling and Testing (PICT), Adult & Pediatric Treatment, ART, facility-based PMTCT, pharmacies, labs and clinic-based nutritional programs (food by prescription). She is responsible for the medical dimensions of palliative care (both basic health care and TB/HIV) including other opportunistic infections, and linkages with related health services such as maternal and child health, reproductive health, malaria, tuberculosis and other infectious diseases.

HIV/AIDS Health Network Monitor (2: Regional Support/FSN)
The field-based PEPFAR HIV/AIDS Health Network Monitors contributes 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18734

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18734	18734.08	U.S. Agency for International Development	US Agency for International Development	7479	118.08	USAID M&S	$154,086

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 496.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 18060.28031.09

Planned Funds: $450,000

Activity System ID: 28031

Activity Narrative: ALERT National HIV/AIDS Training Centre

ACTIVITY UNCHANGED FROM FY2008 (no Update needed)

This is a continuing activity started in COP07 through the plus-up fund and continued in COP08. The partner has been awarded the approved funds and started implementing its activities in FY08 in collaboration with CDC, PEPFAR partners and other stakeholders.

One of the major challenges in the implementation of the national HIV/AIDS program in Ethiopia is the lack of trained health workers to provide the required services with acceptable quality. This has become more and more critical as the program is being scaled up throughout the country and in numerous health facilities. There is an urgent need to train health workers in a large scale and to follow up this with continuing medical education (CME). This becomes more important when we consider the high attrition rate of health workers from public health facilities leaving behind a vacuum in the delivery of services which severely affects the scale up and compromises the quality.

The Ethiopian Federal Ministry of Health has made a strong commitment to the process of establishing a national centre of excellence for continuing medical education, 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 a priority of the Federal Ministry of Health (MoH). Based on these facts, there are plans to establish a national HIV/AIDS training centre at ALERT hospital, located in the capital (Addis Ababa), to provide training to a wide range of health workers in the field of HIV/AIDS. This would build on ALERT's comparative advantage of being an integrated hospital with longstanding community links, a research centre 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 level. The existing in-and out-patient hospital care with community outreach programme, and continuing medical education and research institute, among others make it an ideal site for a high quality training centre, which will be a national centre 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 also serve as a model for other national health training. The institute will be able to develop standards, models, curricula, manuals and guidelines for different training programmes, based on in-depth needs assessment, best practices and operational research. In addition, the experience of this national training centre will be replicated in three selected satellite regions. The proposed national institute would standardise and strengthen evidence-based 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 IT equipment, among others, need to be significantly increased in order for ALERT to provide practical and high quality training of trainers. Meanwhile, the existing resources at ALERT alone are not adequate to transform the training division into a national training centre, and additional resources are necessary.

PEPFAR Ethiopia, along with other partners like the World Bank and GFATM, supports the Federal Ministry of Health in the effort for the development of human capacity, as this helps to build momentum and contributes significantly for meeting the targets set. The establishment of a national HIV/AIDS training centre will also be vital in ensuring the sustainability of the HIV/AIDS program by creating an indigenous institutional capacity to overcome a major constraint in its implementation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18060

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18060	18060.08	HHS/Centers for Disease Control & Prevention	Federal Ministry of Health, Ethiopia	7488	496.08	Improving HIV/AIDS Prevention and Control Activities in the FDRE MOH	$500,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $450,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3785.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 10426.28220.09

Planned Funds: $3,230,000

Activity System ID: 28220

Activity Narrative: ART support for Uniformed Service Health Facilities

ACTIVITY UNCHANGED FROM FY2008

This is a continuation of activity from FY08.

UPDATE :

University of California San Diego (UCSD) has supported implementation of ART to the uniformed services (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 for care and treatment of their members, and to provide free ART.

As of June 30, 2008, there were 6 833 HIV patients initiated on ART at 13 UCSD supported ART sites in the uniformed services, and there were 4 300 ART patients regularly receiving their treatment at these sites. This is more than 90 % of the target for patients started on ART, and almost 70 % of the target for patients currently on ART, three months before the end of the reporting period for COP07.

The uniformed services sites supported by UCSD are scattered through out the country, and in many instances are hard to reach for regular supervision and mentoring activities. Human resources constraints and poorly developed infrastructure pose challenges to the successful implementation and expansion of the ART program in the uniformed services. Lack of community support services for the uniformed services and absence of formal linkage with the other public networks have been impediments to the service delivery.

UCSD will continue the care and treatment activities in COP 09 by maintaining quality services to patients enrolled to ART, and also initiating new, eligible patients; and to work to improve quality of care and treatment services, and ensure the continuum of care availed to these patients. UCSD will work to scale-up and expand these services to more sites in COP 08.

PEPFAR Ethiopia provides the support to build on an on-going collaboration between NDFE and physicians at USCD. Since 2005, UCSD, in cooperation with University of Washington (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.

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 ART program has been systematically expanded to regional military hospitals and police and prison clinics. UCSD will increase its technical support to 39 ART sites in COP 08. 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.

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.

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 an 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 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.

Continuing activities in COP09 include:

(1) Continue the comprehensive technical support to the ART sites in the uniformed services (military, police, and federal prison)

(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 supported 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.

Activity Narrative: (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. It will also work to improve adherence counseling, adherence support and quality of service delivery to optimize ART patient out-comes. Involvement of People Living with HIV (PLWH) in various activities will also be emphasized, including counseling and care and treatment support.

(7) Continue to collaborate with the Twinning Center to identify qualified professionals who can augment 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 and new sites through building an HIV/AIDS resource center. Expand TheraSim clinical simulator program to other sites as appropriate.

(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.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16622

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16622	10426.08	HHS/Centers for Disease Control & Prevention	University of California at San Diego	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	$4,300,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4067.09
Mechanism: Health Center Renovations
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 6460.28297.09
Planned Funds: [redacted]
Activity System ID: 28297

Activity Narrative: This activity now includes 5,291,000 additinoal funds (moved from SCMS) towards the reginoal warehosue construciton.

Renovations - Health Facility ART: Technical Assistance to Support MOH Construction

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity will be modified under COP09 to focus on technical assistance to the Ministry of Health's Planning and Program Department (MOH/PPD). MOH/PPD has developed a Project Management Unit (PMU) to oversee the conversion of 891 health stations to "Nucleus B" health centers. These smaller health centers are a centerpiece of the MOH's efforts to achieve universal access to primary health care in the country, including HIV services.

A USAID/Washington Infrastructure and Engineering (I&E) team assessment of MOH/PPD capacity to implement the planned infrastructure improvements revealed that most sites will require new construction, as

Efforts will be shifted from direct facility assessment and renovation, to capacity building and support for MOH efforts to carry out these activities. A major focus on developing maintenance programs for existing and future facilities will also be included, as lack of preventive maintenance has been cited as a major cause of dysfunctional basic systems such as water, electricity, waste water and waste disposal, as well as threats to the structural integrity of health facilities in some cases.

Short-term technical assistance to staff the MOH PMU will be provided, with a transition plan for assumption of these positions by MOH staff as part of the new activity design.

Technical assistance to Regional Health Bureaus (RHBs) building "matching" Nucleus B Health Centers will also be included in this support, including training human resources such as engineers and architects, as well as maintenance staff.

Coordination of health construction efforts will continue to be a focus, and coordination with new USG partners carrying out inspections of facilities constructed by the MOH with PEPFAR funds will be included. This activity is expected to be competed in the coming months.

COP 08 Narrative:

In 2007, this continuing activity provided technical support for renovation of selected health centers targeted to receive comprehensive ART services. To date, 70 engineering assessments have been conducted and 23 health centers renovated in the four most populous regions and Addis Ababa. As such, the activity is ahead of its original targets and work plan.

The purpose of this activity is to harmonize and coordinate various health center renovation and construction initiatives supporting improved HIV/AIDS and associated chronic disease services in Ethiopia and to carry out selected renovations, filling gaps when other funds are not available.

Previously, an assessment compiled by Family Health International (FHI) in FY06 identified infrastructure deficiencies as a major obstacle impeding sustained progress in achieving ART targets. In particular, ART services require adequate infrastructure to support the sizeable increase in ART clients (about 200/site) expected at the PEPFAR priority health centers. In FY07, these findings were confirmed and extended by Crown Agents based on an assessment of 44 health centers currently providing ART services in four PEPFAR priority regions and Addis Ababa. Nearly all were found to have major physical (structural) and/or essential functions problems (e.g., lack of water, blocked waste water disposal lines, overflowing dry pit latrines) as well as space limitations that compromise patient care and the safety of clients and healthcare providers.
Successful transfer of HIV/AIDS and associated chronic disease services from hospitals to health centers requires bringing health centers up to a minimum performance standard for safe and quality delivery of ART services through: a) repair of major physical (structural) problems; b) improvements in essential functions; c) more effective use of existing space to facilitate patient care and safety; d) provision of basic hygiene and environmental health controls to minimize the risk of transmitting TB and other serious co-infections to patients, other clients and healthcare providers; e) upgrading maternity (labor and delivery) and newborn units to promote PMTCT services as well as the care and treatment of HIV/AIDS infected mothers, infants and young children; and f) replacement of destroyed or non-repairable furniture and fittings. To keep facilities fully functional post-renovation, it also will be necessary to implement and to support a modest maintenance management training program and mentoring of selected healthcare staff. This on-the-job training is needed to ensure that renovation works, patient flow and space use improvements are sustained and that basic hygiene, environmental health control and recommended infection prevention practices are understood and routinely adhered to by both professional and housekeeping staff.
Working in close coordination with the Federal Ministry of Health (FMOH) and regional health bureaus (RHB), Crown Agents will continue to provide support for procurement of health center renovation services, materials and project management services, including managing contracts with local building supply and service providers and ensuring these contracts are legally binding and adhered to by all parties. These procurement services will gradually be transitioned to the FMOH, initially with seconded staff supporting government personnel, with these positions eventually to be assumed by the FMOH. Through close monitoring and quality checks, Crown Agents will support the FMOH to ensure compliance with local (or as required, international) standards, and ensure clear and transparent reporting. Further, Crown Agents will support the FMOH in providing technical mentorship to RHB and other stakeholders regarding systematic health facility renovation, strategic planning and renovation management. As needed, staff may be seconded to RHB supporting these functions, with a clear understanding that they would eventually be assumed by the regions. Finally, the strengthening of formal communication channels that began in FY06 will continue to ensure that PEPFAR Ethiopia partners, the FMOH, RHB and any other stakeholders

Activity Narrative: involved in health facility renovation are consulted throughout the life cycle of the project.

Currently, bilateral and multilateral agencies, as well as non-governmental organizations (NGO), many of these PEPFAR partners or USG-supported institutions supported with non-HIV/AIDS funds, are working independently to renovate health centers and other health facilities. Although the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) supports limited renovation, systematic coordination of all these efforts has been lacking. Moreover, block grants from the FMOH to RHB have resulted in somewhat sporadic renovation, with limited impact in terms of supporting comprehensive HIV services including ART. Structured coordination, therefore, is urgently needed between and among these agencies, the FMOH and RHB to rationalize infrastructure improvements at health center facilities and expand sustainable ART services nationally.

As part of its leadership role in health facility renovation, during FY2007 Crown Agents was charged with being responsible for harmonizing and coordinating health center renovation activities of all PEPFAR Ethiopia partners. This activity ties in directly with the project's continuing assistance to further the FMOH efforts to coordinate and standardize health center renovation by all organizations – both USG and non-USG. In addition, support for compiling existing health center assessment information, as well as tracking renovation activities and resources by PEPFAR Ethiopia partners, will continue to be carried out by Crown Agents. This tracking and coordination function, carried out in conjunction with the FMOH, with the ultimate goal of passing complete responsibility for the activity to FMOH Planning and Program Department (PPD), will expand to coordinate and map renovation at other types of health facilities during FY08.

Because several PEPFAR Ethiopia partners are included among those institutions currently engaged in health center renovation activities, closer harmonization and coordination of these activities at the service delivery level is needed. To date Management Sciences for Health's Rational Pharmaceutical Management Plus (RPM Plus) project has renovated pharmacy stores as well voluntary and counseling testing (VCT) and ARV dispensing rooms at 23 health centers, while IntraHealth has renovated selected rooms for PMTCT and antenatal care at 18. Other key PEPFAR Ethiopia partners involved in renovation include the new Care and Support Project (lead: Management Sciences for Health), ART service expansion (Family Health International), JSI/Deliver (health center stores) and the USG Regional Procurement Supply Office (RPSO) which renovates hospitals in conjunction with PEPFAR-supported university partners. RPSO may renovate health centers in the remaining five regions of Ethiopia during FY08. In FY08, most of these partners will continue to be involved in health center renovation and refurbishing that will be coordinated under the umbrella of FMOH/PPD, with technical support from Crown Agents. Ultimately, however, the critical coordination role Crown Agents now fills, due to the lack of FMOH staff, will be transferred to FMOH counterparts for long-term sustainability.

In FY08, Crown Agents will continue to support renovation of selected urban and peri-urban health centers with high HIV prevalence that are initiating or continuing ART services. This will be accomplished through the following activities: 1)targeted assessment and renovation of an additional 70 health centers to allow effective/efficient services to be provided in a safe environment, thereby helping to ensure the quality of HIV/AIDS and associated chronic disease services; 2) coordination of PEPFAR Ethiopia partners' renovation efforts at the health center level; 3) support to the FMOH PPD in coordinating existing health facility renovation efforts; standardizing renovation approaches, guidelines and designs; and institutionalizing practical maintenance management and environmental health control practices. Accomplishing these will assist the FMOH in effectively decentralizing ART and associated chronic disease services in a sustainable manner. The HIV/AIDS Prevention and Control Office (HAPCO) is also requesting support for construction of residences for staff at health centers and remote hospitals, and Crown Agents will at a minimum support the coordination and planning for this staff retention mechanism.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16664

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16664	6460.08	U.S. Agency for International Development	To Be Determined	7495	4067.08	Health Center Renovations	[redacted]
10485	6460.07	U.S. Agency for International Development	Crown Agents	5501	4067.07	Renovations - Health Center ART	$3,300,000
6460	6460.06	U.S. Agency for International Development	Crown Agents	4067	4067.06	Renovations - Health Center ART	$900,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3803.09

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

Prime Partner: Gondar University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 5674.28074.09

Planned Funds: $126,000

Activity System ID: 28074

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

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 engage 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16706

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16706	5674.08	HHS/Centers for Disease Control & Prevention	Gondar University	7515	3803.08	Strengthening HIV/AIDS, TB, and STI Prevention, Control and Treatment Activities	$140,000
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

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3801.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 5672.28117.09

Planned Funds: $81,000

Activity System ID: 28117

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

This is a continuation of activity from FY08. The partner does not have cooperative agreement with CDC and has not received funds so far. The partner is in the process of securing a cooperative agreement with CDC.
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 have 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.

Currently, the university is rapidly scaling up ART services at the teaching hospital, assisted by the USG implementing partner Columbia University (CU-ICAP). JU has benefited from 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. This will enable the university to provide effective support to the in-service training of health workers in Oromiya and adjoining regions and will assist in development and adaptation of technical materials for local use, and serve as a demonstration site for other training facilities in the region, a point of networking with other institutions of higher education in Ethiopia, and for establishing twinning partnerships with sister institutions overseas. For the university to establish itself as a technical support center in the long-run, managerial and leadership capacities need to be further developed. 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.

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 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 (MSH), and will also undertake planning and review meetings with other local universities and stakeholders as appropriate. 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 co-operative 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. This will help the university to build the capacity it will need to take over the technical support currently provided by CU, when the latter pulls out its support.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16719

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16719	5672.08	HHS/Centers for Disease Control & Prevention	Jimma University	7521	3801.08	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	$90,000
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

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3799.09

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

Prime Partner: Debub University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 5671.27908.09

Planned Funds: $81,000

Activity System ID: 27908

Activity Narrative: HIV/AIDS (ART) Program Implementation Support

ACTIVITY UNCHANGED FROM FY2008

This is a continuation of activity from FY08. The partner does not have a co-operative agreement with CDC and has not received funds so far. Partner is in the process of securing a cooperative agreement with CDC. Debub 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 it 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16704

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16704	5671.08	HHS/Centers for Disease Control & Prevention	Debub University	7513	3799.08	IS for HIV/AIDS ART Program through Local Universities in the FDRE under PEPFAR	$90,000
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

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3805.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 5676.27910.09

Planned Funds: $126,000

Activity System ID: 27910

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

HIV/AIDS (ART) Program Implementation Support
This is a continuation of activity from FY08. The partner does not have cooperative agreement with CDC and has not received funds so far. It is in the process of securing a cooperative agreement with CDC.

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 16705

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16705	5676.08	HHS/Centers for Disease Control & Prevention	Defense University	7514	3805.08	IS for HIV/AIDS ART Program through Local Universities in the FDRE under PEPFAR	$140,000
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

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3784.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 10436.27903.09

Planned Funds: $6,785,000

Activity System ID: 27903

Activity Narrative: Technical Support for ART Scale-up

"ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS"

As of June 30, 2008, International Center for AIDS Care and Treatment Programs-Columbia University (ICAP-CU) was supporting HIV treatment services in 40 ART sites in four regions of the country (Oromia region, Dire-Dawa City Administration, Harari region and Somali). In these ICAP-CU supported sites, 31 649 patients were enrolled to Anti-Retroviral Treatment (ART), and 21 029 patients have been regularly receiving ART by the end of June, 2008. These achievements far exceed the targets set for COP07 (ending on September 30, 2008) with three more months left before the end of the reporting period. ICAP-CU provides support to hospital ART sites in Oromia region, where as in the small and emerging regions of Dire -Dawa City Administration, Harari region and Somali region, it supports comprehensive care and treatment services at both hospital and health center ART sites.

The activities will continue in COP09 to maintain the care and treatment service to patients enrolled to treatment, and to initiate new eligible patients on treatment. Emphasis will be given to improving quality of service delivery and reduction of ART patient mortality. ICAP-CU will also work to improve the function of the network and the referral system in collaboration with partners working at health center and community level.

Establishing effective referral linkages between facilities (hospitals and health centers) and between facilities and community services has been a challenge due to insufficient coordination among partners, poor referral system and poorly developed community support services (particularly in remote sites). Retention of patients to care and treatment services is an issue with high rate of ART patient mortality and a significant proportion of patients being lost to follow-up.

Care and treatment of HIV in adults and children is the centerpiece of the ICAP-CU activities in Ethiopia. In COP08, ICAP-CU supported full spectrum HIV prevention, care, and treatment services at these 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). ICAP-CU will continue its central- and regional-level support, and initiate additional clinical mentoring and twinning projects as appropriate.

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.

At the regional level, ICAP-CU will work with Dire Dawa, Harari, Oromia, 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 continue to support provision of quality and comprehensive HIV services. ICAP-CU will work with RHB to assess, 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.

At the facility level, following Ethiopian National Guidelines, ICAP-CU will support provision of comprehensive high-quality HIV services, including ART, at 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
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, in coordination with RPSO and Crown Agents, as needed
10) Implementation of post-exposure prophylaxis (PEP) activity for occupational exposure of healthcare providers and for victims of sexual assault in all the sites supported. This includes: establishing a functional Infection Prevention/PEP committee in all facilities; organizing forums to create awareness in the facilities;

Activity Narrative: 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 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. 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, non-governmental 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.

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. 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16672

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16672	10436.08	HHS/Centers for Disease Control & Prevention	Columbia University	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	$8,400,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 8275.09

Mechanism: RPSO

Prime Partner: Regional Procurement Support Office/Frankfurt

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 6456.28190.09

Planned Funds: $8,250,000

Activity System ID: 28190

Activity Narrative: Renovation of ART hospitals

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Global price escalation for food and oil has placed an unexpected burden on localized populations. A trickle-down effect in increased shipping costs worldwide acutely impacts landlocked nations like Ethiopia. Yet, BRICIT (Brazil, Russia, India, China, Indonesia, Turkey) nations particularly have developed an insatiable demand for raw materials as their markets develop and expand. Thus global demand for construction components - Portland Concrete Cement (PCC) and Rebar, has increased the premier on which such commodities are acquired. In conjunction with these external factors as well as those internal to Ethiopia, concrete prices have risen from ETB 60 ($6.19) to ETB 290 ($29.93) per 100kg, a nearly five-time increase. Rebar has seen an equivalent markup from ETB 6 to 7 ($0.62) to ETB 24 to 35 ($3.62), a nearly six-fold increase.

Construction and renovation efforts underpin PEPFAR's sustainability goal by providing much needed health systems strengthening support in Ethiopia. Together, they also represent cross-cutting activities that impact nearly all programmatic theaters from Lab to Palliative Care of Care & Support. Facility-level rehabilitation is targeted to PMTCT/ANC & all MCH services, Lab, Pharmacy, ART (adult & pediatric), HCT, TB/HIV and Palliative Care. To-date, approximately 54 hospitals and 2 regional labs have undergone some form of renovation. With the removal of codicil and rider constraints, the scope of rehabilitative work needed for long-term sustainability can now be fully realized. Thus, another two (2) regional labs and one (1) hospital are underway via this novel comprehensive rehabilitative policy.

Deficiencies at these facilities are many – examples include (but are not limited to), foundation settlement, rampant crack & fracture prorogation, waste not properly segregated or disposed, pregnant women utilizing bathing and drinking water out of toxic drums. These facilities are failing to serve their constituents with safe and quality health care. Thus, system-level changes are required to implement waste management and wastewater control, fire alarm & protection, and upgrade of public works and electrical wirings, water purification, infection control, lighting are core and key requirements. The establishment of privacy (hearing, visual), wayfinding, safety, and maintenance programs and landscaping are other key features to be undertaken additionally. The clinician-patient relationship will be radically changed in which medical personnel will move between rooms instead of the patient navigating a multitude of spaces and locations. With the inclusion of art, healing gardens, and daylighting, such facilities will effectively communicate that they are welcoming healing centers of quality health care. Together, all of these activities represent a critical and fundamental perceptual shift for both patient and health worker experiences - real and tangible quality health care delivery.

Green/clean technology implementation will be provided through such mechanisms as:
• Bio-gas generation – recycles human and organic waste into fuel. Byproducts include nutrient-enriched fertilizers and increased sanitary waste disposal options.
• Solar energy extraction – co-generation (heating, electricity) and hot water heating
• Daylight harvesting and energy-efficient electrical lighting
• Waterless urinals and sensor, touch-free fixtures
• Low, no, zero VOC paints and finishes
• Reflective metal cool roofing
• Rainwater collection
These are vital for optimized use of scarce water resources and unsupported electricity needs. Again, all activities lend themselves towards the creation of a safe, comfortable and welcoming environment that empowers patients and staffers alike.

US-based universities will continue to be relied upon for minor to intermediate renovation efforts, as well as furniture and equipment installations. The University programs, in tandem with GoE efforts, (MOH, RHBs) have contributed significantly to the prioritization process of most critically-needed hospitals. Support gaps that could arise in furniture and equipment procurements are expected to be filled by these same stakeholders.

Collaboration continues with MOH, MOH/PPD, and EHNRI. A prototypical design for regional laboratories has been successfully generated, standardizing operational layouts and services, which, going forward, will be used throughout Ethiopia. Crown Agents continues to be a collaborator and partner in assessing and enhancing health center-level facilities. Information and resource sharing is best highlighted via the national coordination and tracking system, well-tracking, how, when and by whom work is being accomplished. Guidelines established through Crown Agents will direct efforts for emerging region health center rehabilitation additionally.

Coordination and standardization of construction practices have commenced between the Global Fund, the Clinton Foundation, ands other donors. US/IBC (International Building Code) is becoming de factor for USG and donor-led entities alike. A parallel effort has been demonstrated within Ethiopia at the facility-level, and continues to gain traction.

COP08 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, 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 architecture and engineering firm (A/E firm) and are familiar with construction regulations. RPSO, as a parastatal of the State Department, understands US renovation and construction

Activity Narrative: 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 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 hospitals 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 made 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16610

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16610	6456.08	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	8275	8275.08	RPSO	$7,686,191
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

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 2534.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 5636.28168.09

Planned Funds: $200,000

Activity System ID: 28168

Activity Narrative: HIV Community Planning for Community ART Treatment Adherence

ACTIVITY UNCHANGED FROM FY2008

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 FY08, NASTAD provided one-to-one follow up to HAPCO staff from the Oromia, SNNPR, Amhara regions and Addis Ababa. In Oromya, twenty seven persons from 11 organizations were trained. In SNNPR, 22 individuals in 10 organizations were mentored. And, in Amhara, 22 individuals from 15 organizations were mentored. In Addis Ababa, One sub-city HIV office staff and four facilitators were observed and given specific feedback on how to improve integration of ART into Community Conversation sessions. In addition; NASTAD staff conducted a focus group for people living with HIV and AIDS (PLWH). Nine PLWHs from 7 different PLWH associations participated. This PLWH feedback was used in amending the NASTAD ART adherence TOT so as to fulfill an Amhara HAPCO region request to make more active use of PLWH associations in promoting ART adherence. In FY08, NASTAD also facilitated a refresher training on ART adherence for Amhara HAPCO staff that promotes peer education by persons living with HIV/AIDS as an another way of promoting ART adherence. 25 persons participated in this training.

In FY09, NASTAD will build upon the progress made so far and will continue to maintain and strengthen existing programs through the implementation of the following major activities:-

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) Continue to provide regional community ART-adherence TOT;
4) Continue to provide one-on-one follow-up assistance. NASTAD will work with each of the regional HAPCOs 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, and the new twinning relationships on the process in Dire Dawa/ and Addis Ababa. Assess quality and outcome of twinning relationships, and use findings to direct the establishment of additional twinning relationships with new regions.
6) Continue to work with PLHW associations and include members in the Community ART-adherence TOT to engage their support for ART adherence activities in collaboration with HAPCOs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16587

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16587	5636.08	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	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	$220,000
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

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5522.09
Mechanism: pc
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 18810.28062.09
Planned Funds: $0
Activity System ID: 28062

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18810

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18810	18810.08	Peace Corps	US Peace Corps	7505	5522.08	pc	$0

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5486.09

Mechanism: MOH-USAID

Prime Partner: Federal Ministry of Health, Ethiopia

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 17715.28036.09

Planned Funds: $5,000,000

Activity System ID: 28036

Activity Narrative: Strengthening HIV Infrastructure to Increase Service Delivery Access and Quality

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity from COP08. Funding is reduced from COP08 levels based on the likelihood that Ministry of Health (MOH) efforts to utilize the COP08 funding will be substantially delayed, as the Project Management Unit (PMU) overseeing these activities has been established only recently, and systems for implementing the construction activities are not yet fully in place.

An initial pilot phase while MOH systems are in the development phase is envisioned, with a relatively small number of facilities being converted or constructed, followed by a larger second phase once the pilot is completed.

A recent engineering assessment from USAID/Washington's Infrastructure and Engineering (I&E) Team reviewing MOH capacity to plan, implement and monitor this activity indicated that most sites will involve essentially new construction, since many of the existing health stations are not suitable for conversion to new structures.

The assessment also indicated the requirement that maintenance systems to be in place to ensure that newly converted or constructed health centers will remain as fully functional health care delivery points. The importance of this requirement is highlighted in Ethiopia, where the COP08 PEPFAR health center renovation implementing partner found that 68 of 100 existing health centers had non-functional running water systems, thus affecting their ability to provide safe, quality services. These problems were largely caused by lack of routine maintenance. As a result of these findings, this activity will include a clear focus on consistent availability of water supplies at facilities converted or constructed, as well as routine maintenance of all systems, to ensure that services are maximally effective.

A second USAID/I&E assessment of energy availability and quality for health facilities, in April 2008, revealed the absence of maintenance and quality standards in wiring and other electrical installations as a major constraint at existing facilities. The importance of quality in this area, particularly for delicate laboratory equipment, is not only critical for maintaining the ability of this and other equipment to support facility services, but also potentially impacts patient and staff safety, and can result in destruction of facilities when fires occur.

Unit cost estimates for Nucleus B Health Centers have increased to $188,000, for construction only not including cement and structural steel, which will be provided through a quota provided for this purpose by the Ministry of Works and Urban Development. The unit costs range higher for less accessible sites. This unit cost estimate is increased from the $138,000 unit cost estimate under COP08, supplemented by approximately $40,000 to equip the facilities.

At this unit cost, and assuming no additional price hikes for needed inputs, approximately 21 sites can be constructed or converted using COP09 funding. This is in addition to the up to 70 sites supported under COP08 (reduced from the 95 estimated in COP08 as a result of the 36% cost hike this year. Based on this experience, it is important to note that additional major price changes for needed inputs could affect the final number of facilities constructed or converted.

Renovation/construction efforts will include development of functional water supply for facilities, critical given the importance of abundant, clean water in providing safe, high quality care.

PEPFAR's new COP09 Construction Technical Assistance activity will support the MOH/PPD's PMU in establishing the systems needed to effectively and rapidly utilize these funds, and as favorable results are achieved, other PEPFAR resources for construction/renovation may be channeled directly to the MOH and RHBs.

The new PEPFAR Construction Inspection/Oversight activity will work closely with the MOH, assisting in the initial specifications for facilities, inspecting sites as they are completed, and working closely with the Construction TA activity to ensure that any issues revealed during inspections are addressed effectively by MOH and RHB engineers, leading to continuous quality improvement.

As confirmed in discussions with the Office of the Global AIDS Coordinator during the COP08 approval process, selected sites will be in high HIV prevalence areas along the high risk corridors. This is in support of PEPFAR's focus on urban and periurban areas with high HIV prevalence, as well as rural "hotspots", and is critical given the limited resources available to support construction/renovation, coupled with the highly dispersed rural population and the low HIV prevalence in those areas. This strategy will allow PEPFAR efforts to maximally support efforts to address HIV in Ethiopia.

COP08 Narrative

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).
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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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17715

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17715	17715.08	U.S. Agency for International Development	To Be Determined	7603	7603.08		[redacted]

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	
Estimated amount of funding that is planned for Water	$500,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3787.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 5685.27929.09

Planned Funds: $1,053,000

Activity System ID: 27929

Activity Narrative: Clinically Focused Record Systems

ACTIVITY UNCHANGED FROM FY2008

This is a continuing activity from FY 08.

This activity has been delayed from starting enrolling patients due to slow process of obtaining ethical clearance from all concerned parties. Now, clearance has been obtained from Centers for Disease Control and Prevention (CDC) and Johns Hopkins University (JHU). As of October 2008, the protocol had been finally presented to the Science and Technology Commission of Ethiopia and is expected to get the required clearance soon. Patient enrollment will start as soon as this process is finalized. Furthermore, coordination among the different partners involved was a challenge, but, now things are going forward with better coordination.

In FY 07, 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 to initiate cohort enrollment and collect data from the targeted sample of HIV positive patients put on ART at the seven universities and meet data transfer and specimen repository standards.

In FY 08, continuation activities include ongoing support for cohort enrollment, maintenance of implemented standardization measures for data collection and patient records management, monitoring data quality levels, data and specimen transfer to host institution, ongoing facility staff training to use national M&E tools, monitoring electronic data management system at site and central levels and 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 and training to clinicians, residents, and medical students. Data generated by this multi -site project will inform and improve ART delivery in Ethiopia by providing important information on ART associated toxicities and early mortality. The multi-site patient database and specimen repository will facilitate operational research and scientific inquiry pertinent to HIV/AIDS, through in-depth monitoring of treatment, acceptance and adherence, assessment of indicators of adherence, clinical and virologic efficacy of treatment protocols, assessment of monitoring protocols (CD4), evaluation of drug toxicity, drug-interactions and viral resistance, 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 capacity building of health providers and regional health authorities to record, store and share information to support provision of appropriate services to individual HIV patients and their families, across the continuum of care. These information systems will be flexible, adaptable, and compatible with various existing health care information systems and will support program monitoring and evaluation. JHU 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

New/Continuing Activity: Continuing Activity

Continuing Activity: 16637

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16637	5685.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	7485	3787.08	Support for program implementation through US-based universities in the FDRE	$1,170,000
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

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3787.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 10430.27931.09

Planned Funds: $5,595,000

Activity System ID: 27931

Activity Narrative: Technical Support for ART Scale-up

ACTIVITY UNCHANGED FROM FY2008

This is a continuation of activity from FY08.

Johns Hopkins University – Bloomberg School of Public Health (JHU-BSPH) supported ART implementation in Operational Zone 3 which includes Addis Ababa City Administration (region), Southern Nations Nationalities and Peoples (SNNPR) region, Beni-shangul Gumuz region and Gambella region. By the end of June, 2008, JHU was providing support for comprehensive HIV care and treatment services to 48 ART sites in the four regions. These ART sites included public and private hospitals in Addis Ababa City Administration, public hospitals in the SNNPR, and public hospitals and health centers in the emerging regions of Beni-shangul Gumuz region and Gambella region.

As of June 30, 2008, 31 917 persons were receiving ART, and 46 938 persons had been initiated on ART at JHU supported ART sites in the four regions. These achievements exceed the targets set for COP07 (ending on September 30, 2008), three months before the end of the reporting period. Furthermore, training has been provided to different cadres of ART providing healthcare workers, and JHU continues to lead with advanced ART workshops and CME telemedicine case reviews.

In COP09, the care and treatment activities to HIV patients in these regions will continue through delivery of the care and treatment services to those patients enrolled to care and initiated on ART, and also by enrolling and initiating new patients. JHU will continue to support the ART facilities in its Operational Zone, which includes public and private hospitals in Addis Ababa and SNNPR regions, and hospitals and health centers in the emerging regions of Beni-shangul Gumuz region and Gambella region. 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 maintaining quality mentorship at established ART sites.

Establishing effective referral linkages between facilities (hospitals and health centers) and between facilities and community services has been a challenge due to insufficient coordination among partners, poor referral system and poorly developed community support services (particularly in remote sites). Retention of patients to care and treatment services is an issue with high rate of ART patient mortality and a significant proportion of patients being lost to follow-up.

In the preceding years, 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 decentralization 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. These activities continued with a PEP expansion plan in the supported facilities within the four regions, and continued to provide guidance to other university partners.

The ART technical support also included 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. Through these activities, it will work to improve quality of service delivery, improve patient out-come and retention of

Activity Narrative: patients to care and treatment services.

JHU will manage high demand at urban centers by: increasing site-capacity through renovation in coordination with the Regional Procurement Support Office (RPSO) 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. It will work with partners working at health centers and community level to ensure transfer of stable patients from congested, high-load ART sites to health centers closer to patients' residences and community services. 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.

JHU will continue to expand the intensification of PMTCT to ART linkages and to increase the number of pregnant women on ART. 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 (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.

JHU will expand MOH's basic ART Training activities within the hospitals, training inpatient healthcare personnel, and 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. 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 indigenous 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16636

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16636	10430.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	7485	3787.08	Support for program implementation through US-based universities in the FDRE	$7,000,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3786.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 10439.27918.09

Planned Funds: $7,393,770

Activity System ID: 27918

Activity Narrative: Rapid expansion of successful and innovative treatment programs

ACTIVITY UNCHANGED FROM FY2008

This is a continuation of activity from FY08.

UPDATE
As of March 31, 2008, 38,146 HIV patients initiated on ART, and 26,353 ART patients were regularly receiving their treatment from 35 I-TECH supported facilities in three regions of the country (Amhara region, Tigray region and Afar region). These achievements already exceed the targets set for the reporting period, with six more months to go before the end of the reporting period for COP 07.

This activity will continue in COP 09, and I-TECH will support the enrollment of new patients and maintain quality care and treatment of those already taking ART.

I-TECH will provide intensive comprehensive technical support to ART hospitals in Amhara and Tigray regions, and to ART hospitals and ART health centers in Afar region in partnership with the regions. This will be done through established regional and field-based teams.
The expanded regional ART teams include a physician coordinator, pediatrician, a lab technician, a program assistant, 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 ART sites in the I-TECH supported regions.

I-TECH will work with partners working at health center and community levels to improve the referral system and the function of the network in its operation zone, so that stable patients will be transferred from congested, high load ART sites to health center ART sites near to patients' residencies. It will also ensure delivery of comprehensive, quality care and treatment services to HIV patients through better linkage to community services. I-TECH will work with partners at health center and community level to coordinate the different services to HIV patients in order to ensure the continuum of care.

This will contribute to improved patient out-come and retention to care and treatment services. In addition, I-TECH will continue its support for case management in order to optimize linkages between the different programs within the facilities, between the facilities in the network, and between the facilities and community services. It will also involve People Living with HIV (PLWH) and their associations in different activities, including adherence counseling, patient tracking, and care and support.

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.

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.

2) Trainings of trainers (TOT) will continue to be used for multi-disciplinary 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. 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.

3) 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, nurse practice training and certification, and development of new or innovative ART team members.

4) As the demand for ART provider nurses has increased, as a continuation of this activity and to conduct this training on a broader scale, I-TECH will train & offer TOT for nurse ART providers, and work with US uiversities throughout the country to prepare them to mentor their own nurse ART providers. I-TECH will also work with Management Sciences for Health (MSH) to ensure that the 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 ensure that standardized site visits to all regions through mentoring of mentors are conducted in collaboration with MOH, HIV/AIDS Prevention and Control Offices, and US universities.

5) I-TECH has started and piloted an ART case-management model. In FY07, the National ART Case Management Model was finalized, 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, and will work with the MOH, HAPCO and US universities to expand this activity. It will also provide the training curricula and TOT to MSH in order to ensure that a standard model of case management exists at both hospitals and health centers supported by USG.

6) I-TECH will continue to support MOH and Federal 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:

Activity Narrative: I-TECH site mentors, consisting of a physician for ART support, lab technologist, nurse, and monitoring and evaluation staff teams, will regularly visit all 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.

I-TECH will 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. 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. 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 trainings.

Local Universities Support:

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. 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16644

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16644	10439.08	HHS/Health Resources Services Administration	University of Washington	7487	3786.08	Rapid expansion of successful and innovative treatment programs	$9,633,980

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 655.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 10606.27942.09

Planned Funds: $648,000

Activity System ID: 27942

Activity Narrative: HIV/AIDS Service Provider Call Center (Fitun Warmline)

ACTIVITY WITH ONLY MINOR CHANGES FROM FY2008

InFY08, JHU-CCP/ARC has established a National HIV/AIDS treatment service provider call center (Fitun Warmline) for health care providers working in ART service outlets. The call-in center provides health care providers with up-to date HIV clinical information and expert case consultation with immediate response to problems and constraints they encounter while providing ART services. The call-in center works with callers and PEPFAR partners to address their HIV/AIDS-related service gaps. The center is a valuable asset for service providers wishing to gain one-on-one consultations, patient specific information, materials on HIV/AIDS topics and to address gaps in HIV care and treatment related supplies and equipment.

InFY08, CCP/ARC has helped to install dial-up Internet connectivity at 39 hospitals in three regions and has been providing technical assistance to 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 as potential for enhanced information exchange with and support to providers working in HIV/AIDS services. This also supports capacity building at the regional level, through deepened collaboration between regional HAPCOs, hospitals, and regional AIDS Resource Centers.

In FY 09, CCP/ARC will bring the utilization of the “Fitun” Warmline to full fruition and potentially integrate and strengthen ART related health areas such as Family Planning and maternal and child health. CCP/ARC will continue to provide technical assistance for health facilities on the use of the Fitun Warmline, including increase in demand for the phone service and website; ARC/CCP will approach this through promotional and advocacy activities and provider feedback on how to make the Fitun services even more user friendly; knowledge management and monitoring of use, good team management; refresher trainings and flexible scheduling to prevent staff burn-out and attract the best talent for this particular service; strong networking with all university partners, government and private sector health centers to reach all ART hospitals and health centers in need; fully operational logistics management and gap analysis with a proven way of reporting back to partners and funders. In FY09, CCP/ARC will support the following key activities:

o Increase internet access for 19 hospitals and 100 health centers
o Provide phone access for 100 hospitals and 150 health centers to overcome the biggest barrier to use of the Fitun Warmline services
o Expand service hours from 8am up to 7 pm on call night shifts
o Hire more staff including admin assistant and specialist consultation
o Expand to other HIV treatment and care related health fields such as Reproductive Health (Family Planning), Maternal and Child Health including training for staff and focal persons

New/Continuing Activity: Continuing Activity

Continuing Activity: 16584

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16584	10606.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	$720,000
10606	10606.07	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	5469	655.07	jhu-ccp	$600,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 655.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 18872.27944.09

Planned Funds: $540,000

Activity System ID: 27944

Activity Narrative: Public Awareness on ART

ACTIVITY UNCHANGED FROM FY2008

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, CCP/ARC continued the development of a comprehensive communication program to support the continuum of HIV/AIDS services from VCT to PMTCT to ART. This includes development of content for communication materials targeting people living with HIV/AIDS (PLHA) on ART and eligible for ART, their treatment supporters such as PLHA Associations and family and friends, care takers of HIV + children and youth, as well as religious leaders and ART provider. These materials intend to increase the uptake and adherence to ART. In this regard, In FY08, the following major activities were accomplished in the implementation of the program:

• Finalized 12 ART drug use guides, low literacy materials, SMARTER Client and Provider campaign aimed at increasing demand for quality services, including Warmline promotion, Smarter provider training module; 10 job aids, client adherence calendar, posters, 1 slide video, 3 radio spots, treatment supporter print material.
• 13 materials adapted and translated into 3 local languages. 500,000 copies printed and distributed through partners, including regular briefing on materials and.
• Two community conversations on faith based ART-related misconceptions, and Greater Involvement of PLHA (GIPA) documented and adapted into educational videos and radio spots. Faith-based TOT curriculum finalized, tested and produced and used in 2 trainings with clergy.
• Conducted literature review and developed communication strategy to specifically aim materials development at the current uptake challenges.

• Developed and updated a comprehensive ART page on the ARC website and finalized plan and developed and used monitoring tools to understand challenges with distribution and use of materials.

In FY09, 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 continue to 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

New/Continuing Activity: Continuing Activity

Continuing Activity: 18872

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18872	18872.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	7474	655.08	Expansion of the Wegen National AIDS Talkline and MARCH Model Activities	$600,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 8141.09
Mechanism: DOD-UCONN-PWP
Prime Partner: University of Connecticut
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 18704.28226.09
Planned Funds: $200,000
Activity System ID: 28226

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. 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 integration into the final adherence-support program. The needs assessment and multidisciplinary collaboration will allow us to tailor the 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. Interveners (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 interveners 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 interveners 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 provider, 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,

Activity Narrative: 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 interveners 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18704

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18704	18704.08	Department of Defense	University of Connecticut	8141	8141.08	DOD-UCONN-PWP	$225,000

Emphasis Areas

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7609.09

Mechanism: Care and Support Project

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 18703.27962.09

Planned Funds: $7,875,000

Activity System ID: 27962

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity from COP08. There is no change to the activity narrative, except activities relating to Pediatric treatment, which will be shown under the new COP 2009 Pediatric treatment section. There will be an incremental increase of adult treatment facility targets which will increase to 350 sites, and 80,700 individuals of ever receiving treatment (cumulative). These targets reflect the new emphasis to reach HIV positive individuals under treatment, strengthening linkages with communities to decrease the lost-to-follow-up. A further focus of linking clients on ART services with facility case managers and community outreach volunteer workers will be strengthened. MSH will also reinforce each catchment area management and technical meetings at the woreda and zonal level to improve linkages with USG university partners and local community services.

COP 08 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 health care 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 antiretroviral therapy (ART) decentralization to health centers. FHI coordinated the assessment of 120 health centers for site ART 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 COP 07 funding is owing to the gross underestimate for the activity in COP07 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 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); refurbishment 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 Government of Ethiopia personnel. The activity will facilitate training on HIV disease management and ART services, including adherence counseling, nutrition, case management, laboratory and pharmacy services. In close collaboration with RHB and 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 experienced will be organized based on the national clinical mentoring guidelines, helping build provider capacity to manage patients and improving patient care.

The activity will complement the focused activities of USG partners in supply chain and pharmacy management, collaborating with RPM Plus and PSCMS to ensure that their interventions achieve maximum impact at site level. The project will work with relevant PEPFAR Ethiopia partners and key stakeholders such as the HIV/AIDS Prevention and Control Office (HAPCO), implementer of the Global Fund to Fight AIDS, Tuberculosis (TB) and Malaria (GFATM) grants, complementing their efforts to strengthen laboratory services at 240 ART sites.

Site level ART patient monitoring will be enhanced through collaboration with Tulane University's health center-level Health Management Information System (HMIS) activities supporting an ART patient tracking system, with data clerks trained in this paper-based system by Tulane. 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 a needs assessment to look at what basic medical equipment is required to support delivery of a minimum ART service package. Additionally, procurement coordination with district health offices and USG partners will leverage GFATM resources.

Network implementation will be a patient-centered approach. This activity will be linked with multiple

Activity Narrative: 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 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 PLWHA. 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 health care workers and the strengthening of systems and infrastructure at the health center level.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18703

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18703	18703.08	U.S. Agency for International Development	Management Sciences for Health	7609	7609.08	Care and Support Project	$9,500,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$2,000,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	3793.09	**Mechanism:**	WHO-CDC
Prime Partner:	World Health Organization	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Treatment: Adult Treatment
Budget Code:	HTXS	**Program Budget Code:**	09
Activity ID:	28910.09	**Planned Funds:**	$972,000
Activity System ID:	28910		

Activity Narrative: Integerated Service Strengthening

ACTIVITY UNCHANGED FROM FY2008

This is a continuing activity from FY07 and FY08. This is a hospital-level activity related to strengthening of 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 based 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 based 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 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 based universities working at hospitals in Ethiopia (e.g., University of Washington (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-

Activity Narrative: up in Ethiopia will follow the guiding principle of “high impact and high yield.” 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 the zonal and district health networks’ abilities to monitor and evaluate programs using the standardized program indicators.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $972,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5483.09

Mechanism: TBD/CDC

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 29005.09

Planned Funds: [redacted]

Activity System ID: 29005

Activity Narrative: ACTIVITY WITH ONLY MINOR CHANGES FROM FY2008

In FY08, Partner successfully adopted and integrated the Smart Care EMR System into the Ethiopian context in close collaboration with CDC-Zambia and the Federal Ministry of Health (FMOH). Partner has established strong regional collaboration with CDC Zambia EMR developer's team using an online Team Foundation Server (TFS) source controls system to update and share source codes to facilitate collaborative programming between SmartCare Zambia and SmartCare Ethiopia.

Initially, the EMR/SmartCare system was designed for 85 ART clinics usage only where 2-3 computers were to be installed with workgroup network topology. But in the same year the Ethiopian HMIS information scene had changed. The new HMIS that is speared headed by FMOH changed and standardized the clinical patient information format at facility level by introduced individual folder/patient chart at medical record/card room. This had a great impact on the ART information system and its roll out as it means all patient information of the individual are to be integrated in a folder and kept at the medical record room. Thus, The FMOH wanted the rollout of new EMR to be hand in hand with the new HMIS paper system scale up and for it to be customized not only to include ART modules but all the new HMIS information. Partner has been working to modify EMR/SmartCare to include all the modules of the new HMIS. Thus, the EMR is being redesigned to incorporate all major departments' services in health facilities, to become a fully blown EMR system. Currently the system is being implemented at one of the health network model where the new HMIS is rolled out. For the EMR implementation, Partner has also purchased IT Equipments, performed hardware configurations, LAN infrastructure installations and EMR (SmartCare) installation at these facilities and user training is underway. This has dramatically increased the IT equipment investment at facility level.

In FY09, Partner will continue to implement and maintain the Electronic Medical Records (EMR) system at 85 sites that have implemented the new HMIS. Partner will also continue to develop and deploy data warehouse system for MOH and eleven RHB linked to the National HMIS; and will continue to support human resource capacity building, hardware acquisition, and software licensing and application development to strengthen the data warehouse, GIS, EMR and related activities to MOH and agencies, CSA, RHB and health institutions. In FY09, Partner will continue building technical capacity at FMOH to manage and lead the implementation and expansion of these systems to all health facilities and institutions. Partner will also support all information and communication technology activities at national, regional and facility level through continued trainings as well as seconding staffs as part of capacity building. Mapping and unique identification of all health institutions will be also supported.

FY08 Activity Narrative:

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).

In FY07, there were two sub-activities:
1) The 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) The 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. In FY07/08, Partner has successfully adopted and integrated CDC-Zambian Smart Care (EMR) system into the Ethiopian context in close regional collaboration with CDC-Zambia and CDC-Ethiopia. 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 expanded to include 50 networks. The system covers 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 also included. The program expansion required 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 has also continued by drawing technical assistance (TA) from other

Activity Narrative: 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 also implemented. Ongoing support continued to all sites including seconding staff to MOH as well as 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 staffs were trained to maintain the website. In FY08, MOH and RHBl continued to receive technical assistance 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 was provided to 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 were conducted as outlined in “The Signature Domain and Geographic Coordinates: A Standardized Approach for Uniquely Identifying a Health Facility” 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 had continued trainings as part of capacity building.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4067.09

Mechanism: Health Center Renovations

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 28912.09

Planned Funds: [redacted]

Activity System ID: 28912

Activity Narrative: Renovations - Health Facility ART: Technical Assistance to Support MOH Construction

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity will be modified under COP09 to focus on technical assistance to the Ministry of Health's Planning and Program Department (MOH/PPD). MOH/PPD has developed a Project Management Unit (PMU) to oversee the conversion of 891 health stations to "Nucleus B" health centers. These smaller health centers are a centerpiece of the MOH's efforts to achieve universal access to primary health care in the country, including HIV services.

A USAID/Washington Infrastructure and Engineering (I&E) team assessment of MOH/PPD capacity to implement the planned infrastructure improvements revealed that most sites will require new construction, as

Efforts will be shifted from direct facility assessment and renovation, to capacity building and support for MOH efforts to carry out these activities. A major focus on developing maintenance programs for existing and future facilities will also be included, as lack of preventive maintenance has been cited as a major cause of dysfunctional basic systems such as water, electricity, waste water and waste disposal, as well as threats to the structural integrity of health facilities in some cases.

Short-term technical assistance to staff the MOH PMU will be provided, with a transition plan for assumption of these positions by MOH staff as part of the new activity design.

Technical assistance to Regional Health Bureaus (RHBs) building "matching" Nucleus B Health Centers will also be included in this support, including training human resources such as engineers and architects, as well as maintenance staff.

Coordination of health construction efforts will continue to be a focus, and coordination with new USG partners carrying out inspections of facilities constructed by the MOH with PEPFAR funds will be included. This activity is expected to be competed in the coming months.

COP 08 Narrative:

In 2007, this continuing activity provided technical support for renovation of selected health centers targeted to receive comprehensive ART services. To date, 70 engineering assessments have been conducted and 23 health centers renovated in the four most populous regions and Addis Ababa. As such, the activity is ahead of its original targets and work plan.

The purpose of this activity is to harmonize and coordinate various health center renovation and construction initiatives supporting improved HIV/AIDS and associated chronic disease services in Ethiopia and to carry out selected renovations, filling gaps when other funds are not available.

Previously, an assessment compiled by Family Health International (FHI) in FY06 identified infrastructure deficiencies as a major obstacle impeding sustained progress in achieving ART targets. In particular, ART services require adequate infrastructure to support the sizeable increase in ART clients (about 200/site) expected at the PEPFAR priority health centers. In FY07, these findings were confirmed and extended by Crown Agents based on an assessment of 44 health centers currently providing ART services in four PEPFAR priority regions and Addis Ababa. Nearly all were found to have major physical (structural) and/or essential functions problems (e.g., lack of water, blocked waste water disposal lines, overflowing dry pit latrines) as well as space limitations that compromise patient care and the safety of clients and healthcare providers.
Successful transfer of HIV/AIDS and associated chronic disease services from hospitals to health centers requires bringing health centers up to a minimum performance standard for safe and quality delivery of ART services through: a) repair of major physical (structural) problems; b) improvements in essential functions; c) more effective use of existing space to facilitate patient care and safety; d) provision of basic hygiene and environmental health controls to minimize the risk of transmitting TB and other serious co-infections to patients, other clients and healthcare providers; e) upgrading maternity (labor and delivery) and newborn units to promote PMTCT services as well as the care and treatment of HIV/AIDS infected mothers, infants and young children; and f) replacement of destroyed or non-repairable furniture and fittings. To keep facilities fully functional post-renovation, it also will be necessary to implement and to support a modest maintenance management training program and mentoring of selected healthcare staff. This on-the-job training is needed to ensure that renovation works, patient flow and space use improvements are sustained and that basic hygiene, environmental health control and recommended infection prevention practices are understood and routinely adhered to by both professional and housekeeping staff.
Working in close coordination with the Federal Ministry of Health (FMOH) and regional health bureaus (RHB), Crown Agents will continue to provide support for procurement of health center renovation services, materials and project management services, including managing contracts with local building supply and service providers and ensuring these contracts are legally binding and adhered to by all parties. These procurement services will gradually be transitioned to the FMOH, initially with seconded staff supporting government personnel, with these positions eventually to be assumed by the FMOH. Through close monitoring and quality checks, Crown Agents will support the FMOH to ensure compliance with local (or as required, international) standards, and ensure clear and transparent reporting. Further, Crown Agents will support the FMOH in providing technical mentorship to RHB and other stakeholders regarding systematic health facility renovation, strategic planning and renovation management. As needed, staff may be seconded to RHB supporting these functions, with a clear understanding that they would eventually be assumed by the regions. Finally, the strengthening of formal communication channels that began in FY06 will continue to ensure that PEPFAR Ethiopia partners, the FMOH, RHB and any other stakeholders involved in health facility renovation are consulted throughout the life cycle of the project.

Currently, bilateral and multilateral agencies, as well as non-governmental organizations (NGO), many of

Activity Narrative: these PEPFAR partners or USG-supported institutions supported with non-HIV/AIDS funds, are working independently to renovate health centers and other health facilities. Although the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) supports limited renovation, systematic coordination of all these efforts has been lacking. Moreover, block grants from the FMOH to RHB have resulted in somewhat sporadic renovation, with limited impact in terms of supporting comprehensive HIV services including ART. Structured coordination, therefore, is urgently needed between and among these agencies, the FMOH and RHB to rationalize infrastructure improvements at health center facilities and expand sustainable ART services nationally.

As part of its leadership role in health facility renovation, during FY2007 Crown Agents was charged with being responsible for harmonizing and coordinating health center renovation activities of all PEPFAR Ethiopia partners. This activity ties in directly with the project's continuing assistance to further the FMOH efforts to coordinate and standardize health center renovation by all organizations – both USG and non-USG. In addition, support for compiling existing health center assessment information, as well as tracking renovation activities and resources by PEPFAR Ethiopia partners, will continue to be carried out by Crown Agents. This tracking and coordination function, carried out in conjunction with the FMOH, with the ultimate goal of passing complete responsibility for the activity to FMOH Planning and Program Department (PPD), will expand to coordinate and map renovation at other types of health facilities during FY08.

Because several PEPFAR Ethiopia partners are included among those institutions currently engaged in health center renovation activities, closer harmonization and coordination of these activities at the service delivery level is needed. To date Management Sciences for Health's Rational Pharmaceutical Management Plus (RPM Plus) project has renovated pharmacy stores as well voluntary and counseling testing (VCT) and ARV dispensing rooms at 23 health centers, while IntraHealth has renovated selected rooms for PMTCT and antenatal care at 18. Other key PEPFAR Ethiopia partners involved in renovation include the new Care and Support Project (lead: Management Sciences for Health), ART service expansion (Family Health International), JSI/Deliver (health center stores) and the USG Regional Procurement Supply Office (RPSO) which renovates hospitals in conjunction with PEPFAR-supported university partners. RPSO may renovate health centers in the remaining five regions of Ethiopia during FY08. In FY08, most of these partners will continue to be involved in health center renovation and refurbishing that will be coordinated under the umbrella of FMOH/PPD, with technical support from Crown Agents. Ultimately, however, the critical coordination role Crown Agents now fills, due to the lack of FMOH staff, will be transferred to FMOH counterparts for long-term sustainability.

In FY08, Crown Agents will continue to support renovation of selected urban and peri-urban health centers with high HIV prevalence that are initiating or continuing ART services. This will be accomplished through the following activities: 1)targeted assessment and renovation of an additional 70 health centers to allow effective/efficient services to be provided in a safe environment, thereby helping to ensure the quality of HIV/AIDS and associated chronic disease services; 2) coordination of PEPFAR Ethiopia partners' renovation efforts at the health center level; 3) support to the FMOH PPD in coordinating existing health facility renovation efforts; standardizing renovation approaches, guidelines and designs; and institutionalizing practical maintenance management and environmental health control practices. Accomplishing these will assist the FMOH in effectively decentralizing ART and associated chronic disease services in a sustainable manner. The HIV/AIDS Prevention and Control Office (HAPCO) is also requesting support for construction of residences for staff at health centers and remote hospitals, and Crown Agents will at a minimum support the coordination and planning for this staff retention mechanism.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 11735.09
Mechanism: Construction Inspection and Technical Support
Prime Partner: Global Architect-Engineer (A&E) Infrastructure Services IQC
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 28832.09
Planned Funds: $1,000,000
Activity System ID: 28832
Activity Narrative: MOH Construction Specification Review and Site Inspection

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a new activity under COP09. The existing COP08 Ministry of Health/Planning and Program Department (MOH/PPD) construction activity which supports the conversion/construction of Health Stations to small, Nucleus B Health Centers, requires that specific construction, contracting and building maintenance standards be met. This new activity will utilize a U. S. architecture and engineering (A&E) firm, selected competitively, to work closely with the MOH/PPD's Project Management Unit (PMU), ensuring that appropriate specifications are set for facilities during the design phase. The activity will then inspect the finalized Health Centers, verifying that these attain the required standards for approval as set during the specification phase.

This activity, under a pre-competed mechanism at USAID/Washington, will coordinate closely with the follow-on Construction/Renovation Technical Assistance (TA) activity, ensuring that findings from inspections and design reviews are communicated to the TA project, which will address any issues identified in coordination with the MOH, providing TA and other assistance as appropriate to ensure that the activities move forward.

If construction activities funded through PEPFAR and managed directly by the MOH/PPD are extended beyond Nucleus B Health Centers, for example to include existing health centers and supply warehouses, this activity would perform similar technical oversight functions with those facility improvement projects.

New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 11749.09
Mechanism: CRS Faith based ART services

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 28868.09

Planned Funds: $900,000

Activity System ID: 28868

Activity Narrative: This is a New activity
AIDSRelief is a consortium comprised of Catholic Relief Services (CRS), the University of Maryland School of Medicine's Institute of Human Virology (IHV), Constella Futures, Catholic Medical Mission Board and Interchurch Medical Assistance. AR works primarily in faith-based institutions in 9 countries (Kenya, Uganda, Rwanda, Tanzania, South Africa, Zambia, Nigeria, Haiti and Guyana) and is seeking to expand this support to Ethiopia. Consortium partners anticipated to provide HIV services in Ethiopia under AIDSRelief are CRS, IHV and CF.

The goal of AIDSRelief is to support local partners to provide quality HIV care and treatment to PLWHs. The program successfully reached 98% of its target, and as of August 2007 is providing ART to 82,000 patients and care for 200,000 people at 140 local partner treatment facilities (LPTFs) as well as at least 100 decentralized sites across 9 countries Outcomes from the AIDSRelief continous quality improvement program which is an integral part of activities, have shown high levels of treatment success. Out of a sample of almost 1000 patients who have been on ART for longer than 9 months, 90% are virologically suppressed (defined as <400 copies/ml). At the end of August 2007, the total lost to follow up across all countries was 3.69% and mortality was 8.26%.

CRS, the prime funding recipient of the AIDSRelief consortium, has been in Ethiopia for over 40 years and currently has an extensive program portfolio, including PEPFAR funded palliative care, OVCs and prevention activities. Expansion in providing care and treatment will create synergistic programming and maximize the impact of wrap-around funding.

AIDSRelief has experience in providing ART in resource-constrained settings. Under COP09 funding, AIDSRelief in Ethiopia will work in partnership with the Catholic Church, Makaneyesus Church, the Adventist Development Agency (ADRA) and the Ethiopian Orthodox Church to provide comprehensive ART services through selected faith based health facilities primarily in rural areas reaching1114 patients with ART and 2050 with palliative care,10% of which will be children.

AIDSRelief has the capacity to make a significant input to treatment programs in Ethiopia through implementing a comprehensive family centered care and treatment approach which builds upon the presence of faith-based institutions within communities. The AIDSRelief approach incorporates ART initiation and scale-up ranging from diagnosis, clinical mentoring, diagnosis and treatment of OIs, patient monitoring, and maintenance of medical records, patient treatment preparation, community mobilization and education, with strong links into communities to ensure excellent adherence. AIDSRelief will ensure that all patients coming for care and ART are routinely screened for TB, and LPTF providing TB services will have patients tested for HIV. There is also a key role for patients themselves to provide ongoing adherence support to each other which AIDSRelief incorporates as the backbone to our community support and adherence activities. AIDSRelief will work in collaboration with CDC/MOH/ENHRI to support the laboratories within the identified health institutions.

AIDSRelief promotes a family-centered approach to HIV care and treatment and is committed to ensuring that at least 10% of its' patient load is comprised of pediatric patients. Establishing linkages with MCH, ANC PMTCT, in-patient and out-patient services and encouraging provider-initiated diagnostic testing will contribute to this goal. It has also been AIDSRelief's experience that as ART becomes more accessible and communities strengthen their involvement, the number of people coming forward for C&T also increases. With the objective to reduce mother to child transmission of HIV in AIDSRelief supported facilities, the program will follow the new national PMTCT guidelines and promote an essential package of PMTCT services which includes provider initiated HIV testing in ANC, encouraging mothers to deliver in a health facility, CD4 testing of all pregnant HIV+ mothers, DBS for babies, the provision of ARV prophylaxis to mother and infant and referral for HAART as required. The PMTCT program will be underpinned by strong community outreach and follow-up of all HIV positive mothers and their babies. AIDS Relief will follow national guidelines for management of HIV exposed infants . The program will also strengthen linkages between other services within the health facilities.

Strengthening human capacity to deliver quality services is essential. Over and above the hands on mentoring, AIDSRelief will train 56 people in clinical care, pediatric care, finance and compliance. AIDSRelief, will work in partnership with the African Network for Children affected by HIV/AIDS (ANECCA) . The Consortium is also dedicated to working with local partners and the Government of Ethiopia to develop models of care and treatment that are most appropriate to their Ethiopian context. AIDSRelief fully supports the Ethiopian national guidelines and strategy for ART roll out.

AIDSRelief will link with the Government of Ethiopia and the Partnership for Supply Chain Management for procurement of ARVs, laboratory equipment and reagents. The program will work to strengthen systems at the LPTFs to forecast and procure ARVs and laboratory reagents to ensure a stable and uninterrupted supply.

AIDSRelief will integrate into the National strategic information framework that is promoted and supported by the Ethiopian and US governments.

Sustainability lies at the heart of the AIDSRelief program, and is based on durable therapeutic outcomes to first line regimens. AIDSRelief focuses on strengthening health facility systems through human resource support, financial training and improvements in health management information. As faith based institutions are embedded in communities, AIDSRelief harnesses these opportunities to involve motivated PLWAs for disseminating antiretroviral literacy, addressing stigma and promoting consistent adherence to therapy.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5527.09
Mechanism: Civil Society
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 18809.28250.09
Planned Funds: [redacted]
Activity System ID: 28250

Activity Narrative: Sustainable ART Adherence through Self-Help Groups and Clinic- Community Linkages

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity will conduct activity similar to those described in COP08. This activity will not be updated. The partner is To Be Determined as this is new a competitive acquisition. OGAC will be notified upon award.

COP 08 Narrative:

This activity will expand the mechanism designed and initiated in COP07 to address gaps in community and facility linkage within the health network model.

Recognizing both the public health benefits and risks of rapid rollout of free ART in Ethiopia, key barriers to ART adherence have been identified: lack of social support; lack of sustainable means to buy food, shelter and other necessities such as transportation to ART sites; stigma and misconceptions regarding ART; and cultural and religious beliefs that lead to misconceptions about HIV and AIDS.

In the context of growing caseloads and a severe shortage of health personnel, the traditional clinic-centered model of ART adherence support is inadequate. Ensuring adherence will be more comprehensive and successful if shared with the community. Unfortunately, most communities and civil society organization (CSO) currently lack capacity, as well as systematic and sustainable strategies, to address this challenge effectively. As the first site in Ethiopia to distribute free ART, the All African Leprosy and Rehabilitation Training Center (ALERT) is an example of the clinic-community linkages to be supported by this project. ALERT practitioners discovered that more than 70% of ART patients needed social support, the absence of which could undermine ART adherence. In response to patient needs, and lack of capacity to meet those needs at clinic level, ALERT developed links with various civil society organizations in its catchment area. Over fifty such organizations joined the ALERT network, but even this extended network faces difficulties in absorbing additional beneficiaries, as most CSO have limited capacity and experience in providing HIV/AIDS care and ART adherence support. There is a need to build capacity of the CSO partners to enable them to provide social services to more clients, but also to complement their work by involving clients in mutual support. Presently, the clinic-community link that characterizes the ALERT model is very important as an effective health network tool replicable in other parts of the country where such support is equally needed. It is vital to enhance the clinic-community link, while simultaneously building community capacity to avoid the CSO overload that occurred in the ALERT network. This project will improve ART adherence by linking health care services and communities, and by facilitating a community self-help strategy to reinforce adherence. Key elements of this model include:

1. Identification of CSO (nongovernmental organizations (NGO), PLWHA Associations, faith-based associations, etc) committed to care and support of PLWHA through home-based or other outreach activities. The implementation of adherence support builds on the experience of ALERT with identification of stakeholders both currently engaged and those who could potentially join the ART Network at all levels. Illustrative activities include development of governance mechanism, creating the environment to enable influential community members and representatives of key community organizations and inventorying care and support services available within the network.
2. Placement of “Linkage Coordinators: in ART sites to screen ART clients and link individuals with CSO in their wards.
3. Building capacity of these CSO by training outreach workers how to support ART adherence.
4. Provision of grants to CSO to form self-help groups among interested ART clients and training groups
5. Training of self-help group members as peer educators, able to reach out to new ART clients as well as HIV-positive individuals not yet on ART, as members grow stronger due to their adherence to the ART regimen
6. Mobilize family members of PLWHA to join self-help groups and to support ART adherence

During the “linkage” phase, CSO with existing home-based care programs will be identified for each ART site. CSO, health center and hospital personnel will attend workshops through which participants learn the importance of developing and maintaining community-clinic linkages. ALERT representatives will share their networking experience; participants will learn about the self-help strategy for economic empowerment and psychosocial support among PLWHA; and all will contribute to the development of action plans for establishing and maintaining community-clinic links. A “Linkages Coordinator” to support each of the three ART sites will be hired; these will be trained PLWHA who will receive referrals from the hospital, and link the clients to CSO. During the “capacity-building” phase, assessments of strengths and needs will be conducted with the partner CSO. Training will be provided on ART and adherence issues, as well as self-help methodology. CSO will be supported to incorporate ART-adherence counseling into routine outreach work, and selected CSO will receive mini-grants to form and provide ongoing technical assistance to self-help groups.

“Self-help groups” will consist of 15 to 20 ART clients who meet weekly to discuss aspects of positive living, including: living with HIV and AIDS, ART adherence, prevention of further infection, proper nutrition, exercise, etc. Groups will also participate in an economic empowerment strategy, in which they begin to save existing financial resources, however small they may be, rather than receive external material resources. This financial discipline will eventually enable the group to provide loans to its members for micro -enterprises. Experience in Ethiopia has shown that this self-help model fosters community self-reliance and collaboration among very poor participants. The formation of self-help groups is an ideal solution to ART adherence-barriers for many reasons, including self-sustainability once established; self-help groups provide a social network of self-reliance, in which members develop positive attitudes and proactive solutions rather than falling into a sense of fatalism. They are excellent forums for transmission of key messages, elimination of misconceptions, and adoption of new practices because of strong mutual support and positive group peer pressure.

The partner will closely monitor implementation of the self-help groups and their impact on ART adherence,

Activity Narrative: self-reliance, stigma mitigation and involvement of family members of PLWHA in adherence support. The project will be implemented in Bahir Dar zone, Amhara region to create an effective network model involving six ART health centers: Estie, Durbete, Dangla, Adet, Wereta, Bahir Dar health center and Felege Hiwot Hospital.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18809

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18809	18809.08	U.S. Agency for International Development	Program for Appropriate Technology in Health	12027	12027.08		$240,000

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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7597.09

Mechanism: Food by Prescription

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 17712.28257.09

Planned Funds: [redacted]

Activity System ID: 28257

Activity Narrative: Food by Prescription

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity from COP 2008. The activity was divided into Adult and Pediatric treatment sections. This section focuses on the Adult treatment interventions with a proposed 85% of the base budget increase of $3 million for COP09. The budget increase for the Adult treatment mitigates the 40 % rise in world food costs and procurement, ensuring that we can continue to reach present benficiaries with an additional 10% increase to reach those most in need.

COP 08 Narrative:

The Food by Prescription (FBP) activity is a continuing activity designed in FY07 and is expected to increase care and support to 14,000 malnourished PLWHA at 80 health facilities in Ethiopia. This is an increase from 45 health facilities in COP07.

Studies have established clinical malnutrition as a risk factor for HIV progression and mortality for pre-ART and ART patients, as well as for birth outcomes among HIV-positive women. As HIV infection progresses, hyper-metabolism, mal-absorption of nutrients, diarrhea, and anorexia can all become severe challenges to maintenance of adequate nutritional status. In addition, poor nutritional status and inadequate dietary intake can adversely affect adherence to and efficacy of drug treatments. According to the World Health Organization (WHO), energy requirements are increased by 10% in asymptomatic adults, 20-30% in symptomatic adults and as much as 50-100% in infected children with growth faltering. WHO data reports that dietary protein levels should be maintained at 12-15% of total energy intake (approximately twice the level typically found in cereal- or tuber-based diets with minimal animal-source food intake), and a single recommended daily allowance (RDA) level is needed of essential vitamins and minerals (which many PLWHA in resource limited settings are unable to consume through their regular diets).

This situation, combined with the very high levels of malnutrition and food insecurity present in Ethiopia, implies that clinically malnourished PLWHA in care and treatment programs in Ethiopia have an immediate and critical need for nutrient-dense foods that can be readily and safely prepared and consumed to improve their nutritional and immunological status, especially as an adjunct to ART.

In response to this situation, PEPFAR Ethiopia included an FBP program in FY07 on a pilot basis in 20 hospitals and 25 health centers. The new activity will involve expanding to approximately 35 new health facilities that have a high ART patient load, bringing the total number of targeted facilities to 80. The program involves procurement and distribution of a ready-to-use therapeutic food (RUTF) and a nutrient-dense blended flour product to targeted health facilities, from where the food is provided to severely malnourished ART and pre-ART clients and to HIV-infected pregnant and lactating women. Anthropometric entry and exit criteria based on WHO classification of malnutrition are used. Beneficiaries will also receive nutritional counseling and education.

The program is being implemented by partners in Ethiopia in coordination with the Ministry of Health (MOH)/HIV/AIDS Prevention and Control Office (HAPCO) and with technical assistance from the Food and Nutrition Technical Assistance (FANTA) Project (HBHC-10571.08).

Based on the experience and results of the pilot program, PEPFAR Ethiopia will scale up the program to reach a larger target group of health facilities and eligible beneficiaries. In addition, an assessment of the acceptability of RUTF among adult clients will be carried out, and based on the results the use of food products may be refined and improved if needed. As part of the broader technical assistance activity for nutrition and HIV, the pilot program will be assessed and lessons will be used to inform refinement of the program for scale-up. Lastly, this activity will extend support to strengthen therapeutic feeding services for pediatric HIV patients and OVC and extend these services to areas of high HIV prevalence. Malnutrition is a severe problem among pediatric HIV patients in Ethiopia and PEPFAR will support partners experienced in addressing child malnutrition to ensure pediatric HIV clients and OVC are covered in therapeutic feeding and care services. The program seeks to refer beneficiaries to household food assistance and livelihood support, where such services are available.

A significant part of this activity will focus on linkages and coordination with the MOH/HAPCO, UNICEF, WFP, Clinton Foundation and other implanting partners to ensure that the FBP activity will not cause negative consequences in health facilities. Since the food can only be targeted to PLWHA, the FBP activity seeks to coordinate with other partners, where available, to help provide comprehensive food and nutritional services for beneficiaries not targeted by the FBP activity.

This activity will provide food support to approximately 14,000 malnourished PLWHA at 80 HIV care and treatment facilities, contributing to improved functioning, quality of life, and treatment outcomes. The activity aims to improve ARV adherence and the nutritional status of the beneficiaries.

By ensuring that the food needs of malnourished PLWHA are met, this activity will strengthen the care and support, ART, and other services that PEPFAR Ethiopia is supporting through the Care and Support Project (CSP) and the ART Scale-Up activities listed above. Implementing partners will work closely with the partners for these activities to ensure coordination in integrating food into these clinical services. Partners will also coordinate with UNICEF, the World Food Program, Clinton Foundation HIV/AIDS Initiative, and other partners providing nutritional support to HIV-affected populations to ensure coordinated coverage and consistent approaches and protocols.

The food program will also serve as a critical component of PEPFAR Ethiopia's broader effort to strengthen integration of nutrition into HIV services, and the assessment and counseling services offered through that integration effort are important components of the Food by Prescription program.

Activity Narrative: Severely malnourished PLWHA (ART and pre-ART clients), and HIV-infected pregnant women will be reached with food support and complementary services at hospitals and health centers. Service providers will be trained to assess clients' eligibility for food, provide food by prescription, and counsel clients in use of the food and in related nutritional practices.

In response to the urgent need for food to support successful care and treatment, PEPFAR resources will be used to provide therapeutic food malnourished PLWHA. The activity also seeks to enhance nutritional assessment, training and counseling to promote adherence and improve nutritional care among the beneficiaries.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17712

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17712	17712.08	U.S. Agency for International Development	To Be Determined	7597	7597.08	Food by Prescription	[redacted]

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities [redacted]

Economic Strengthening

Education

Water

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

Total Planned Funding for Program Budget Code: $3,081,122

Program Area Narrative:

PEDIATRIC CARE &TREATMENT

Program Area Context
In general, most childhood diseases are preventable communicable diseases. Ethiopia's under-five mortality rate is among the top 30 in the world, and around 70% of the morbidity and mortality in infants and young children is accounted for by a few common childhood illnesses, including HIV/AIDS. Over 90% of all children that are HIV positive acquire it as a result of mother-to-child HIV transmission (MTCT). In resource rich settings, Highly Active Antiretroviral Therapy (HAART) has helped in improving the Pediatric HIV scenario. HIV-infected children can now survive to adolescence and adulthood.

Though Pediatric HIV/AIDS is preventable through a strong prevention of mother-to-child HIV transmission (PMTCT) program,

coverage with PMTCT service coverage in Ethiopia is less than 10%. In 2007 alone, there were about 75,420 HIV positive pregnancies in the country with an estimated 14,148 HIV positive births. PMTCT has been made a top priority by PEPFAR Ethiopia in FY09 to address areas of under-performance.

Relatively few children living with HIV/AIDS have access to HIV care and treatment services. In 2007, about 64,813 children (under the age of 15 years) were living with HIV/AIDS (CLWH) in Ethiopia (6.6% of the estimated 980,000 PLWH in Ethiopia), and out of these, 25,000 CLWH (10% of the estimated 250,000 PLWH in need of ART) were estimated to be eligible for antiretroviral therapy (ART). According to July 2008 Federal HIV/AIDS Prevention and Control Office (HAPCO) statistics, only 6,100 (5.5%) children were on ART out of the 110,000 Ethiopians on ART, including just 503 (8.2%) children under 18 months of age. Further more, 17,396 CLWH were receiving care and support services, including 2,156 infants under 18 months of age.

As part of the pediatric care and treatment program, 111 hospitals (77.6% of the 143 hospitals nationwide) and 37 health centers (5.6% % of the 690 health centers nationwide) are currently providing comprehensive pediatric care and treatment services in all regions in the country.
Though the experience in pediatric HIV/AIDS care and treatment in Ethiopia is limited, the Government of Ethiopia (GOE), with the support from PEPFAR and other stake holders is striving to improve the situation. The GOE's policy focuses on decentralization of Pediatric ART services to health center level. This is in line with their overall goal of Universal Access by 2010. The Universal Access road map for 2007-2010 recognizes that pediatric care and treatment deserves special attention. PEPFAR Ethiopia will work to ensure that pediatric ART is at least available wherever adult ART is available. Some key strategies being used are: promotion of active and early detection of exposed/infected children by health care providers during all clinical encounters (under-five clinic, OPD, in-patients, etc); expansion of diagnostic PCR capacity; expansion of the number of sites delivering pediatric care and treatment services; establishment of more effective referral networks; and utilizing family-based linkages for adults and siblings enrolled in chronic care and treatment for HIV/AIDS.

The Road map to universal access anticipates that by 2010 a total of 2,245,436 children will have been tested and, consequently, expects to have identified 80,616 CLWH. According to the plan, 67,528 CLWH will be in care, and 26,347 CLWH will be on treatment. The number of health facilities providing pediatric HIV care and treatment services is expected to expand to reach 1355 health facilities, including hospitals and health centers. Due to limited resources and capacity, PEPFAR Ethiopia will need to prioritize support to those areas and sites having the largest burden of CLWH.

PEPFAR supports provision of comprehensive services to the HIV exposed/infected children including: early infant HIV diagnosis (EID) using age appropriate test (DNA PCR or Rapid Antibody test) and enrollment into care; growth monitoring and developmental assessment; counseling on infant feeding, maternal and child nutrition and support; co-trimoxazole preventive therapy (CPT); TB risk assessment and isoniazid preventive therapy following TB exposure; OI prevention and management; routine preventive pediatric services including immunization; psycho-social support of the child and the family; and early diagnosis and treatment of common infections. So far, PEPFAR has supported the establishment of six laboratory centers that provide the EID service in hospitals and health centers various regions and will expand to six additional sites in FY09.

PEPFAR implementing partners include the University of Washington (I_TECH); Columbia University International Center for AIDS Programs (I-CAP); Management Sciences for Health (MSH); John Hopkins University (JHU-TSEHAI); University of California, San Diego (UCSD); and the African Network for Care of Children Affected by HIV/AIDS (ANECCA). The University partners work at both hospital level and health centers in emerging and administrative regions whereas MSH and ANECCA support health centers in the rest of the country. I-CAP–Ethiopia, being the lead for pediatrics among the PEPFAR partners, has spearheaded development of the national pediatric care and treatment program and played a central role in establishing a strong national pediatric Technical Working Group (TWG) responsible for providing guidance to the pediatric care and treatment service in the country.

With the support from PEPFAR, training manuals on pediatric care and treatment have been standardized for use at a national level. Recently, a new training manual on pediatric HIV care and treatment service for nurses was developed and training is being undertaken in different regions. Furthermore, the Ethiopian national pediatric care and treatment guidelines have been recently revised to adopt the new WHO recommendations for early initiation of treatment in HIV infected children.

The major obstacles for scaling up pediatric care and treatment in Ethiopia include: lack of human resources and scarcity of pediatric providers; limited systematic effort to identify and follow HIV-exposed infants and limited availability of virological tests (DNA-PCR) for children under 18 months of age; missed opportunities for testing children; insufficient advocacy and understanding that ART is efficacious in children; and limited experience with program implementation to provide pediatric HIV/AIDS care and treatment. Regional Health Bureaus (RHB) still lack expertise to implement and supervise pediatric care and treatment programs. The severe shortage of health care providers is compounded by the fact that only a few of them have been trained to provide care and treatment to children living with HIV/AIDS. Furthermore, while nurses represent the majority of the child health service workforce in the public sector, currently comprehensive pediatric HIV care and treatment service is only widely available at hospitals where medical doctors are primarily responsible.
In FY09, PEPFAR Ethiopia plans to address some of the challenges and continue the assistance to GOE to achieve the road map targets. To this effect, PEPFAR-Ethiopia will employ a number of strategies including: increasing demand for pediatric HIV/AIDS services among the general population; increasing physical accessibility of services; promoting pediatric HIV case detection; and improving the quality of pediatric HIV/AIDS services.
Linkage between pediatric HIV prevention and care/treatment services including PMTCT, HIV Counseling and Testing (HCT), TB/HIV and others will also be emphasized. Importantly too, is the connection between care/treatment and support services at both community and facility levels. Strengthening linkage between OVC and facility based care and treatment services will be one of the areas of focus in FY09. Moreover, sensitization of the community on the benefits of early infant HIV diagnosis and enrolment into care/treatment through resource persons such as community volunteers, mother support groups, case managers, Health Extension Workers, and Community-Oriented Outreach Workers (COOWs) is expected to improve enrolment in paediatric

care and treatment services. Such approaches would ensure continuum of care and treatment for the HIV-exposed/infected child and better health outcome.
PEPFAR Ethiopia recognises that the HIV-exposed/infected child should be cared for in a holistic manner addressing their physical, social, psychological, and spiritual needs. Furthermore, it is cognizant of the dependence of the child on the family and hence the need to provide the care and treatment services from a family perspective and focuses on expanding a family-centred approach. In FY09 PEPFAR Ethiopia will continue to support provision of pediatric care and treatment services to the HIV-exposed/infected children in a comprehensive manner in a family setting, which improves adherence and prolongs the survival of parents and caregivers living with HIV/AIDS. In addition, the preventive care package for the HIV-exposed/infected children will be emphasized. Furthermore, HIV-exposed/infected children and their families will be given nutritional support through programs including Urban HIV/AIDS and Food by Prescription programs. The Food and Nutrition Technical Assistance (FANTA) program will provide the required technical support.
PEPFAR Ethiopia will make use of the existing non-PEPFAR wrap-around programs to ensure provision of comprehensive pediatric HIV prevention, care and treatment services. Notably, is the Academy for Educational Development (AED Communication for Change (C-Change) program under the Presidential Malaria Initiative (PMI). This program will be instrumental in provision of ITN to HIV-exposed/infected children. Nutritional support to HIV-exposed/infected children and their families will be complemented by nutritional programs implemented by Catholic Relief Services (CRS) and Relief Society of Tigray under the US-supported program Assets and Livelihoods Transition (ALT) Office. Another wrap-around program of importance will be the Pathfinder International Newborn and Child Health (NBCH) program. It will augment the PEPFAR's efforts in the increasing access to safe water for children living with HIV/AIDS and their families. PEPFAR Ethiopia will also work with the Royal Netherlands TB Foundation program in pediatric TB prevention, case detection and treatment among the HIV-exposed/infected children.
In FY09, PEPFAR Ethiopia will put an increased emphasis on monitoring and evaluation. Information will be collected through reports, field visits, surveys, mid-term evaluation, end of project evaluation and partner performance reviews among other ways. The indicators provided by Office of the Global AIDS Coordinator (OGAC) will be part of the performance measures for the pediatric HIV/AIDS programs.
In order to improve access to pediatric HIV/AIDS services, the capacity of first-level care providers to identify and manage HIV-exposed/infected children must be enhanced. In FY09, PEPFAR Ethiopia will continue to support the task shifting strategy to make the service available at primary health care level in high-burden areas. In FY09, capacity building will be a focus through strengthening of training on pediatric HIV/AIDS care and treatment at hospital level and rollout of the newly developed training package for health professionals working at high-burden health centers.
PEPFAR Ethiopia is cognizant of the reality that provision of pediatric HIV/AIDS services requires a concerted effort of various players within the GOE framework. PEPFAR Ethiopia will therefore continue to play a supportive role to the GOE in collaboration with other international and bilateral organizations. The Global Fund for AIDS, TB and Malaria (GFATM) will complement PEPFAR efforts especially in the provision of drugs for opportunistic infections. The Clinton HIV/AIDS Initiative (CHAI)/Ethiopia will continue to be instrumental in pediatric HIV laboratory support and provision of pediatric ARVs; among others. International organizations such as World Health Organization (WHO) and United Nations Children's Fund (UNICEF) will participate in provision of technical support.
To ensure sustainability of pediatric HIV/AIDS services in Ethiopia, exit strategies for PEPFAR Ethiopia-supported FY 09 pediatric HIV/AIDS programs will be given due prominence. Emphasis will be put on capacity building for managing pediatric HIV/AIDS programs while at the same time promoting government program ownership and sustainability.

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	7597.09	**Mechanism:**	Food by Prescription
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: Pediatric Care and Support
Budget Code:	PDCS	**Program Budget Code:**	10
Activity ID:	5616.28256.09	**Planned Funds:**	[redacted]
Activity System ID:	28256		

Activity Narrative: Food by Prescription in HIV Care and Treatment Facilities

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuous activity. The proposed budget increase for COP09 is to mitigate the 40 % rise in food costs and procurement. Ethiopia is categorized as a focus country for food and nutrition, PEPFAR Ethiopia has identified nutrition support as a priority to provide care and support services which is critical to improve ART adherence and treatment outcomes. PEPFAR Ethiopia will start to implement therapeutic feeding in the form of Food by Prescription (FBP) at selected hospitals and health centers that have high volume number of high risk cases. The program will expand to more sites and enroll 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.

COP 08 Narratives:

The Food by Prescription (FBP) activity is a continuing activity designed in FY07 and is expected to increase care and support to 14,000 malnourished PLWHA at 80 health facilities in Ethiopia. This is an increase from 45 health facilities in COP07.

Studies have established clinical malnutrition as a risk factor for HIV progression and mortality for pre-ART and ART patients, as well as for birth outcomes among HIV-positive women. As HIV infection progresses, hyper-metabolism, mal-absorption of nutrients, diarrhea, and anorexia can all become severe challenges to maintenance of adequate nutritional status. In addition, poor nutritional status and inadequate dietary intake can adversely affect adherence to and efficacy of drug treatments. According to the World Health Organization (WHO), energy requirements are increased by 10% in asymptomatic adults, 20-30% in symptomatic adults and as much as 50-100% in infected children with growth faltering. WHO data reports that dietary protein levels should be maintained at 12-15% of total energy intake (approximately twice the level typically found in cereal- or tuber-based diets with minimal animal-source food intake), and a single recommended daily allowance (RDA) level is needed of essential vitamins and minerals (which many PLWHA in resource limited settings are unable to consume through their regular diets).

This situation, combined with the very high levels of malnutrition and food insecurity present in Ethiopia, implies that clinically malnourished PLWHA in care and treatment programs in Ethiopia have an immediate and critical need for nutrient-dense foods that can be readily and safely prepared and consumed to improve their nutritional and immunological status, especially as an adjunct to ART.

In response to this situation, PEPFAR Ethiopia included an FBP program in FY07 on a pilot basis in 20 hospitals and 25 health centers. The new activity will involve expanding to approximately 35 new health facilities that have a high ART patient load, bringing the total number of targeted facilities to 80. The program involves procurement and distribution of a ready-to-use therapeutic food (RUTF) and a nutrient-dense blended flour product to targeted health facilities, from where the food is provided to severely malnourished ART and pre-ART clients and to HIV-infected pregnant and lactating women. Anthropometric entry and exit criteria based on WHO classification of malnutrition are used. Beneficiaries will also receive nutritional counseling and education.

The program is being implemented by partners in Ethiopia in coordination with the Ministry of Health (MOH)/HIV/AIDS Prevention and Control Office (HAPCO) and with technical assistance from the Food and Nutrition Technical Assistance (FANTA) Project (HBHC-10571.08).

Based on the experience and results of the pilot program, PEPFAR Ethiopia will scale up the program to reach a larger target group of health facilities and eligible beneficiaries. In addition, an assessment of the acceptability of RUTF among adult clients will be carried out, and based on the results the use of food products may be refined and improved if needed. As part of the broader technical assistance activity for nutrition and HIV, the pilot program will be assessed and lessons will be used to inform refinement of the program for scale-up. Lastly, this activity will extend support to strengthen therapeutic feeding services for pediatric HIV patients and OVC and extend these services to areas of high HIV prevalence. Malnutrition is a severe problem among pediatric HIV patients in Ethiopia and PEPFAR will support partners experienced in addressing child malnutrition to ensure pediatric HIV clients and OVC are covered in therapeutic feeding and care services. The program seeks to refer beneficiaries to household food assistance and livelihood support, where such services are available.

A significant part of this activity will focus on linkages and coordination with the MOH/HAPCO, UNICEF, WFP, Clinton Foundation and other implanting partners to ensure that the FBP activity will not cause negative consequences in health facilities. Since the food can only be targeted to PLWHA, the FBP activity seeks to coordinate with other partners, where available, to help provide comprehensive food and nutritional services for beneficiaries not targeted by the FBP activity.

This activity will provide food support to approximately 14,000 malnourished PLWHA at 80 HIV care and treatment facilities, contributing to improved functioning, quality of life, and treatment outcomes. The activity aims to improve ARV adherence and the nutritional status of the beneficiaries.

By ensuring that the food needs of malnourished PLWHA are met, this activity will strengthen the care and support, ART, and other services that PEPFAR Ethiopia is supporting through the Care and Support Project (CSP) and the ART Scale-Up activities listed above. Implementing partners will work closely with the partners for these activities to ensure coordination in integrating food into these clinical services. Partners will also coordinate with UNICEF, the World Food Program, Clinton Foundation HIV/AIDS Initiative, and other partners providing nutritional support to HIV-affected populations to ensure coordinated coverage and consistent approaches and protocols.

The food program will also serve as a critical component of PEPFAR Ethiopia's broader effort to strengthen

Activity Narrative: integration of nutrition into HIV services, and the assessment and counseling services offered through that integration effort are important components of the Food by Prescription program.

Severely malnourished PLWHA (ART and pre-ART clients), and HIV-infected pregnant women will be reached with food support and complementary services at hospitals and health centers. Service providers will be trained to assess clients' eligibility for food, provide food by prescription, and counsel clients in use of the food and in related nutritional practices.

In response to the urgent need for food to support successful care and treatment, PEPFAR resources will be used to provide therapeutic food malnourished PLWHA. The activity also seeks to enhance nutritional assessment, training and counseling to promote adherence and improve nutritional care among the beneficiaries.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16597

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16597	5616.08	U.S. Agency for International Development	To Be Determined	7597	7597.08	Food by Prescription	[redacted]
10398	5616.07	U.S. Agency for International Development	To Be Determined	5474	683.07	*	[redacted]
5616	5616.06	U.S. Agency for International Development	Management Sciences for Health	3798	3798.06		$327,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities [redacted]

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 5527.09 **Mechanism:** Civil Society

Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: Pediatric Care and Support
Budget Code:	PDCS	**Program Budget Code:**	10
Activity ID:	10574.28244.09	**Planned Funds:**	[redacted]
Activity System ID:	28244		

Activity Narrative: Community-level Response to Palliative Care

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity with a new partner chosen by a competitive acquisition. USAID/Ethiopia will inform OGAC when the new partner is selected. This activity will extend several clinical care services to households to adult and pediatric clients by engaging local civil society to expand palliative care programs in urban areas. Services will be delivered by community volunteers with supervision by nurses. Activities remain similar to activities described in the COP08 narrative. This activity will not be done in COP09

COP08 NARRATIVE

Palliative care requirements currently exceed facility-based support. The coverage of families, especially OVC, is some of the lowest among the fifteen focus countries. Household-level support, specifically related to nutrition, hygiene, psychosocial support, adherence, and opportunist infections (OI) management does not meet coverage requirements in FY07. Community-based care is restricted to major towns where a substantial number of individuals are already on treatment and where access to services is high. Community-based care expansion is required in secondary or market towns where HIV prevalence is high and facility-based uptake of care and treatment services is low and loss-to-follow-up is notably higher.

This activity will consolidate the provision of palliative care services in major health networks with standardization, technical oversight, integration with facility-based care, supporting nutritional, social and clinical outreach.

Family Health International (FHI) has supported the provision of chronic care services at public health centers, community-level AIDS care and support; and the development of multisectoral referral networks between community, health center, and hospital services. FHI proposes to scale-up home- and community-based care (HCBC) programs to provide comprehensive palliative and preventative care in high-prevalence urban and peri-urban areas. Emphasis will be placed on building the capacity of community-based and faith -based organizations (CBO/FBO) to deliver palliative care services and to emphasize community-level ownership of HIV/AIDS services. To ensure sustainability, FHI will link HCBC programs to a strong network of palliative care services at health centers, hospitals and community posts.

FHI will work with district and town administrations to strengthen the capacity of CBO and FBO partners to provide services and mobilize resources to support these services under a framework developed by the Care and Support Program. This activity will provide the required intensity of community care needed to improve the quality of life of persons living with HIV and to link OVC to appropriate services.

This activity includes the package of community care to meet the needs of individuals and their families at various stages: ART and OI adherence support; provision of household contacts for voluntary counseling and testing (VCT); TB screening; support for disclosure to family members; addressing prevention for positives, including condom provision, nutrition counseling, psychosocial and spiritual counseling, access to safe water, malaria prevention, stigma reduction, and care for OVC.

This activity will develop linkages with external microfinance and income-generation activities and address male norms in the household for sustained behavior change. Community care will focus not only on providing care to critically ill clients, but also sustain the health status of asymptomatic HIV-positive individuals to prevent the onset of AIDS. This activity is integrated with delivery of the preventive care package.

Pediatric community care will be strengthened through training of HCBC providers to refer children in beneficiary households for counseling and testing (CT) and TB screening, child health interventions and also to identify and refer OVC who are family members of HCBC beneficiaries. Access to family planning/reproductive health (FP/RH) and PMTCT services will be facilitated to ensure that community care clients receive appropriate support, including focused FP/RH for couples and PMTCT follow-up for HIV-positive mothers and their HIV exposed infants. FHI will train HCBC providers to refer the mother and infant to the health center for palliative care and ART, if needed, and to support the mother in disclosing her status to her sexual partner and referring him to appropriate HIV/AIDS services.

Under primary healthcare provision, FHI will continue to train community care providers including new HCBC volunteers and community-level workers, health extension workers, PLWH groups, local faith-based associations, youth groups, and volunteers engaged in HIV prevention programs. The community level training will build the communication and service delivery skills of HCBC providers and broaden their understanding of PLWH needs. To ensure quality and supervision of HCBC services, FHI will work closely with CBO and FBO to recruit and retain nurse supervisors to whom the HCBC providers will report on a regular basis.

FHI will work with community partners to strengthen the referral networks at community level and to link HCBC providers to these networks. The networks will facilitate access to a range of services, such as care and treatment, RH/FP and PMTCT services at health facilities; food and nutrition support from the World Food Program(WFP); income-generating activities; psychosocial, education, and legal support; resources for free shelter; and palliative care support groups. FHI will support the referral networks in mapping services and distributing up-to-date service directories, and in adopting user-friendly referral systems and tools to track referrals. FHI will train community-level referral network coordinators to collect, manage, and analyze data to improve service quality and accessibility.

FHI will link community care activities to other USG partners, through case managers, to facilitate access to care services through a standard referral approach. This activity will strengthen civil society's linkages to catchment area and regional review meetings of the ART health network to standardize community care, defaulter tracing and adherence support.

Activity Narrative: FHI will support greater involvement of persons with AIDS through engaging PLWH who have successfully received ART to encourage and support treatment adherence in other patients.

FHI will contribute to scaling-up existing palliative care services through a package of care that includes prevention and positive living activities to support the broadened definition of palliative care. This will be implemented within the framework of the care continuum, ensuring that both adults and children are reached through a family-centered approach. FHI will focus on strengthening the community as a key actor in the provision of care and support services for PLWH and their families and build their capacity to both mobilize and manage resources effectively to sustain services. FHI will work with the regional health bureau (RHB), HIV/AIDS Prevention and Control Office (HAPCO), CBO, FBO and communities themselves to expand and facilitate access to services at the community level while ensuring strong referral linkages to health-facility-based care.

The palliative care program will provide ARV adherence support at the community level by HCBC providers and at the health centers by PLWH who have successfully received and adhered to treatment. It will also address the increased emphasis on food and nutrition support for PLWH and their households, including beneficiaries on ART, by reinforcing referral linkages to other programs providing this type of support, such as WFP, a partner of FHI.

FHI's technical assistance efforts will be developed in collaboration with PEPFAR and other partners, including, but not limited to, US universities and Management Sciences for Health(MSH) for implementation of palliative care services, WFP and Academy of Educational Development (AED) for food and nutrition support, IntraHealth for PMTCT, and RPM Plus for logistics and supply management support.

This activity will target the provision of palliative care to PLWH and their families, including most-at-risk populations (MARPs). FHI will work closely with the RHB, HAPCO, CBO, FBO and the communities to distribute communication tools to promote palliative care services for HIV-positive individuals. PLWH groups will be supported to implement advocacy activities to promote positive living, including the benefits of palliative care, and PLWH role models to reduce stigma. The target populations will be reached through HCBC providers, community outreach workers and HEW who will make referrals to HCBC services. At health centers, the entry point will be counseling and testing (CT), TB/HIV and PMTCT where clients seeking care will be referred to CBO and FBO for HCBC.

An emphasis on gender equity will underscore all FHI's palliative care efforts. This includes but is not limited to assessing and addressing barriers which limit access to general palliative care and support for women and girls with HIV/AIDS, and ensuring that both male and female HCBC providers are engaged in palliative care.

FHI will build capacity among palliative care providers in the community to provide quality care through training, ongoing supportive supervision, and the provision of job aids to facilitate their work. Training for palliative care services that can be transferred to the community level will be conducted for HCBC providers and selected patient support group members.

Geographic coverage will be urban areas and peri-urban towns, either district or market towns, along transportation corridors outside of the HIV counseling and testing coverage being provided by other USG partners.

FHI will work with RHB and HAPCO to strengthen the organizational capacities of CBO, FBO, and communities to provide quality palliative care services. FHI will provide sub grants to CBO and FBO to implement HCBC services. The sub grants will be the partnership mechanism through which FHI will build the technical and organizational capacities of CBO and FBO and institutionalize HCBC services for sustainability

New/Continuing Activity: Continuing Activity

Continuing Activity: 16699

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16699	10574.08	U.S. Agency for International Development	Program for Appropriate Technology in Health	12027	12027.08		$4,072,040
10574	10574.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	12025	12025.07		$2,090,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities [redacted]

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 7600.09
Mechanism: ANECCA
Prime Partner: African network for Care of Children Affected by HIV/AIDS
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: Pediatric Care and Support
Budget Code: PDCS
Program Budget Code: 10
Activity ID: 28813.09
Planned Funds: $200,000
Activity System ID: 28813

Activity Narrative: Technical Support for Scaling up pediatric HIV Care and Support Services at Primary Health Care Level

ACTIVITY REMAINS UNCHANGED IN FY09

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 numbers of children under care and support in Ethiopia are extremely low compared to the estimates of exposed/infected and as a percentage of all HIV-infected people under care and support. An important activity that will increase these numbers is identification and referral of HIV-infected children at health centers.
ANECCA will provide site-level technical support to primary health care units - health posts and health centers - in selected health networks.
ANECCA will build human resource capacity through the following activities:
(a) Formal training of various categories of health care providers within the health centers. The aim is to equip the providers with knowledge and skills in the identification of HIV-exposed/infected children through provider initiated testing and counseling (PITC) and voluntary counseling and testing (VCT); provision of care and support services for HIV-infected/exposed children, and utilization of referral networks to close up gaps in the continuum of care for exposed/infected children and their families;
(b) On-the-job training of health care providers by a clinical mentorship team, comprised of a pediatrician, nurse, nurse-counselor and a laboratory technician, to cover all aspects of pediatric diagnosis, care and support;
(c) Supervised preceptorship at specialized higher levels of care (e.g. hospital pediatric ART sites).
ANECCA will promote the identification and care of HIV-exposed/ infected infants/children through the following ways:
(a) Establish and strengthen linkages between prevention of mother-to-child transmission of HIV (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 infected children at age 18 months and above, and DNA PCR testing using dried blood spot (DBS) to identify HIV-infected 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 DNA PCR laboratory sites;
(c) Promote use of Ethiopia national pediatric HIV testing guidelines within the health centers and assist Management Sciences for Health (MSH) in providing a comprehensive basic pediatric care package to HIV-infected children.

ANECCA will provide professional development activities for health providers which are necessary to provide a basic service package to HIV-infected children. The basic package includes the following:
(a) Early identification of HIV-exposed children within the facility-based services as well as the community. The latter will involve the strengthening of health center – community links;
(b) Follow-up for exposed infants: Cotrimoxazole preventive therapy (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/infected infants/children: routine immunizations, use of insecticide-treated mosquito nets, safe water use, screening for tuberculosis (TB) and provision of Isoniazid (INH) 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/care givers and expectant mothers support groups. Issues to be addressed by these will include pediatric HIV care and support awareness, 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; and
(k) Provision of HIV-infection prevention services to care givers and parents as well as HIV-infected children, specifically addressing adolescent issues.
ANECCA will also strengthen referral mechanisms at health center level through:
(a) Referral of family members for HIV testing at counseling and testing service points. For some of the health centers, counseling and testing for children and their family members will be carried out within the health centers. Referral from their communities to the health centers will be enhanced by strengthening referral links between the two;
(b) Referral of HIV-infected children to other facilities for the health centers that do not provide 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.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 3794.09

Mechanism: Urban HIV/AIDS Program

Prime Partner: World Food Program

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 5774.28067.09

Planned Funds: $853,600

Activity System ID: 28067

Activity Narrative: Therapeutic Feeding Services for Pediatric Patients

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a new activity proposed to provide therapeutic feeding services for pediatric patients. Pediatric patients in World Food Program operational areas will benefit from this program. Referral linkages between WFP and health facilities will be created and strengthened for effective program implementation.

Children and infants represent almost 15 percent of all new HIV infections worldwide. Despite the large number of children living with HIV/AIDS, children currently have disproportionately low access to HIV treatment and care relative to adult populations in most developing countries. Without treatment and care, approximately 50 percent of all HIV-positive children will die before age two. In addition to preventing transmission from mother to child, the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR) is working with host nations to provide family-centered treatment and care services for children living with and affected by HIV/AIDS.
In line with the PEPFAR guideline on pediatric care and treatment, this activity will extend support to strengthen therapeutic feeding services for pediatric HIV patients and OVC and extend these services to areas of high HIV prevalence. Malnutrition is a severe problem among pediatric HIV patients in Ethiopia and PEPFAR will support partners experienced in addressing child malnutrition to ensure pediatric HIV clients and OVC are covered in therapeutic feeding and care services. 15% of the budget for this activity will be used for pediatric patients.

COP08 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

Activity Narrative: 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.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16681

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16681	5774.08	U.S. Agency for International Development	World Food Program	7503	3794.08	Urban HIV/AIDS Program	$4,000,000
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

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$11,096

Food and Nutrition: Commodities	
Estimated amount of funding that is planned for Food and Nutrition: Commodities	$287,992

Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	$12,084

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 7609.09
Mechanism: Care and Support Project
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: Pediatric Care and Support
Budget Code: PDCS
Program Budget Code: 10
Activity ID: 10647.27959.09
Planned Funds: $596,160
Activity System ID: 27959

Activity Narrative: HIV Care and Support Program

ACTIVITY IS REPLACED ENTIRELY AS FOLLOWS:

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 health care level, and provides coverage nationwide. This program started in FY07 and supports 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/AIDS care and support interventions.

The uptake of pediatric HIV care and support is still low in Ethiopia. MSH has been supporting the GOE in initiation and scaling of pediatric care and support services at health level in line with the government's service decentralization policy. Currently, MSH is supporting 105 health centers to provide care and support services to HIV-exposed/infected children.

The need to increase scale up and uptake of HIV/AIDS pediatric care and support services in Ethiopia cannot be over-emphasized. To achieve its objectives, MSH will employ the following strategies in FY 09:
By supporting the availability of pediatric care and support services at health center level, MSH will reduce the physical accessibility barrier for pediatric care and support services.
MSH will increase demand for pediatric care and support services through sensitization of communities on the benefits of pediatric HIV diagnosis and enrolment into care. MSH will do this in conjunction with community volunteers, Community Oriented Outreach Workers (COOW), People Living with HIV (PLWH), Mothers' Support Groups (MSG) and other relevant community groups/members.
To increase pediatric HIV case detection, Provider Initiated-Testing and Counseling (PITC) will be adopted in all selected health facilities. Entry points including: PMTCT programs; routine immunization; nutritional rehabilitation units; TB clinics; out-patient clinics and in-patient departments. In addition, MSH will continue to promote the family-centered model to enhance the HIV case detection and enrolment into care. MSH will work with the African Network for Care of Children Affected by HIV//AIDS (ANECCA) to sensitize health care providers on the benefits of early HIV diagnosis and enrolment into care.
Of critical importance will be the strengthening of the Early Infant Diagnosis (with DNA-PCR) program. Making use of the current 6 regional and 1 national laboratory with DNA-PCR machines, MSH will work with Ethiopia Health and Nutrition Research Center (EHNRI) to strengthen the laboratory health network with the selected health centers linked to respective regional laboratories. Furthermore, laboratory staff from the selected health centers will be trained in DBS sample collection, storage and transportation.
MSH will support the selected health centers to provide comprehensive and quality pediatric HIV care and support services. The standard of care model - whereby pediatric care and support are provided as a package - will be consolidated. The service package includes: early infant diagnosis (EID); routine immunization; Cotrimoxazole Preventive Therapy (CPT); treatment of common infections; tuberculosis risk assessment; and use of Insecticide Treated Nets (ITNs). Other components of the package include: growth and developmental assessment; nutritional support; counseling on infant feeding; education on safe water and personal hygiene; and psychosocial support to the child and family. MSH will work with other partners including ANECCA, WHO and UNICEF to conduct didactic training and mentorship for health care providers in the provision of comprehensive and quality pediatric care. Furthermore, health workers will be provided with pediatric care and support job aids and other resource materials to enhance their capacity.
Laboratory services for diagnosis and monitoring of common and opportunistic infections will be strengthened. The tests include: complete blood count; acid fast bacilli microscopy; stool for ova and parasites; malaria smear; pregnancy test; and serology for HIV and syphilis. MSH will work with Ethiopia Health and Nutrition and Research Institute (EHNRI) to conduct routine quality assurance and control of laboratory practices. Along with improved laboratory services, CSP will be implementing standardized paper records management including procurement in coordination with the US universities and regional health bureaus.
To ensure continuum of care and support, MSH will continue to employ the personalized care approach at all the selected health centers. The use of case managers – an initiative pioneered by MSH in Ethiopia – has been instrumental in minimizing loss to follow-up for the clients enrolled into care and support services. MSH will also continue to promote functional linkages between health centers and community groups especially organizations that are involved in provision orphans and vulnerable children (OVC) services such as the 'Save the Children'. Children under care will also be linked to organizations involved in nutritional support such as the Food by Prescription and Urban HIV programs.

Furthermore, 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. In addition, MSH will work with Regional, Zonal and Woreda Health bureaus to revitalize the area catchment area meetings with the aim of strengthening inter-facility referrals.

MSH will continue to support major elements of the health network model including case managers based at health centers. These key staff will continue to collaborate with Health Extension Workers, Community Health Agents, and Traditional Birth Attendants to support and link patients with community-based services. These include the promotion of adherence, child survival services, delivery of elements of the preventive care package, and referrals to spiritual counseling. The program will rely on Health Extension Workers at health posts to provide information, referrals, and counseling. The community-based HEW will remain key to identifying, referring and counseling children exposed or living with HIV and their families.

To create additional linkages between the health network, communities and families, PEPFAR Ethiopia will continue to provide technical assistance to selected Ward HIV/AIDS desks and health posts to deploy, at a minimum, five volunteer outreach workers supporting Health Extension Workers in their community outreach activities. The outreach workers will collaborate closely with existing community health promotion volunteers.

Activity Narrative: 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, CDC and US university partners in standardizing and updating HBHC related training materials and modules.

HSP will continue to support and scale up the implementation of Performance Based Contracting (PBC) strategy. This novel approach in Ethiopia has proved to strengthen the capacity of partner organizations and, in particular, government stakeholders, including RHB, Zonal Health Departments (ZHD) and District Health Offices (DHO). The managerial capacity of RHB, ZHD and DHO is the key to the success of the program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16596

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16596	10647.08	U.S. Agency for International Development	Management Sciences for Health	7609	7609.08	Care and Support Project	$890,411
10647	10647.07	U.S. Agency for International Development	Management Sciences for Health	5516	3798.07		$3,306,820

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $181,848

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 3786.09

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: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 5767.27915.09

Planned Funds: $82,500

Activity System ID: 27915

Activity Narrative: Palliative Care

ACTIVITY IS REPLACED ENTIRELY AS FOLLOWS:

In FY07 and FY08, the International Training and Education Center on HIV-University of Washington (I-TECH) supported the implementation of pediatric care and support as part of the care and support activities, previously categorized as palliative care. In FY07 and FY08, I-TECH supported basic pediatric care and support services at 37 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 pediatric care and support services. Other services included training and supervision focused on identifying and managing symptoms, pain, and discomfort among HIV-positive children, and on providing cotrimoxazole prophylaxis (pCTX), tuberculosis (TB) screening, and key elements of the preventive-care package, such as multivitamins and nutritional assessments. This program was introduced to the hospitals in Operational Zone 1 (Afar, Amhara, and Tigray regions).

I-TECH supported all facilities in an effort to ensure facility-based care for HIV-exposed children aimed at extending and optimizing quality of life for HIV-infected children and their families throughout the continuum of illness. Clinical care includes
1) Supporting sites to perform early infant diagnosis, preventing and treating opportunistic infections (OI), excluding TB, and other HIV/AIDS-related complications including malaria and diarrhea
2) Providing access to commodities such as pharmaceuticals, insecticide treated nets, safe water interventions and related laboratory services
3) Providing pain and symptom relief
4) Providing nutritional assessment and support including the distribution of food.

In FY09, I-TECH will continue to support pediatric care and expand activities in all facilities providing adult HIV care and treatment via a multidisciplinary, family-focused approach to providing the preventive care package for children. This approach will incorporate best practices for health maintenance and the prevention of opportunistic infections for children with HIV slowing disease progression and reducing morbidity and mortality. I-TECH will continue to participate in the revision of the developed national pediatric guideline and standard operating procedures for pediatric HIV care as appropriate. In the face of having a national guideline which adopts WHO recommendations for early diagnosis and initiation of treatment, I-TECH will work to improve access to early infant HIV diagnostics using Dried-blood spot DNA PCR testing and networking to avail the service to hospitals and health centers.

I-TECH will continue 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. I-TECH will focus on provisions of the preventive care package for children. The 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. I-TECH will also ensure that all HIV-positive children receive careful and consistent clinical, developmental, and immunologic monitoring to promptly identify those eligible for ART. Orphans and other vulnerable children (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.

I-TECH and the International Center for AIDS Care & Treatment Programs-Columbia University (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 children 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, 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 pediatric team HIV/AIDS team meetings to enhance linkages
3) Provide training on pediatric care and support and the pediatric preventive care package to multidisciplinary teams
4) Provide clinical mentoring and supervision to multidisciplinary teams for care of infected children, 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 pediatric provider job aids and patient education materials related to pediatric care and support
6) Identify and sensitize community-based groups to palliative care to increase awareness of importance of adherence to both care and treatment services available at the facility level
7) Improve nutrition assessment of children 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 families with community resources after discharge
11) Continue to provide safe water interventions like point of use water treatment by disinfectant and general personal and environmental hygiene for people living with the virus and families.

I-TECH activities will promote prophylaxis (pCTX) and treatment for opportunistic infections in accordance with national guidelines. Appropriate use of pCTX is an essential element of care for HIV-positive children, and for HIV-exposed infants, and will be an important component of I-TECH implementation activities, especially at those sites not yet providing ART. I-TECH will ensure that all supported sites have reliable stocks of CTX syrup, and will provide emergency supplies when at a time of absolutely necessary to ensure quality and continuity of care. Similarly, TB screening and isoniazid prophylaxis (IPT) will be promoted and provided for HIV-positive children. (See TB/HIV narrative). Supportive supervision and the institution of standard operating procedures (SOP) will improve the use of CTX and IPT.

Activity Narrative: Those sites with “therapeutic feeding-by prescription” will target HIV-exposed or infected infants who are no longer breastfeeding along with HIV-positive pregnant or breastfeeding women and malnourished patients. I -TECH will continue to work with Johns Hopkins University which is a leader in hospital-level nutrition programs. The family of children graduating from therapeutic program will be linked to a food security program as appropriate.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16643

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16643	5767.08	HHS/Health Resources Services Administration	University of Washington	7487	3786.08	Rapid expansion of successful and innovative treatment programs	$550,000
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

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 3787.09

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: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 5618.27926.09

Planned Funds: $70,475

Activity System ID: 27926

Activity Narrative: Palliative Care and Nutrition Support at Hospitals

ACTIVITY IS REPLACED ENTIRELY AS FOLLOWS:

In FY07 and FY08, the Johns Hopkins University Bloomberg School of Public Health (JHU-BSPH) is working in pediatric care and support as part of the care and support activities, previously Palliative care. In FY07 and FY08, JHU-BSPH supported basic pediatric care and support services at 30 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 pediatric care and support services. Other services included training and supervision focused on identifying and managing symptoms, pain, and discomfort among HIV-positive children, and on providing cotrimoxazole prophylaxis (pCTX), tuberculosis (TB) screening, and key elements of the preventive-care package, such as multivitamins and nutritional assessments. This program was introduced to the hospitals in Operational Zone 2 (Addis Ababa, Benishangul-Gumuz, Gambella, and SNNP).

JHU-BSPH supported all facilities in an effort to ensure facility-based care for HIV-exposed children aimed at extending and optimizing quality of life for HIV-infected children and their families throughout the continuum of illness. Clinical care will include
1) Supporting sites to perform early infant diagnosis, preventing and treating opportunistic infections (OI), excluding TB, and other HIV/AIDS-related complications including malaria and diarrhea
2) Providing access to commodities such as pharmaceuticals, insecticide treated nets, safe water interventions and related laboratory services
3) Providing pain and symptom relief
4) Providing nutritional assessment and support including the distribution of food.

In FY09, JHU-BSPH will strengthen pediatric care and support in existing sites and expand activities to all sites providing adult HIV care and treatment via a multidisciplinary, family-focused approach to providing the preventive care package for children. This approach will incorporate best practices for health maintenance and the prevention of OI for children with HIV, slowing disease progression and reducing morbidity and mortality. JHU-BSPH will continue to participate in the revision of the developed national pediatric guideline and standard operating procedures for pediatric HIV care as appropriate. In the face of having a national guideline which adopts WHO recommendations for early diagnosis and initiation of treatment, JHU-BSPH will work to improve access to early infant HIV diagnostics using dried-blood spot DNA PCR testing and networking to avail the service to hospitals and health centers.

JHU-BSPH will continue to provide the preventive care package, complementing the Global Fund for AIDS, Tuberculosis, and Malaria (Global Fund), the Federal Ministry of Health (MOH), and other USG-funded activities when possible. JHU-BSPH will focus on provisions of the preventive care package for children. The 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. JHU-BSPH will also ensure that all HIV-positive children receive careful and consistent clinical, developmental, and immunologic monitoring to promptly identify those eligible for ART. Orphaned and other vulnerable children (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.

JHU-BSPH support to facilities will be continued or expanded as follows. JHU-BSPH will:
1) Strengthen the internal and external linkages required at facility level to identify HIV-positive children 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, 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 pediatric team HIV/AIDS team meetings to enhance linkages
3) Provide training on pediatric care and support and the pediatric preventive care package to multidisciplinary teams
4) Provide clinical mentoring and supervision to multidisciplinary teams for care of infected children, 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 pediatric provider job aids and patient education materials related to pediatric care and support
6) Identify and sensitize community-based groups to palliative care, to the importance of adherence to both care and treatment services available at the facility level
7) Improve nutrition assessment of children 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 families with community resources after discharge
11) Continue to provide safe water interventions like point of use water treatment by disinfectant and general personal and environmental hygiene for people living with the virus and families

JHU-BSPH activities will promote prophylaxis (pCTX) and treatment for opportunistic infections in accordance with national guidelines. Appropriate use of pCTX is an essential element of care for HIV-positive children, and for HIV-exposed infants, and will be an important component of JHU-BSPH implementation activities, especially at those sites not yet providing ART. JHU-BSPH will ensure that all supported sites have reliable stocks of CTX syrup, and will provide emergency supplies when at a time of absolutely necessary to ensure quality and continuity of care. Similarly, TB screening and isoniazid prophylaxis (IPT) will be promoted and provided for HIV-positive children. (See TB/HIV narrative). Supportive supervision and the institution of standard operating procedures (SOP) will improve the use of CTX and IPT.

Activity Narrative: Those sites with “therapeutic feeding-by prescription” will target HIV-exposed or infected infants who are no longer breastfeeding along with HIV positive pregnant or breastfeeding women and malnourished patients. JHU-BSPH continues to be a leader for hospital-level nutrition programs and will continue to provide guidance for other partners. The family of children graduating from therapeutic program will be linked to food security program as appropriate.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16633

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16633	5618.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	7485	3787.08	Support for program implementation through US-based universities in the FDRE	$469,836
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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 3784.09

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: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 5772.27900.09

Planned Funds: $61,172

Activity System ID: 27900

Activity Narrative: Palliative Care Support at Hospital Level

ACTIVITY IS REPLACED ENTIRELY AS FOLLOWS:

International Center for AIDS Care & Treatment Programs-Columbia University (ICAP-CU) is playing a lead role in pediatric care and support. In FY07 and FY08, ICAP-CU supported basic pediatric care and support services at 40 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 pediatric care and support services. Other services included training and supervision focused on identifying and managing symptoms, pain, and discomfort among HIV-positive children, and on providing cotrimoxazole prophylaxis (pCTX), tuberculosis (TB) screening, and key elements of the preventive-care package, such as multivitamins and nutritional assessments. This program was introduced to the hospitals in Operational Zone 2 (Dire Dawa, Harari, Oromiya, and Somali regions).

ICAP-CU supported all health facilities in an effort to ensure facility-based care for HIV-exposed children aimed at extending and optimizing quality of life for HIV-infected children and their families throughout the continuum of illness. Clinical care includes
1) Supporting sites to perform early infant diagnosis, preventing and treating opportunistic infections (OI), excluding TB, and other HIV/AIDS-related complications including malaria and diarrhea
2) Providing access to commodities such as pharmaceuticals, insecticide treated nets, safe water interventions and related laboratory services
3) Providing pain and symptom relief
4) Providing nutritional assessment and support including the distribution of food.

In FY09, ICAP-CU will strengthen pediatric care and support in existing sites and expand activities to all sites providing adult HIV care and treatment via a multidisciplinary, family-focused approach to providing the preventive care package for children. This approach will incorporate best practices for health maintenance and the prevention of opportunistic infections for children with HIV (PLWH), slowing disease progression and reducing morbidity and mortality. ICAP-CU will continue to play the lead role in pediatric care and treatment among PEPFAR Ethiopia's US university partners and will spearhead the revision of the developed national pediatric guideline and standard operating procedures for pediatric HIV care as appropriate. In the face of having a national guideline which adopts WHO recommendations for early diagnosis and initiation of treatment, I-CAP will work to improve access to early infant HIV diagnostics using dried-blood spot DNA PCR testing and networking to avail the service to hospitals and health centers.

ICAP-CU will continue to provide the preventive care package, complementing the Global Fund for AIDS, Tuberculosis, and Malaria (Global Fund), the Federal Ministry of Health (MOH), and other USG-funded activities when possible. ICAP-CU will focus on provisions of the preventive care package for children. The 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. Orphaned and other vulnerable children (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 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 children 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, 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 pediatric team HIV/AIDS team meetings to enhance linkages
3) Provide training on pediatric care and support and the pediatric preventive care package to multidisciplinary teams
4) Provide clinical mentoring and supervision to multidisciplinary teams for care of infected children, 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 pediatric provider job aids and patient education materials related to pediatric care and support.
6) Identify and sensitize community-based groups to palliative care, to the importance of adherence to both care and treatment services available at the facility level
7) Improve nutrition assessment of children 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 families with community resources after discharge
11) Continue to provide safe water interventions like point of use water treatment by disinfectant and general personal and environmental hygiene for people and families living with the virus

ICAP-CU activities will promote prophylaxis (pCTX) and treatment for opportunistic infections in accordance with national guidelines. Appropriate use of pCTX is an essential element of care for HIV-positive 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 syrup and will provide emergency supplies when at a time of absolutely necessary to ensure quality and continuity of care. Similarly, TB screening and isoniazid prophylaxis (IPT) will be promoted and provided for HIV-positive children. (See TB/HIV narrative). Supportive supervision and the institution of standard operating procedures (SOP) will improve the use of CTX and IPT.
Those sites with "therapeutic feeding-by prescription" will target HIV-exposed or infected infants who are no longer breastfeeding along with HIV-positive pregnant or breastfeeding women and malnourished patients. I

Activity Narrative: -CAP will continue to work with Johns Hopkins University which is a leader for hospital-level nutrition programs. The family of children graduating from therapeutic program will be linked to a food security program as appropriate.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16669

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16669	5772.08	HHS/Centers for Disease Control & Prevention	Columbia University	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	$372,000
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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 3785.09

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: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 5770.28217.09

Planned Funds: $74,261

Activity System ID: 28217

Activity Narrative: Palliative Care Assistance at Uniformed Service Health Facilities

ACTIVITY IS REPLACED ENTIRELY AS FOLLOWS:

In FY07 and FY08, the University of California at San Diego (UCSD) is working in pediatric care and support as part of the care and support activities, previously categorized as palliative care in Operation Zone 4 (Defense and Police and Prison Forces).

In FY07 and FY08, UCSD supported basic pediatric care and support services at 13 facilities. These services 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 pediatric care and support services. Other services include training and supervision focused on identifying and managing symptoms, pain, and discomfort among HIV-positive children, and on providing cotrimoxazole prophylaxis (pCTX), tuberculosis (TB) screening, and key elements of the preventive-care package, such as multivitamins and nutritional assessments. This program was introduced to the hospitals in uniformed force service facilities.

UCSD supported all facilities in a view toward ensuring facility-based care for HIV-exposed children aimed at extending and optimizing quality of life for HIV-infected children and their families throughout the continuum of illness. Clinical care will include:
1) Supporting sites to perform early infant diagnosis, preventing and treating opportunistic infections (OI), excluding TB, and other HIV/AIDS-related complications including malaria and diarrhea
2) Providing access to commodities such as pharmaceuticals, insecticide treated nets, safe water interventions and related laboratory services
3) Providing pain and symptom relief
4) Providing nutritional assessment and support including the distribution of food.

In FY09, UCSD will continue to support pediatric care and expand activities in all facilities providing adult HIV care and treatment via a multidisciplinary, family-focused approach to providing the preventive care package for children. This approach will incorporate best practices for health maintenance and the prevention of opportunistic infections for children with HIV (PLWH), slowing disease progression and reducing morbidity and mortality. UCSD will continue to participate in the revision of the developed national pediatric guideline and standard operating procedures (SOP) for pediatric HIV care as appropriate. In the face of having a national guideline which adopts WHO recommendations for early diagnosis and initiation of treatment, UCSD will work to improve access to early infant HIV diagnostics using dried-blood spot DNA PCR testing and networking to avail the service to health centers.

UCSD will continue to provide the preventive care package, complementing the Global Fund for Aids, Tuberculosis, and Malaria (Global Fund), the Federal Ministry of Health (MOH), and other USG-funded activities when possible. UCSD will focus on provision of the preventive care package for children. The 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. UCSD will also ensure that all HIV-positive children receive careful and consistent clinical, developmental, and immunologic monitoring to promptly identify those eligible for ART.

UCSD support to facilities will be continued or expanded as follows. UCSD will:
1) Strengthen the internal and external linkages required at facility level to identify HIV-positive children 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, 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 pediatric team HIV/AIDS team meetings to enhance linkages
3) Provide training on pediatric care and support and the pediatric preventive care package to multidisciplinary teams
4) Provide clinical mentoring and supervision to multidisciplinary teams for care of infected children, 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 pediatric provider job aids and patient education materials related to pediatric care and support
6) Identify and sensitize community-based groups to palliative care to the importance of adherence to both care and treatment services available at the facility level
7) Improve nutrition assessment of children 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 families with community resources after discharge.
11) Continue to provide safe water interventions like point of use water treatment by disinfectant and general personal and environmental hygiene for people living with the virus and families
UCSD 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 children and for HIV-exposed infants, and will be an important component of UCSD implementation activities, especially at those sites not yet providing ART. UCSD will ensure that all supported sites have reliable stocks of CTX syrup, and will provide emergency supplies when at a time of absolutely necessary to ensure quality and continuity of care. Similarly, TB screening and isoniazid prophylaxis (IPT) will be promoted and provided for HIV-positive children. (See TB/HIV narrative). Supportive supervision and the institution of standard operating procedures will improve the use of CTX and IPT.

Those sites with “therapeutic feeding-by prescription” will target HIV-exposed or infected infants who are no longer breastfeeding along with HIV positive pregnant or breastfeeding women and malnourished patients.

Activity Narrative: UCSD continue to work with Johns Hopkins University (JHU) which is a lead for hospital-level nutrition programs. The family of children graduating from therapeutic program will be linked to a food security program as appropriate.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16619

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16619	5770.08	HHS/Centers for Disease Control & Prevention	University of California at San Diego	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	$373,200
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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 118.09

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: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 18724.27988.09

Planned Funds: $241,518

Activity System ID: 27988

Activity Narrative: Funding for USAID Staff in the PDCS Program Areas

ACTIVITY HAS CHANGED IN THE FOLLOWING WAYS

PDCS – Since this is a new technical area in COP09, staff in this section have been reposition from other sections in the portfolio.

COP08 NARRATIVE

Funding for USAID staff in the PDCS program area covers the following two positions:
The Pediatric Care Advisor provides technical leadership and technical oversight to PEPFAR Ethiopia in the implementation of pediatric HIV/AIDS Care and Treatment programs and links them to the USAID Health maternal and child health portfolio. The Program Advisor advises PEPFAR in the areas of contact tracing and linkages USAID Health portfolio that includes maternal and child health, postnatal care for newborns, family focus care and linkages to improve quality services to orphans and vulnerable children. At services will clinical care and community-based services. Further, the Program Advisor serves as the focal person for providing oversight in the scale-up of pediatric treatment and care services, and collaborate with the Global Fund to Fight AIDS, TB and Malaria (GFATM), Clinton HIV/AIDS Initiative (CHAI), World Bank and other donors to support the GOE's pediatric HIV/AIDS program. The Program Specialist will also be a lead participant in the facilitation of relevant networks and partnerships, and work with the GOE to ensure best practices on pediatric ART are utilized by PEPFAR implementing partners.

HIV/Malaria Specialist on HIV/AIDS Team works to "wrap-around" HIV/AIDS activities with activities supported by PMI to provide greater leverage and support to strengthen both initiatives. The HIV/Malaria Specialist liaises with Ethiopia's National Malaria Control Program (NMCP), the Ethiopian Health and Nutrition Institute (EHNRI), Ministry of Health (MOH), HIV Prevention and Control Office (HAPCO) and other government ministries and agencies, as well as in a wide range of civil society and private organizations, other donor and international organizations, and other United States Government (USG) entities working on HIV and Malaria prevention and control.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18724

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18724	18724.08	U.S. Agency for International Development	US Agency for International Development	7479	118.08	USAID M&S	$502,782

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 5483.09

Mechanism: TBD/CDC

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 29758.09

Planned Funds: [redacted]

Activity System ID: 29758

Activity Narrative: April 2009 Reprogramming:

Project title: Integrating pediatric HIV psychosocial support with the existing pediatric HIV care and treatment services at national level
This is a new activity to integrate psychosocial care and support services for HIV infected and exposed children at national level. Psychosocial care in HIV infected children is an ongoing process of meeting the social, mental and spiritual needs, which are considered essential elements for positive human development. Child centered and family focused Psychosocial support is the integral component of the holistic approach to caring an HIV infected children .The provision of psychosocial support services for HIV infected children has to be an important part of care at both institutional and community level. Moreover, there is a need to deliver comprehensive pediatric care and treatment services with optimal quality of care. Issues related to Psychosocial support of HIV infected and exposed children encompass ,Effective communication, Special issues of counseling and testing, disclosure of HIV status, dealing with chronic health conditions, bereavement and its consequences, Supporting siblings and others. Psychosocial assessments that identify each families vulnerabilities are essential components of the comprehensive care of an HIV infected child. The current national guideline and training materials for pediatric HIV services are deficient in addressing psychosocial support issues at health facilities. Basic psychosocial support services are not properly incorporated into the care provided to HIV exposed and infected infants in hospitals and health centers.CU/ ICAP will develop developing guidelines and training materials adapted to the Ethiopian situation for psychosocial care of HIV infected children. CU will involve multiple professional disciplines other than health sector (psychologist, sociologists) to provision of the service at health facilities. Eventually this activity will contribute to the initiation and establishment the psychosocial support services at health facilities providing care and support for HIV exposed and infected children. Additionally it supplements to the positive impact of psychosocial care for HIV infected children on treatment outcome and quality of life improvement

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 8181.09 **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:** Care: Pediatric Care and Support

Budget Code: PDCS **Program Budget Code:** 10

Activity ID: 18725.28993.09 **Planned Funds:** $14,800

Activity System ID: 28993

Activity Narrative: CDC M&S

ACTIVITY HAS CHANGED IN THE FOLLOWING WAYS

In COP08 Care and Support program area budget (HBHC) included Adult and Pediatric Care salaries and benefit of local technical staff. Based on COP'09 guidance, these two program areas have been separated to reflect local technical staff salary and benefit cost accordingly. This activity represents the direct technical assistance which is provided to partners by CDC Staff. The amount represents the salary and benefit cost for CDC Ethiopia local staff. Detailed narrative of CDC –Ethiopia management and staffing is included in program Area 19 - Management and Staffing HVMS.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18725

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18725	18725.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8181	8181.08	CDC-M&S	$45,400

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: $7,569,597

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 8181.09
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: Treatment: Pediatric Treatment
Budget Code: PDTX
Program Budget Code: 11
Activity ID: 18735.28997.09
Planned Funds: $30,900
Activity System ID: 28997
Activity Narrative: CDC M&S

ACTIVITY HAS CHANGED IN THE FOLLOWING WAYS

In COP'08 Treatment program area budget (HTXS) included Adult and Pediatric Treatment salaries and benefit of local technical staff. Based on COP'09 guidance, these two program areas have been separated to reflect local technical staff salary and benefit cost accordingly. This activity represents the direct technical assistance which is provided to partners by CDC Staff. The amount represents the salary and benefit cost for CDC Ethiopia local staff. Detailed narrative of CDC –Ethiopia management and staffing is included in program Area 19 - Management and Staffing HVMS.

COP08 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

New/Continuing Activity: Continuing Activity
Continuing Activity: 18735

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18735	18735.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8181	8181.08	CDC-M&S	$77,300

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 118.09
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: Treatment: Pediatric Treatment
Budget Code: PDTX
Program Budget Code: 11
Activity ID: 18734.27994.09
Planned Funds: $215,047
Activity System ID: 27994

Activity Narrative: Management and Staffing

ACTIVITY HAS CHANGED IN THE FOLLOWING WAYS

PDTX – Since this is a new technical area in COP09, staff in this section have been included from other sections in the portfolio.

Funding for USAID staff in the PDCS program area covers the following position:

The Pediatric Care Advisor provides technical leadership and technical oversight to PEPFAR Ethiopia in the implementation of pediatric HIV/AIDS Care and Treatment programs and links them to the USAID Health maternal and child health portfolio. The Program Advisor advises PEPFAR in the areas of contact tracing and linkages USAID Health portfolio that includes maternal and child health, postnatal care for newborns, family focus care and linkages to improve quality services to orphans and vulnerable children. At services will clinical care and community-based services. Further, the Program Advisor serves as the focal person for providing oversight in the scale-up of pediatric treatment and care services, and collaborate with the Global Fund to Fight AIDS, TB and Malaria (GFATM), Clinton HIV/AIDS Initiative (CHAI), World Bank and other donors to support the GOE's pediatric HIV/AIDS program. The Program Specialist will also be a lead participant in the facilitation of relevant networks and partnerships, and work with the GOE to ensure best practices on pediatric ART are utilized by PEPFAR implementing partners.

COP08 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18734

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18734	18734.08	U.S. Agency for International Development	US Agency for International Development	7479	118.08	USAID M&S	$154,086

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1264.09 **Mechanism:** IMAI

Prime Partner: World Health Organization **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 5681.28088.09

Activity System ID: 28088

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: $187,500

Activity Narrative: Integrated Service Strengthening

ACTIVITY REMAINS UNCHANGED IN FY09

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 strengthen 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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16613

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16613	5681.08	U.S. Agency for International Development	World Health Organization	7481	1264.08	IMAI	$1,350,000
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

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $187,250

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 11940.09
Mechanism: New PHEs
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX
Program Budget Code: 11
Activity ID: 29250.09
Planned Funds: [redacted]
Activity System ID: 29250
Activity Narrative: This new PHE "Monitoring treatment outcomes in HIV-infected children in Ethiopia: comparison between clinical and immunologic versus viral load monitoring" was approved for inclusion in the FY09 COP.

PHE tracking number: ET.09.0227
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation [redacted]

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3784.09
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: Treatment: Pediatric Treatment
Budget Code: PDTX
Program Budget Code: 11
Activity ID: 10436.27904.09
Planned Funds: $1,215,000
Activity System ID: 27904

Activity Narrative: Technical Support for ART Scale-up

ACTIVITY HAS BEEN MODIFIED AS FOLLOWS

Pediatric treatment, previously included as a treatment/ARV service in FY06, FY07, and FY08 is the centerpiece of the International Center for AIDS Care and Treatment Programs-Columbia University (ICAP-CU) activities in Ethiopia. ICAP-CU is the technical lead in pediatric HIV services including early infant diagnosis (EID), tuberculosis TB/HIV integration, malaria/HIV integration, family-focused care and treatment, and involvement of people living with HIV/AIDS (PLWH). As a national leader in pediatric care and treatment, ICAP-CU supported the Federal HIV /AIDS prevention and control office (HAPCO) in updating and enhancing national policies, protocols, and guidelines on pediatric HIV as well as the development of the national capacity-building plan for pediatric care and treatment. In FY08, ICAP-CU supported full-spectrum pediatric HIV prevention, care, and treatment services at 40 facility networks including hospitals and health centers and is currently on track in meeting targets for COP08. In FY08, ICAP -CU-supported sites have initiated 1,683 children on ART; 1,231 children are currently on ART. ICAP-CU has effectively supported the decentralization of ART services to health centers in Dire Dawa and Harari regions by training staff from health centers, establishing catchment area meetings, providing ongoing clinical mentoring, and developing standard operating procedures (SOP) to facilitate appropriate “down referral”. This enables health centers to follow stable patients or initiate ART services in some cases and refer complex cases to hospitals (up-referral).

In FY09, ICAP-CU will expand pediatric care and treatment services to all health facilities providing adult ART services, 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) Provide technical support to National HIV Pediatric Care and Treatment Programme
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) Provide technical input into the development/revision and implementation of forms, registers, and charting tools for pediatric care and treatment
8) 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
9) Assist the GOE to establish a national system and support direct in four regions, and provide central-level technical assistance to implementing partners working in other region
10) Expand the quality of service assessment (SOC) for pediatrics in its operational zone and support other partners to implement quality of service assessment

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 strengthen the growing Ethiopian PMTCT program and linkage to pediatric 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.

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 pediatric HIV/AIDS programs. ICAP-CU will formally partner with RHB and support provision of quality and comprehensive pediatric HIV services. ICAP-CU will work with RHB to evaluate the clinical, infrastructural, management, and informatics needs of facilities and develop implementation strategies to enable each facility to meet required national standards for pediatric care and treatment services. Through intensive collaboration, ICAP-CU works to build the capacity of the two regional Universities (Jimma and Haramaya) to provide technical assistance, supportive supervision and mentoring to RHBs and catchment area health networks.

In FY09, emphasis will be placed on increased pediatric ART service uptake at all sites through improved entry points for children by supporting
1) Family focused care and family testing
2) PIHCT at under-5 clinic, pediatric inpatient, TB clinic and EPI clinic
3) Linkages with PMTCT service and improved infant follow-up
4) Strengthening linkages with OVC programs and orphanages
5) Advocacy to create better awareness among health professionals and the community to improve the attitude towards pediatric care and treatment
6) Expansion of the service to private facilities

In FY09, on-site assistance will be provided to develop medical records for HIV-exposed and infected children, referral linkages, patient follow-up and adherence support defaulter tracing mechanisms. Moreover, more frequent ongoing site-level clinical mentoring and supportive supervision will be carried out at all hospitals and health centers providing pediatric care and treatment service in ICAP-CU supported regions.

ICAP-CU will emphasize strengthening the internal and external linkages including internal referrals to HIV care clinics from various points of care and through external referrals to and from community-based

Activity Narrative: resources to identify HIV-infected children. Under the ART health network, ICAP-CU will work to establish and strengthen links between hospital services, different levels of facilities and community-based services, nongovernmental and faith-based organizations, and communities with other partners working at these levels. Orphans and other vulnerable children (OVC) enrolled in care and treatment will be prioritized for treatment services and linked to community-based OVC care programs in order to receive a continuum of care.

ICAP-CU will support pediatric ART training, according to national guidelines and curriculum. Additional training, including training on EID, will be provided to all sites initiating pediatric care and treatment service in FY09 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. Through continued partnership with the Ethiopian Pediatric Society, ICAP-CU will continue hosting annual CMEs to provide training on pediatric HIV/AIDS care and treatment to pediatricians in Ethiopia.

ICAP-CU will continue to support the integration of pediatric monitoring and evaluation into existing care and treatment tracking systems, updating and maintaining of a pediatric HIV website, including clinical and training materials, frequently asked questions, illustrative case studies, and technical updates.
ICAP-CU will work closely with the MOH, the Global Fund for AIDS, Malaria, and Tuberculosis, the Supply Chain Management System/ pediatric care and treatment services RPM+, and RHB to ensure drugs purchased to treat opportunistic infections (OI) are distributed rationally, and to develop OI drug access for all HIV-exposed and infected children. The availability of consistent and quality laboratory services including EID at all these sites is critical to ensure quality comprehensive.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16672

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16672	10436.08	HHS/Centers for Disease Control & Prevention	Columbia University	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	$8,400,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3787.09

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: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 10430.27932.09

Planned Funds: $1,005,000

Activity System ID: 27932

Activity Narrative: Technical Support for ART Scale-up

This is a continuing activity from FY05, FY06, FY07, and FY 08 which has previously been included within treatment/ARV services. Johns Hopkins University (JHU) has supported the implementation of pediatric ART in the two major regions of Addis Ababa and Oromiya, as well as the emerging regions of Benishangul and Gambella.

In FY08, JHU actively participated in the national pediatric care and treatment activities to update and enhance national policies, protocols, and guidelines on pediatric HIV. JHU supported full-spectrum pediatric HIV prevention, care, and treatment services at 30 health facilities including hospitals and health centers and is currently on track in meeting targets for COP08. In FY08 to date, JHU-supported sites have initiated 2069 children on ART, and 1585 children are currently on ART. JHU has effectively supported the decentralization of ART services to health centers in Benishangul and Gambella regions by training staff from health centers, establishing catchment area meetings, providing ongoing clinical mentoring, and developing standard operating procedures (SOP) to facilitate appropriate “down referral”. This enables health centers to follow stable patients or initiate ART services in some cases and refer complex cases to hospitals (up-referral).

In FY09, JHU will continue to support pediatric care and treatment services in the existing sites and expand the services to private facilities.

At the national level, JHU 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) Expand the national pediatric care and treatment training curriculum and continue widespread distribution of pediatric support materials
3) Assist with the integration of pediatric monitoring and evaluation into existing care and treatment tracking systems
4) Provide technical input into the development/revision and implementation of forms, registers, and charting tools for pediatric care and treatment
5) 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

JHU 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 strengthen the growing Ethiopian PMTCT program and linkage to pediatric care and treatment services. JHU will contribute its experience with treatment of HIV-exposed and infected infants and children and assist with the expansion of national pediatric treatment guidelines

At the regional level, JHU will work with Regional Health Bureaus (RHB) in its operational zone and other partners to build their capacity to effectively design, implement, and evaluate Pediatric HIV/AIDS programs. . JHU will work with RHB to evaluate the clinical, infrastructural, management and informatics needs of facilities, develop implementation strategies to enable each facility to meet required national standards, and to provide assistance to support the implementation of national treatment guidelines.

In FY09, emphasis will be placed on increased pediatric ART service uptake at all sites. JHU will focus on improved entry points for children by supporting
1) Family-focused care and family testing
2) PIHCT at under-5 clinic, pediatric inpatient, TB clinic and EPI clinic
3) Linkages with PMTCT service and improved infant follow-up
4) Linkages with orphans and other vulnerable children (OVC) programs and orphanages
5) Advocacy to create better awareness among health professionals and the community to improve the attitude towards pediatric care and treatment
6) Expansion of the service to private sector

FY09 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 pediatric HIV care and treatment activities in the private sector in particular, linkages to ART clinics in private hospitals, increased coverage of pediatric ART and DNA testing for early infant diagnosis (EID) at all JHU-supported ART sites.

In FY09, 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. On-site assistance will be provided to develop medical records, referral linkages, patient follow-up and adherence support defaulter tracing mechanisms. Moreover, more frequent site-level clinical mentoring and supportive supervision will be carried out at all hospitals and health centers providing pediatric care and treatment service in JHU supported regions.

Collaborating with I-CAP and other partners, 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. Assessing and improving the quality of service for pediatric care and treatment through standardized approach in all operating sites will be one of the core activities in FY09.

JHU will emphasize strengthening the internal and external linkages including internal referrals to HIV care clinics from various points of care and externally through referrals to and from community-based resources to identify HIV-infected children and provide care and treatment services. Under the ART health network, JHU will work to establish and strengthen links between hospital services, different levels of facilities and community based services, nongovernmental and faith-based organizations, and communities with other partners working at these levels. Orphans and other vulnerable children (OVC) enrolled in care and

Activity Narrative: treatment will be prioritized for treatment services and linked to community based OVC care programs for continued care.

JHU will support pediatric ART training, according to national guidelines and curriculum. Additional training, including training on early infant diagnosis (EID), will be provided to all new sites initiating ART in FY09 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. JHU will expand MOH's basic ART Training activities within the hospitals, training inpatient healthcare personnel, new graduates so that pediatric ART services expand accordingly. JHU will continue to supplement basic training through HIV telemedicine, pediatric case review sessions, TheraSim, and work with other partners to expand services to distant regions through satellite connections and possible portable videoconference capabilities.

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 (OI) are distributed rationally, and to develop OI drug access for all HIV-exposed and infected children. The availability of consistent and quality laboratory services including early infant diagnosis at all these sites is critical to ensure quality comprehensive pediatric care and treatment services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16636

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16636	10430.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	7485	3787.08	Support for program implementation through US-based universities in the FDRE	$7,000,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3786.09

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: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 10439.27919.09

Planned Funds: $1,322,430

Activity System ID: 27919

Activity Narrative: ITECH Pediatric Treatment

This is a continuing activity from FY05, FY06, FY07, and FY 08 which has previously been included as a treatment/ARV services. I-TECH has played the vital role of implementing pediatric ART in Afar, Amhara, and Tigray, in partnership with the regions. In FY08, JHU-supported sites have initiated 1929 children on ART, 1530 are currently on ART.

In FY08, I-TECH actively participated in the national pediatric care and treatment activities to update and enhance national policies, protocols, and guidelines on pediatric HIV. As a national technical lead on training, I-TECH supported Ethiopia's Ministry of Health (MOH) and Ethiopia's Federal HIV/AIDS Prevention, Care, and Support Organization (HAPCO) in the development and harmonization of training materials on pediatric care and treatment for primary healthcare providers working at health centers, and assisted in the development of different guidelines. I-TECH supported full-spectrum pediatric HIV prevention, care, and treatment services at 32 hospital and 5 health center networks and is currently on track in meeting targets for COP08. I-TECH has effectively supported the decentralization of ART services to health centers in Afar region through training staff from health centers, establishing catchment area meetings, providing ongoing clinical mentoring, and developing SOPs to facilitate appropriate "down referral". This enables health centers to follow stable patients or initiate ART services in some cases and refer complex cases to hospitals (up-referral).

In FY09, I-TECH will strengthen and expand the implementation of pediatric care and treatment at all facilities providing adult ART services. At the national level, I-TECH 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) in updating national policies and guidelines on pediatric HIV
2) Expand the national pediatric care and treatment training curriculum and continue widespread distribution of pediatric support materials
3) Assist with the integration of pediatric monitoring and evaluation into existing care and treatment tracking systems
4) Provide technical input into the development/revision and implementation of forms, registers, and charting tools for pediatric care and treatment
5) 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

I-TECH 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 strengthen the growing Ethiopian PMTCT program and linkages to pediatric care and treatment services. I-TECH will contribute its experience with treatment of HIV -exposed and infected infants and children and assist with the expansion of national pediatric treatment guidelines.

At the regional level, I-TECH will work with Regional Health Bureaus (RHB) in its operational zone and other partners to build their capacity to effectively design, implement, and evaluate pediatric HIV/AIDS programs. I-TECH will also work with RHBs to evaluate the clinical, infrastructural, management and informatics needs of facilities and develop implementation strategies to enable each facility to meet required national standards for pediatric HIV care and treatment. The need to expand routine treatment of children, which was a focus point in FY08 and addressed by the hiring of three pediatricians, will be further expanded in FY09 through working with the sites RHB and MSH to assure referral from health centers to hospitals as appropriate.

In FY09, emphasis will be placed on increased pediatric ART services at all sites. I-TECH will focus on improved entry points for children by supporting
1) Family-focused care and family testing
2) PIHCT at under-5 clinic, pediatric inpatient, TB clinic and EPI clinic
3) Linkages with PMTCT service and improved infant follow-up
4) Linkages with orphan and other vulnerable children programs and orphanages
5) Advocacy to create better awareness among health professionals and the community to improve the attitude towards pediatric care and treatment

In FY09, on-site assistance will be provided to develop medical records for HIV-exposed and infected children, referral linkages, patient follow-up and adherence support defaulter tracing mechanisms. Moreover, more frequent site-level clinical mentoring and supportive supervision will be carried out at all hospitals and health centers providing pediatric care and treatment service in I-TECH supported regions. I-TECH site mentors, consisting of a pediatrician for ART support, lab technologist, nurse, and monitoring and evaluation staff teams, will regularly visit all regional pediatric ART sites to
1) Provide system support for clinics, laboratories, and pharmacies
2) Provide regular mentoring and case consultation to physicians and nurses
3) Address issues that are identified as barriers to the efficient and effective care of children on care and treatment

Collaborating with the International Center for AIDS Care and Treatment Programs-Columbia University (ICAP-CU) and other partners, I-TECH will continue support to all sites in pediatric care, by training pediatricians and other health workers and integrating pediatric ART into current ART activities. Assessing and improving quality of service for pediatric care and treatment through a standardized approach in all operating sites will be one of the core activities in FY09. Through coaching and mentoring visits to hospitals, I-TECH's field-based clinical teams would work to ensure quality of pediatric care and treatment services in pediatric service outlets.

I-TECH will emphasize strengthening the internal and external linkages including internal referrals to HIV care clinics from various points of care and through external referrals to and from community-based

Activity Narrative: resources to identify HIV-infected children. Under the ART health network, ICAP-CU will work to establish and strengthen links between hospital services, different levels of facilities and community based services, nongovernmental and faith-based organizations, and communities with other partners working at these levels. OVC enrolled in care and treatment will be prioritized for treatment services and linked to community -based OVC care programs in order to receive a continuum of care.

I-TECH will support pediatric ART training, according to national guidelines and curriculum. Additional training, including training on EID, will be provided to all new sites initiating ART in FY09 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. Advanced training for clinicians working on pediatric care and treatment will continue to be provided through an ongoing relationship with Hadassah Medical Center in Jerusalem.

I-TECH 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 (OI) are distributed rationally, and to develop OI drug access for all HIV-exposed and infected children. The availability of consistent and quality laboratory services including early infant diagnosis at all these sites is critical to ensure quality comprehensive pediatric care and treatment services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16644

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16644	10439.08	HHS/Health Resources Services Administration	University of Washington	7487	3786.08	Rapid expansion of successful and innovative treatment programs	$9,633,980

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7609.09

Mechanism: Care and Support Project

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 18703.27963.09

Planned Funds: $1,425,000

Activity System ID: 27963

Activity Narrative: Care and Support Program

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

This is a new narrative per COP 2009 requirements for pediatric treatment. 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 health care unit level provides coverage nationwide. This project started in FY07 and is supporting 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.

MSH is currently supporting the provision of adult ART services. By the end of June 2008, 21,000,000 adults were under treatment the 240 MSH-supported health centers. By the end of FY08, MSH will have scaled-up adult ART services in 260 health centers.

However, MSH's support for pediatric ART has been limited treatment with most of the children receiving treatment at hospital level. Currently, MSH is supported 25 health centers with only 57 children under ART. The need to scale up pediatric ART services in the MSH-supported health centers cannot therefore be over-emphasized.

MSH will continue with scaling pediatric HIV treatment services at health center level. In FY09, MSH targets to scale the services in at least 80 health centers in the regions of Addis Ababa; Oromiya; Southern Nations and Nationalities Peoples (SNNP); Amhara and Tigray. MSH will be working jointly with the African Network for Care of Children affected buy HIV/AIDS (ANECCA). The latter (ANECCA) will provide technical support.

The scale-up process for pediatric ART services will include: strengthening the already existing pediatric ART sites; identification of the new sites; conducting needs assessment; sites preparation; implementation; monitoring/support supervision; and periodic monitoring with re-planning.

Strengthening of services in the health centers that are already providing pediatric ART will be done after a gap analysis. A plan on how to address the identified weakness will then be developed in participatory manner – together with the relevant service managers and providers. MSH will then taking a leading role in handling the weaknesses in a systematic manner.

Identification of the new sites will be determined based on selected criteria including: potentially high volume health centers based on the area HIV prevalence rates and the number of adult clients on treatment; distance from the nearest pediatric service point; readiness of the health center; the degree of health administrative support; among others.

Site preparation will include sensitization of health managers and providers on the benefits of early pediatric HIV diagnosis. This will help in soliciting support and commitment from relevant stakeholders in scaling up pediatric ART services. Furthermore, it will promote ownership and enhance sustainability of the ART programs.

Operational site readiness will increase through human resource development. Human resources will be strengthened through training in multiple pediatric program areas and supportive supervision in conjunction with Government of Ethiopia personnel. The activity will facilitate training on pediatric 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 pediatric ART health network, mentoring and monitoring of ART patients with experienced will be organized based on the national clinical mentoring guidelines, helping build provider capacity to manage patients and improving patient care.

In an effort to minimize loss to follow-up, MSH adopted the personalized treatment, approach using case managers. The case managers are based at the health center and get particular clients on ART. Case managers provide psychosocial support to the respective clients and ensure their close follow-up. As a best practice, this approach will be consolidated and extended to the HIV-infected children under treatment. .

The activity will complement the focused activities of USG partners in supply chain and pharmacy management, collaborating with RPM Plus and PSCMS to ensure that their interventions achieve maximum impact at site level. The project will work with relevant PEPFAR Ethiopia partners and key stakeholders such as the HIV/AIDS Prevention and Control Office (HAPCO), implementer of the Global Fund to Fight AIDS, Tuberculosis (TB) and Malaria (GFATM) grants, Clinton HIV/AIDS Initiative (CHAI) complementing their efforts to strengthen laboratory services at 80 pediatric ART sites.

Site level ART patient monitoring will be enhanced through collaboration with Tulane University's health center-level Health Management Information System (HMIS) activities supporting an ART patient tracking system, with data clerks trained in this paper-based system by Tulane. 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 the Federal Ministry of Health, to ensure a synchronized scale-up of ART service capacity in the selected sites. There will a needs assessment to look at what basic medical equipment is required to support delivery of a minimum pediatric ART service package. Additionally, procurement coordination with district health offices and USG partners will leverage

Activity Narrative: GFATM and CHAI 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 pediatric 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 all links in the pediatric 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 laboratory 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.

The CSP will collaborate with existing treatment partners so as not to duplicate ongoing PEPFAR Ethiopia and GOE activities. This activity will expand on the delivery of treatment services, access to care and human resource development. The expansion of pediatric ART services through health clinics throughout Ethiopia will allow for greater access to treatment for children living with HIV. 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 health care workers and the strengthening of systems and infrastructure at the health center level.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18703

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18703	18703.08	U.S. Agency for International Development	Management Sciences for Health	7609	7609.08	Care and Support Project	$9,500,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $400,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7600.09 **Mechanism:** ANECCA

Prime Partner: African network for Care of Children Affected by HIV/AIDS **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 18062.28332.09

Planned Funds: $360,000

Activity System ID: 28332

Activity Narrative: Strengthening Pediatric Case Finding Utilizing Community and Facility Approaches

ACTIVITY AREMAINS UNCHANGED IN FY09

COP08 NARRATIVE

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 isoniazed 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18062

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18062	18062.08	U.S. Agency for International Development	African network for Care of Children Affected by HIV/AIDS	7600	7600.08		$400,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $360,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3785.09

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: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 10426.28221.09

Planned Funds: $570,000

Activity System ID: 28221

Activity Narrative: Military ART Support

This is a continuing activity from FY06, FY07, and FY08 which has previously been included within treatment/ARV services. University of California San Diego (UCSD) has played a critical role as the lead for Military-Public Alliance and has supported implementation of pediatric 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) are committed to build capacity to care for their members and families and to provide free ART. In FY08, UCSD actively participated in the national pediatric care and treatment activities to update and enhance national policies, protocols, and guidelines on pediatric HIV. In FY08, UCSD supported full-spectrum pediatric HIV prevention, care, and treatment services at 13 health facilities and is currently on track in meeting targets for COP08. In FY08 to date, UCSD supported sites have initiated 211 children on ART, and 174 children are currently on ART.

At the national level, UCSD 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) Expand the national pediatric care and treatment training curriculum and continue widespread distribution of pediatric support materials
3) Assist with the integration of pediatric monitoring and evaluation into existing care and treatment tracking systems
4) Provide technical input into the development/revision and implementation of forms, registers, and charting tools for pediatric care and treatment
5) 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

UCSD 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 strengthen the growing Ethiopian PMTCT program and linkage to pediatric care and treatment services. UCSD will contribute its experience with treatment of HIV exposed and infected infants and children and assist with the expansion of national pediatric treatment guidelines.

In FY09, UCSD has planned to focus on strengthening pediatric ART services in all sites currently providing adult ART through continued collaboration with Columbia University's International Center for AIDS Care and Treatment Programs. UCSD will have three major elements in improving the service uptake for pediatric ART in the uniformed services: (1) Increasing access to pediatric ART, (2) ensuring comprehensive care and treatment services for HIV-infected infants and children and (3) enhancing pediatric case-finding and referral to care and treatment services.

In FY09, emphasis will be placed on increased pediatric ART service uptake at all sites. UCSD will focus on improved entry points for children by supporting
1) Family-focused care and family testing
2) PIHCT at under-5 clinic, pediatric inpatient, TB clinic and EPI clinic
3) Linkages with PMTCT service and improved infant follow-up
4) Linkages with OVC programs and orphanages
5) Advocacy to create better awareness among health professionals and the community to improve the attitude towards pediatric care and treatment

In FY09, on-site assistance will be provided to develop medical records for HIV-exposed and infected children, referral linkages, patient follow-up and adherence support defaulter tracing mechanisms. Moreover, more frequent site-level clinical mentoring and supportive supervision will be carried out at all hospitals and health centers providing pediatric care and treatment service in UCSD supported sites.

Assessing and improving quality of service for pediatric care and treatment through standardized approach in all operating sites will be one of the core activities in FY09. 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.

UCSD will support pediatric ART training, according to national guidelines and curriculum. Additional training, including training on early infant diagnosis (EID), will be provided to all new sites initiating Pediatric ART in FY09 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.

UCSD 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 (OI) are distributed rationally, and to develop OI drug access for all HIV-exposed and infected children. The availability of consistent and quality laboratory services including EID at all these sites is critical to ensure quality comprehensive pediatric care and treatment services.

To provide technical support to the country's pediatric care and treatment programme, 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16622

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16622	10426.08	HHS/Centers for Disease Control & Prevention	University of California at San Diego	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	$4,300,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 593.09

Mechanism: Capacity Project (HCD)

Prime Partner: IntraHealth International, Inc

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 28803.09

Planned Funds: $560,000

Activity System ID: 28803

Activity Narrative: Linking Pediatric Clients to Treatment

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity will remain unchanged from COP08 narrative, except that there will be a new focus on pediatric care and treatment at high volume health facilities.

COP 08 NARRATIVE

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

Activity Narrative: 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, 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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 11937.09

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: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 18834.29236.09

Planned Funds: $0

Activity System ID: 29236

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. Peters' 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. Peters 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. Peters: 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. Peters 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).

Activity Narrative: 4) Cost effectiveness: Costs for the FBP program will be compared to costs related to early mortality and morbidity avoided with the intervention program.

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 & 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

New/Continuing Activity: Continuing Activity

Continuing Activity: 18834

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18834	18834.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	7485	3787.08	Support for program implementation through US-based universities in the FDRE	$90,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 11938.09

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: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 18792.29238.09

Planned Funds: $0

Activity System ID: 29238

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 agecy is changed fro 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 (TSEHAI) as a supplement to the JHU/TSEHAI 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:

Activity Narrative: 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 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

New/Continuing Activity: Continuing Activity

Continuing Activity: 18792

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18792	18792.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	7485	3787.08	Support for program implementation through US-based universities in the FDRE	$100,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7597.09

Mechanism: Food by Prescription

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 17712.28258.09

Planned Funds: [redacted]

Activity System ID: 28258

Activity Narrative: Food by Prescription in HIV Care and Treatment Facilities

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity from COP 2008. The activity was divided into Adult and Pediatric treatment sections. This section focuses on the Pediatric treatment interventions with a proposed 15% of the base budget increase of $3 million for COP09. The budget increase for the Pediatric treatment mitigates the 40 % rise in world food costs and procurement, ensuring that we can continue to reach present targets with an additional 10% increase to reach those most in need.

COP08 NARRATIVE

The Food by Prescription (FBP) activity is a continuing activity designed in FY07 and is expected to increase the efficacy and effectiveness of ARV for patients on ART treatment in Ethiopia. For FY08, FBP activities will total $4.6 million ($2 million in palliative care, $2 million in treatment and $600,000 in PMTCT) which leverages $31,900,000 in food.

High levels of malnutrition combined with food insecurity present in Ethiopia, implies that clinically malnourished PLWH in care and treatment programs in Ethiopia have an immediate and critical need for nutrient-dense foods that can be readily and safely prepared and consumed to improve their nutritional and immunological status, especially as an adjunct to ART.

In response to this situation, PEPFAR Ethiopia included an FBP program in FY07 on a pilot basis in 20 hospitals and 25 health centers. The new activity will involve expanding to approximately 35 new health facilities that have a high ART patient load, bringing the total number of targeted facilities to 80. The program involves procurement and distribution of a ready-to-use therapeutic food (RUTF) and a nutrient-dense blended flour product to targeted health facilities, from where the food is provided to severely malnourished ART and pre-ART clients and to HIV-positive pregnant and lactating women. Anthropometric entry and exit criteria based on WHO classification of malnutrition are used. Beneficiaries will also receive nutritional counseling and education.

The logistics of the FBP Program could potentially be managed by Supply Chain Management System (SCMS). The organization is currently handling supply of drugs and other clinical materials to health facilities. SCMS will also have to examine the storage capacity at pharmacy stores, which are usually limited and often full.

The program is being implemented by partners in Ethiopia in coordination with Ministry of Health/HIV/AIDS Prevention and Control Office (MOH/HAPCO) and with technical assistance from the USAID/GH/HIDN Food and Nutrition Technical Assistance (FANTA) Project.

Based on the experience and results of the pilot program, PEPFAR Ethiopia will scale up the program to reach a larger target group of health facilities and eligible beneficiaries. In addition, an assessment of the acceptability of RUTF among adult clients will be carried out, and based on the results the use of food products may be refined and improved if needed. As part of the broader technical assistance activity for nutrition and HIV, the pilot program will be assessed and lessons will be used to inform refinement of the program for scale-up. Lastly, this activity will extend support to strengthen therapeutic feeding services for pediatric HIV patients and OVC and extend these services to areas of high HIV prevalence. Malnutrition is a severe problem among pediatric HIV patients in Ethiopia and PEPFAR will support partners experienced in addressing child malnutrition to ensure pediatric HIV clients and OVC are covered in therapeutic feeding and care services. The program seeks to refer beneficiaries to household food assistance and livelihood support, where such services are available.

A significant part of this activity will focus on linkages and coordination with the MOH/HAPCO, UNICEF, World Food Program (WFP), Clinton Foundation and other implanting partners to ensure that the FBP activity will not cause negative consequences in health facilities. Since the food can only be targeted to PLWH, the FBP activity seeks to coordinate with other partners, where available, to help provide comprehensive food and nutritional services for beneficiaries not targeted by the FBP activity. SCMS can work with these groups to try and ensure that food resources are distributed evenly.

This activity will provide food support to approximately 14,000 malnourished PLWH at 80 HIV care and treatment facilities, contributing to improved functioning, quality of life, and treatment outcomes. The targets will be adjusted depending on actual unit costs for food, as well as on observed levels of operational costs. The activity aims to improve ARV adherence and the nutritional status of the beneficiaries.

By ensuring that the food needs of malnourished PLWH are met, this activity will strengthen the care and support, ART, and other services that PEPFAR Ethiopia is supporting through the Care and Support Program and the ART Scale-Up activities listed above. Implementing partners will work closely with the partners for these activities to ensure coordination in integrating food into these clinical services. Partners will also coordinate with UNICEF, WFP, Clinton Foundation HIV/AIDS Initiative, and other partners providing nutritional support to HIV-affected populations to ensure coordinated coverage and consistent approaches and protocols.

The food program will also serve as a critical component of PEPFAR Ethiopia's broader effort to strengthen integration of nutrition into HIV services, and the assessment and counseling services offered through that integration effort are important components of the Food by Prescription program.

Severely malnourished PLWH (ART and pre-ART clients), and HIV-positive pregnant women will be reached with food support and complementary services at hospitals and health centers. Service providers will be trained to assess clients' eligibility for food, provide food by prescription, and counsel clients in use of the food and in related nutritional practices.

Activity Narrative: In response to the urgent need for food to support successful care and treatment, PEPFAR resources will be used to provide therapeutic food malnourished PLWH. The activity also seeks to enhance nutritional assessment, training and counseling to promote adherence and improve nutritional care among the beneficiaries

New/Continuing Activity: Continuing Activity

Continuing Activity: 17712

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17712	17712.08	U.S. Agency for International Development	To Be Determined	7597	7597.08	Food by Prescription	[redacted]

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 12 - HVTB Care: TB/HIV

Total Planned Funding for Program Budget Code: $8,944,854

Program Area Narrative:

“Know Your Epidemic” is paramount to the success of the PEPFAR/Ethiopia Team. The 2007 estimate indicates a low-level generalized epidemic for Ethiopia with an overall HIV prevalence of 2.2%. This prevalence estimate does not, however, tell the full story of the epidemic here where the majority of infections occur in urban settings. The 2007 single point prevalence study estimates urban prevalence is 7.7% (602,740 persons living with HIV and AIDS (PLWH)) and rural prevalence is 0.9% (374,654 PLWH). Yet specific 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. According to the WHO Global TB Control Report issued in 2008, Ethiopia ranks 7th out of the top 22 High TB Burden Countries in terms of total number of TB cases notified in 2006. The estimated incidence of all forms of TB and Smear Positive Pulmonary Tuberculosis (PTB+) was 379 and 168/100,000, respectively. The case detection rate of PTB+ cases was 27%, less than half of the global target of 70%. DOTS treatment success rate for sputum positive pulmonary TB cases was 78% in 2006 showing good progress compared to the status in 2004

In FY08, annual TB/HIV collaborative activity work plan has been developed by the national TB/HIV technical advisory body to coordinate implementation and resources at national level. Through active involvement in the national TB/HIV technical working group, USG agencies and partners have assisted the establishment of TB/HIV Advisory Committee (THAC) at all Regional Health Bureaus to ensure close collaboration and coordination of TB and HIV control programs at all levels. Technical and financial

support has been provided in the development and review of the TB/HIV implementation guideline, the TB and leprosy control manual, standardized national TB/HIV training manual and national TB/HIV surveillance guidelines. The TB unit register has been revised to enable capturing of HIV related information and the TB/HIV reporting format has also been revised. Development of TB/HIV IEC/BCC materials is underway. PEPFAR also assisted MOH's initiative in the MDR-TB management pilot project by closely collaborating in the MDR TB management technical working group in the development of proposal for the green light committee and MDR-TB management implementation guideline as well as assisting in second line drug selection and quantification for procurement. More over in FY08 (up to first quarter) the TB/HIV collaborative activities have been implemented in 446 public facilities at national level. PSP and USG universities have initiated TB/HIV services at 148 private hospitals and health centers.

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 will continue receiving TB referrals from hospitals. Urban areas will remain our focus with the highest prevalence and the greatest concentration of potential beneficiaries for TB/HIV collaborative activities by public and private facilities.

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 161 ART hospitals. Many of the health centers providing TB/HIV service also support counseling and testing (CT) services, preventive care package and ART services.

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(350 ART and 150 non ART Health centers) TB/HIV services will be further scaled up to the private sector facilities. PITC 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.

According to the observations during site visits, and from partners' progress report as well as few program evaluation reports of partners it was shown that HCT provided to TB patients registered in the PEPFAR supported sites has reached more than 80 -90 percent in most areas. CPT and ART uptake is very high. However, the report coming to the national level through the routine TB reporting system was of poor quality and in most instants there is under reporting of HIV related information and the actual achievement is not reflected.

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, poor TB microscopy quality control and very low utilization of Isoniazid (INH) mainly due to interruption of INH supply, Poor TB infection control in the era of M(X) DR-TB. In general the poor TB/HIV monitoring and evaluation still remains to be the major bottle neck for the program implementation. 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 challenged listed above. PEPFAR Ethiopia is an active member of both the Advisory and technical working committee and is playing a key role.

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 toward increasing involvement of health extension workers at health posts level especially in TB case detection treatment adherence and defaulter tracing at community level. The key TB/HIV site level activities in FY 09 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) Implement Isoniazid (INH) Preventive Therapy (IPT) for HIV-positive clients found to be free from active TB in all ART and Infection Control (IC) facilities and sites, 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 all TB/HIV patients, 6) Provision of HIV prevention with positive package services with in the TB/HIV clinics 7) Strengthening and establishing referral linkages to different service areas and between Hospitals and health centers in provision of TB/HIV clinical services, and 8) provision of ART for eligible cases and 9) coordinate and leverage resources with TBCAP and Global Fund(GF) to strengthen TB program, 10)Implement IC practices to prevent TB transmission, 11) Expand Private Public Mix (PPM) DOTS to more private for profit facilities in Ethiopia12) Conduct surveillance for Extensively Drug resistance TB (XDR-TB) at selected sites and pilot community DOTS/TB/HIV activities using Health extension workers; 13)) monitoring and evaluation.

In FY09 PEPFAR Ethiopia will continue to be a major player in supporting MOH to strengthen and scale up TB/HIV collaborative activities at national level. 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 FY09.

WHO has been awarded a COP07 plus up fund to support the MDR-TB management initiative, human resource development in TB/HIV programs and TB infection control areas and this program has continued in COP08. In FY09 WHO will further strengthen its support towards the MDR-TB management expansion plan to regional referral hospitals, and human resource capacity building and TB and HIV infection control activities as well as supporting TB/HIV M&E by hiring TB/HIV M&E experts and supporting regional and national review meetings and undertaking supportive supervisions.

Resources will be leveraged from GFTAM to support key TB/HIV activities which 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 WHO (through regular funding), German Leprosy and TB

Relief Agency (GLRA), Italian Cooperation, and the Royal Netherlands Embassy.

In FY09 there will be a scale up of TB/HIV services to include all the ART hospitals (161) and 500 health centers (350 ART and 150 non ART Health centers, all activities initiated in the previous years will be consolidated and expanded. PITC will be scaled up and screening for TB in HIV positive persons strengthened. More support will be provided to strengthen the routine TB/HIV recording and reporting, revised TB, pre ART and ART registers will be distributed to the facilities. USG Partners will assist the piloting and roll out of the national TB/HIV surveillance at national level. Emphasis will be given in 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. Public Health Evaluations (PHE) focusing on improving care and treatment services for TB/HIV patients will also be conducted.

In FY09 more emphasis will be given to improve TB case detection among HIV positives and their contacts. A standardized screening tool will be introduced to screen HIV positives, family members and contacts of patients with active TB. The roll out of TB microscopy training, and TB smear microscopy EQA as well as the continuous capacity building provided to facilities and regional laboratories to increase access to X-ray, fluorescent microscope and mycobacterium culture diagnostic services will further support the effort to improve intensified case finding. Active TB case finding and HCT at the congregate settings will further compliment the case finding.

Pediatric TB/HIV will be given more emphasis. A standard TB screening tool and algorithm will be used to screen pediatric HIV infected and exposed infants for TB. National level advocacy and sensitization will be made to make tuberculin skin test available for screening pediatric patients for latent TB infection. IPT and CPT will be provided for all eligible HIV exposed/ infected pediatric clients. Pediatric TB/HIV topic will be included in the standard TB/HIV training materials and more emphasis will be given to pediatric HIV screening and TB diagnosis during site level mentorship. To inform program planning to address TB/HIV among children, CDC-DTBE-IRPB will collaborate with CDC-Ethiopia and Columbia University to enhance routine monitoring and evaluation through a surveillance evaluation of new TB registers and recording and reporting by revised age categories (0-4 years old, 5-14 years old) at selected sites. This will help to characterize the epidemiology of childhood TB as well as TB/HIV co-infection in Ethiopia, to describe the reach of TB/HIV collaborative activities to the pediatric population, and to identify challenges in childhood TB diagnosis/treatment and recording and reporting. With the initiation and scaling up of pediatric care and treatment services at health center level, pediatric HIV screening and TB diagnosis will be done by HCSP to address TB/HIV collaborative activities benefiting children.

Patient waiting areas in most facilities are poorly ventilated and there is high chance for spread of TB and other diseases through respiratory route. In COP09 different infection control measures will be introduced at the facilities including cough triage, educating patients to cover mouth, separation of infectious TB patients in the wards as well as renovation of patient examination rooms and waiting areas to improve ventilation and lighting. A comprehensive infection control guideline will be developed by MOH to standardize infection control practices at various levels of health care. CDC Ethiopia in collaboration with CDC Atlanta and Johns Hopkins University will establish a system for monitoring and evaluation of TB among facility staff at PEPFAR-supported HIV care & treatment pilot sites. This will help to determine the infection control needs for the country as well as help to determine the efficacy of planned interventions.

All PEPFAR and non PEPFAR TB/HIV activities will be coordinated through the national TB/HIV advisory Committee and technical working group and all activities will be part and parcel of the annual TB/HIV collaborative activity work plan.

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	5483.09	**Mechanism:**	TBD/CDC
Prime Partner:	To Be Determined	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: TB/HIV
Budget Code:	HVTB	**Program Budget Code:**	12
Activity ID:	28774.09	**Planned Funds:**	[redacted]
Activity System ID:	28774		

Activity Narrative: Strengthening Clinical Laboratory Workforce

The clinical laboratory workforce plays a vital role in the health care system. Accurate, reliable and repeatable clinical laboratory testing remains a central component of the public health approach to disease management in resource-limited settings. Results generated from the laboratory are essential for service providers to accurately assess the status of a patient's health, make accurate diagnoses, design treatment plans and monitor the effectiveness of a given treatment. The accuracy of laboratory results is critical as it impacts the patient's life as well as the quality and credibility of a program, including those related to TB/HIV/AIDS.

For laboratories to be able to provide accurate, repeatable and timely results, a few components must be in place. First, there must be a safe and suitable physical environment with uninterrupted power and high quality functioning equipments. Second, there must be an effective management of quality systems to ensure the laboratory is functioning at the highest quality standards with appropriate documentation and measures of quality implemented. Third, there must be available human capacity (laboratory technologists) that have been properly trained and certified competent. By competent, we refer to the ability of a laboratory technologist to perform an assay with associated equipment unsupervised. Over the past 3 years PEPFAR Ethiopia has registered some strides in laboratory infrastructure improvement. To name a few, PEPFAR supported the complete renovation of the national HIV reference laboratory as well as the renovation of 6 regional laboratories that are currently doing early infant diagnoses. Also major equipments have been bought for monitoring patients on ART. PEPFAR Ethiopia has assisted laboratories to enroll into external quality assurance programs for HIV monitoring, TB diagnosis as well as ensuring standard operating procedures, provided trainings and developed standard operating procedures. Laboratory technologists constitute a key component of the health work force and yet they remain a very weak area in terms of the number of personnel as well as the quality of the staff trained.

A recent WHO report indicated there was a global crisis of the health workforce that was expressed by acute shortages, poor quality, and maldistribution of staff especially in Sub-Saharan Africa (http://www.who.int/hrh/en/). In Ethiopia there is a shortage of laboratory technicians among other health workers. In the 2002/2003 Health and Health-related indicators report [by the Planning and programming department of the Ministry of Health] only 249, 223 and 302 laboratory technicians graduated from five universities with medical laboratory training in 2001, 2002 and 2003, respectively. These are relatively small numbers to cover the tiered laboratory network across the large population and vast expanse of Ethiopia that is made up of 9 regions. A 2005 Ethiopia health sector development report projected a decrease of laboratory technicians by 2007. Several reasons may be contributing to the shortage and quality of laboratory technicians including recruitment, retention, and migration. Another factor that may be contributing to poor quality is that laboratory technologists complete their entire training program with little or no practical exposure to equipment routinely used in public health laboratories. Graduating laboratory technologists are ill-equipped simply because the training schools lack these instruments. The disadvantage with the current system is that when students graduate from training schools and gain employment into public health laboratories, as new employees, they are required to spend at least six months in orientation and familiarization with the equipment in their work place. This is valuable time lost, which otherwise, would have been dedicated to specimen management and testing and/or other laboratory activities. Furthermore, these newly-trained but inexperienced staff risk disrupting the normal flow of laboratory activities when the lab is compelled to now train them and risk misuse of expensive equipment. Also there is poor access to literature by the training school due to lack of computers. Access to literature is a valuable source of material or knowledge for laboratory technicians in training schools for use to improve and hone their skills.

There is the need to address these problems to avoid the negative impact it will have on health care systems if unqualified technicians are left to staff the laboratories. In Ethiopia, five universities have medical laboratory training colleges and have a total student population for laboratory technologists of 2,486; with Jimma University having (n=700 students), Haramaya University (n=325), Hawassa (n=430), Addis Ababa University (n=620), and Gonder University (n=411). These universities constitute a valuable source for producing laboratory technicians for use in the health sector and between them they graduate about 500-600 laboratory technicians a year. If 600 graduates have to spend an additional 6 months post-graduate to learn and have hands on experience on the equipment, that is 3,600 months or 30 person-years that would be returned to the workforce by equipping the schools so that they are competent upon graduation. To improve the quality of student laboratory technicians and expand the number of graduates who have sufficient exposure to equipments in routine clinical laboratories, PEPFAR Ethiopia will support and ensure procurement of laboratory equipment to pilot in 3 Universities' medical laboratory technologist training programs and this will be rolled out in subsequent years. A detailed assessment will be done among the Universities to select 3 for the pilot phase. Some of the selection criteria will be the ability for the University to demonstrate uninterrupted supply of reagents for use with equipment, proper maintenance, laboratory space and quality supervision. This is critical in addressing the acute shortage of qualified clinical laboratory technicians. This involves procurement of biosafety cabinets (for protection of personnel and environment while processing specimens), clinical chemistry, hematology, advanced sero-diagnostic equipment (ELISA washers and readers), CD4 machines and computers. These equipments will be installed with appropriate trainings on their use as well as performing preventive maintenance. Additionally, there will be development and provision of courses on laboratory management. By providing equipment to training colleges, laboratory technologists will train on them, hone their skills and be certified competent on the use of the equipment while still in school. Instead of unnecessary delays, upon graduating, PEPFAR support will allow the staff to be highly skilled, confident, and capable of immediately filling the critical shortage of clinical laboratory technologists for delivering quality laboratory services.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3793.09
Mechanism: WHO-CDC
Prime Partner: World Health Organization
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Care: TB/HIV
Budget Code: HVTB
Program Budget Code: 12
Activity ID: 18463.28781.09
Planned Funds: $1,500,000
Activity System ID: 28781

Activity Narrative: Strengthening Human Resources, MDR-TB control, and TB Infection Control

ACTIVITY UNCHANGED FROM FY2008

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.

New/Continuing Activity: Continuing Activity
Continuing Activity: 18463

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18463	18463.08	HHS/Centers for Disease Control & Prevention	World Health Organization	7524	3793.08	WHO-CDC	$1,395,000

Emphasis Areas

Construction/Renovation

Health-related Wraparound Programs

* Child Survival Activities
* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 683.09
Mechanism: ***
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: TB/HIV
Budget Code: HVTB
Program Budget Code: 12
Activity ID: 28793.09
Planned Funds: [redacted]
Activity System ID: 28793

Activity Narrative: Comprehensive Community Based Pallitive Care

This is a new activity in the TB/HIV section in FY 2009

This activity will leverage investments in USAID's TB program in Ethiopia. This activity will provide comprehensive community-based palliative care throughout Ethiopia utilizing local civil society organizations. Previous palliative care efforts were mainly focused on improving access to Hospital and Health Center-based clinical care and basic psychosocial support services. This activity, combined with funding in Care and Support, OVC and Treatment Services, will greatly expand access to clinical and non-clinical services by individuals in the household and community level where access to health facilities is limited.

Need for engagement of civil societies and community care for TB and TB/HIV collaborative activities in Ethiopia is apparent given the low PHC coverage and availability of HIV-oriented urban Community and Home Based Care programs to pilot TB/HIV activities at the community level. The active participation of communities in TB and HIV control allows people with TB and HIV to be iden¬tified and diagnosed more quickly, especially among poor or vulnerable groups who do not normally have access to these services. Upon diagnosis, people receive better-quality care within their communities, and increased awareness about the disease results in less stigmatization. Treatment outcomes are also improved, and people with TB/HIV become empowered by the opportunity to make decisions about the type of care that best suits them and their community.

This program is designed to support health policy-makers – and patients' groups and local partners – in including community involvement activi¬ties in policy and practice to control TB and integrate TB/HIV activities at the community level. There is an urgent need to engage and involve people with TB and HIV and the community as part¬ners in rolling out TB/HIV services using strategies that effectively build community involvement.

This activity will receive funds for TB/HIV work to 1) improve access to TB suspect (of any HIV status) to be referred to health facilities for diagnosis of both TB and HIV; 2) improve linkages between community-based care and public sector TB programs; and 3) improve access and strengthen adherence to TB treatment by implementing Community DOTS services within community-based HIV/AIDS palliative care programs. Implementation of Community DOTS services will be implemented by Home Based Care Volunteers under the supervision of Nurse Supervisors during their provision of care. All clients who are HIV positive will be monitored for symptoms of TB and referred accordingly. All clients on TB or ART treatment will receive adherence promotion and monitoring services that exceed the current capability of health care professionals in the public sector given patient loads.

Anti-TB drugs will be secured from Regional Health Bureaus and local authorities and adequate structures will be developed to further enhance the implementation of Community DOTS.

The summary and elements are noted below.

Summary
The USG has supported local organizations to provide palliative care services and develop multi-stakeholder referral networks between community, health center and hospital services since 2001. Using lessons learned from this experience, the Contractor shall strengthen and expand community-based palliative care programs in urban and periurban areas. Component 1 focuses on care services delivered at the community and household level delivering basic and advanced palliative care including community TB DOTS, adherence promotion, and monitoring utilizing case management methodologies.

Elements and Approaches for Community and Home-Based Care
The Contractor shall work through local civil society organizations by building technical and organizational capacity to implement community-based care programs. Funding for this activity shall address:
• Work closely with ART treatment sites (hospitals, health centers) to ensure community follow-up of all enrolled HIV patients
• Ensure the provision of basic and advanced palliative care including complementary commodities, and psychosocial counseling through laypersons is provided with from the oversight of nurses and social workers.
• Ensures the availability of basic care commodities and services
• Ensure the provision of adherence promotion and monitoring of clinical therapy in addition to supporting health facilities trace defaulters.
• Deliver low-cost, evidence-based preventive care and linkages to other public health interventions at the household level.
• Establishment or transition of Mother Support Groups into community settings.
• providing support to people living with HIV and AIDS (PLWHA) and their families, including home visits, provision of
• Ensure support to orphans and vulnerable children (OVC), both infected and affected by HIV and AIDS, in one or more of the six intervention areas identified in the PEPFAR OVC guidance (refer to additional background documents attached_

USAID requires that CSOs be trained in delivering family-centered palliative care with a focus on the priorities set by the family through its active participation in identifying problems that compromise its health and well-being. Other characteristics of such care are team planning, development, and support; and a focus on outcomes. Interpersonal, interactive including community conversations and other forms of communications may be utilized to mobile families for behavior change and to clarify misconceptions about HIV and access to ART services.

Specific TB/HIV activities will include: TB suspect identification and referral; DOTS support; Retrieval of treatment interrupters; Identification of treatment supporters such as family members or community agents

Activity Narrative: from local NGOs working with local governments in establishing DOTS points for patients residing in urban areas that have PHC access issues (i.e. overcrowding, understaffing). Community agents may support CHBC and Health Facility staff by serving as Cough Officers at facility level to ensure that patients with chronic cough (>3wks) are immediately identified and separated from 'regular' patients and provided with TB diagnostic work-up as part of the administrative control measures in TB Infection Control. This will be linked with the IMAI roll-out at health facilities. Many of the TB patients require support for longer periods from civil society structures that aren't well integrated with the HIV program.

The activity can play major role in promoting PICT at grass root level through IE/BCC, referral of suspects and linking HIV+ clients to care and support services.

Finally, the activity will result in bottom line improvements in intensified case finding, infection Control and INH prophylaxis.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 673.09

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: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 12314.27971.09

Planned Funds: $1,000,000

Activity System ID: 27971

Activity Narrative: improving Diagnosis of TB in HIV Positive Persons & Introducing Liquid Culture Diagnosis

ACTIVITY UNCHANGED FROM FY2008 (no Update needed)

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16652

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16652	12314.08	HHS/Centers for Disease Control & Prevention	Ethiopian Health and Nutrition Research Institute	7490	673.08	Expansion of HIV/AIDS/STI/TB Surveillance and Laboratory Activities in the FDRE	$1,634,280
12314	12314.07	HHS/Centers for Disease Control & Prevention	Ethiopian Health and Nutrition Research Institute	5493	673.07		$1,330,000

Emphasis Areas

Construction/Renovation

Health-related Wraparound Programs

* TB

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 7609.09

Mechanism: Care and Support Project

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 5749.27960.09

Planned Funds: $1,000,000

Activity System ID: 27960

Activity Narrative: Expansion on TB/HIV Sites

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The activity will continue in COP 09 to scale-up TB/HIV sites reaching 550 health centers, despite the decrease of budget. This activity will be linked with University partners' TB/HIV activities at hospitals, strengthening referral systems and laboratory TB screening and diagnosis. This activity will be implemented in conjunction with PEPFAR and NON-PEPFAR TBCAP activities by the three in-country partners KNCV, WHO and MSH to improve MDR-TB treatment and TB infection control activities.

FY 08 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 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

Activity Narrative: 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.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16598

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16598	5749.08	U.S. Agency for International Development	Management Sciences for Health	7609	7609.08	Care and Support Project	$1,534,500
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

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3786.09

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: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 5751.27916.09

Planned Funds: $560,000

Activity System ID: 27916

Activity Narrative: TB/HIV Linkage at Hospital Level

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 08, I TECH has supported TB/HIV collaborative activities in 35 health facilities through providing training for 189 health care providers, routine HIV counseling and testing at TB clinic, intensified case detection in ART clinic and provision of IPT and CPT in Operational Zone 1 (Afar, Amhara, and Tigray regions). I TECH has also supported the establishment of THAC in Tigray region to coordinate the implementation of full package of TB/HIV activities. More over, I TECH is an active member of national TB/HIV and MDR TB Technical Working Groups.

In FY09, I-TECH will strengthen its support to MOH in the TB/HIV program implementation in line with FMOH and OGAC priorities.
TB infection control will be given more emphasis in all HIV care and treatment clinics and wards. Due emphasis will be given at all facilities in facilitating early detection of infectious TB cases and timely initiation of treatment and follow up till completion to render them non infectious. Ventilation and lighting will be considered during renovations and refurbishment of patient examination and counseling rooms, wards and patient waiting areas. TB infection control measures will be incorporated as part of the hospitals comprehensive infection control plan. Due attention will be given to prevent spread of TB to other patients and health care workers at all HIV related clinics through health education, cough triage in the out patient clinics and isolation of admitted infectious TB patients in the wards.
MDR-TB: As an active member of the national MDR-TB technical working group, I-TECH will participate in the development and revision of MDR-TB management guideline, protocols and tools. I-TECH will also support MOH's MDR-TB management initiative both the pilot program at St. Peter's Hospital and the expansion plan to the regional referral Hospitals.
TB/HIV M&E: Intensive training, supportive supervision and mentorship will be provided to I-TECH supported facilities to strengthen the TB/HIV information system to generate good quality data. I-TECH will also assist national and regional TB/HIV review meetings and joint supportive supervisions. A standard operative procedure will be introduced at the facilities to generate and timely report good quality TB/HIV data to the national level. The TB/HIV national surveillance sites will given due attention in strengthening their TB/HIV information system to be able to report on the core TB/HIV activity indicators to the national level in a sustainable manner.
Pediatric TB/HIV: In FY09, more emphasis will be given during the TB/HIV trainings and site level mentorship in building the capacity and knowledge of health care workers in pediatric TB diagnosis and TB/HIV co-management. Pediatric TB and IPT eligibility screening tools will be used to evaluate HIV exposed and infected children. All eligible TB/HIV co-infected children will be linked to HIV related care and treatment services through intra-facility and inter-facility referrals. The revised TB/HIV reporting format with age break down which enables reporting of pediatric TB/HIV activities separately will be used for TB/HIV activity reporting at all sites.

TB infection control will be given more emphasis in all HIV care and treatment clinics and wards. Due emphasis will be given at all facilities in facilitating early detection of infectious TB cases and timely initiation of treatment and follow up till completion to render them non infectious. Ventilation and lighting will be considered during renovations and refurbishment of patient examination and counseling rooms, wards and patient waiting areas. TB infection control measures will be incorporated as part of the hospitals comprehensive infection control plan. Due attention will be given to prevent spread of TB to other patients and health care workers at all HIV related clinics through health education, cough triage in the out patient clinics and isolation of admitted infectious TB patients in the wards.

In FY09, I-TECH will continue to strengthen and expand TB/HIV activities in Operational Zone 1 at the 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 strengthen 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.

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. ITECH 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.

Activity Narrative: 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. And in FY08, capacity building was provided in the area of human resource development and establishing TB/HIV information system. TB/HIV collaborative activity has been initiated at 5 facilities in the Afar region. In FY09 continuous support will be provided to the facilities in the pastoralist area which have initiated TB/HIV activities through capacity building and close follow up to strengthen and further scale up TB/HIV services to improve quality of care, information system and service access.
I-TECH will support the MOH, HAPCO, and CDC efforts to purchase and install chest x-ray machines for hospitals in I-TECH supported 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16657

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16657	5751.08	HHS/Health Resources Services Administration	University of Washington	7487	3786.08	Rapid expansion of successful and innovative treatment programs	$441,750
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

Emphasis Areas

Construction/Renovation

Health-related Wraparound Programs

* Child Survival Activities
* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3787.09

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: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 5754.27927.09

Planned Funds: $336,800

Activity System ID: 27927

Activity Narrative: TB/HIV Linkage Support at Hospital Level

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 08, JHU has been expanding TB/HIV collaborative activities from 34 to 46 health facilities including health centers in emerging regions and private hospitals to providing HIV counseling and testing of TB patients in TB clinic, 3180 new HIV positive patients were screened for TB and 444 health care workers were trained in TB/HIV. More over, JHU has participated in the national MDR-TB management working group and have supported the development of proposal for second line anti TB treatment to the green light committee and the MDR-TB management implementation guideline.

In FY09, Johns Hopkins University – Bloomberg School of Public Health (JHU-BSPH) will strengthen its support to MOH in the TB/HIV program implementation in line with Ethiopian Federal Ministry of Health (MOH) and the Office of the Global AIDS Coordinator (OGAC) priorities.
TB infection control will be given more emphasis in all HIV care and treatment clinics and wards. Due emphasis will be given at all facilities in improving early detection of infectious TB cases and timely initiation of treatment and follow up till completion in order to render them non infectious. Ventilation and lighting will be considered during renovations and refurbishment of patient examination and counseling rooms, wards, and patient waiting areas. TB infection control measures will be incorporated as part of the hospitals' comprehensive infection control plan. Due attention will be given to prevent the spread of TB to other patients and health care workers at all HIV-related clinics through health education, cough triage in the outpatient clinics, and isolation of admitted infectious TB patients in the wards.

MDR-TB: As an active member of the national MDR-TB technical working group, JHU-BSPH will participate in the development and revision of MDR-TB management guidelines, protocols, and tools. JHU-BSPH will also support MOH's MDR-TB management initiative through both the pilot program at St. Peter's Hospital and the expansion plan to the regional referral hospitals.

TB/HIV Monitoring and Evaluation (M&E): Intensive training, supportive supervision, and mentorship will be provided to JHU-BSPH-supported facilities to strengthen the TB/HIV information system to generate good quality data. JHU-BSPH will also assist national and regional TB/HIV review meetings and joint supportive supervisions. A standard operating procedure (SOP) will be introduced at the facilities to generate timely reporting and good quality TB/HIV data to the national level. The TB/HIV national surveillance sites will given due attention in strengthening their TB/HIV information system to be able to report on the core TB/HIV activity indicators to the national level in a sustainable manner.

Pediatric TB/HIV: In FY09, more emphasis will be given during the TB/HIV trainings and site level mentorship in building the capacity and knowledge of health care workers in pediatric TB diagnosis and TB/HIV co-management. Pediatric TB and Intermediate Presumptive Treatment (IPT) eligibility screening tools will be used to evaluate HIV-exposed and infected children. All eligible TB/HIV co-infected children will be linked to HIV-related care and treatment services through intra-facility and inter-facility referrals. The revised TB/HIV reporting format, which includes age break down, enables reporting of pediatric TB/HIV activities separately and will be used for TB/HIV activity reporting at all sites.

An integrated TB/HIV program is an essential component of the comprehensive HIV care preventive package. With this program, JHUBSPH 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).

Moreover, Tuberculosis infection control is a major concern in resource-limited settings. With the high volume of TB patients seen in many health facilities in Ethiopia and the limited availability of infection control practices, there is a concern for nosocomial TB transmission, including transmission to healthcare workers.

JHU will closely work with CDC-Ethiopia to establish a system for monitoring and evaluation of TB among facility staff at the United States President's Emergency Plan for AIDS Relief (PEPFAR)-supported HIV care & treatment sites. As a first step, CDC-DTBE-IRPB will collaborate with CDC-Ethiopia and JHU to conduct a baseline assessment of nosocomial transmission of TB to healthcare workers at selected healthcare facilities. Data will be gathered through interviews with hospital staff and administration to determine the burden of TB among healthcare workers and to attempt to calculate rates of TB disease among workers. This will help to determine the infection control needs for the country, as well as help to determine the efficacy of planned interventions. This activity will be complementary with the infection control activities of WHO, and technical assistance will be provided by CDC Atlanta to assist in the implementation of this activity.

Support will be provided to St. Peter's TB Hospital in serving 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 to be provided to the staff working at the hospital.

In FY09, 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 (WHO) 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

Activity Narrative: Antiretroviral Therapy (ART) and PPM-directly observed therapy services, in addition to expansion of 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 the International Center for AIDS Care and Treatment Programs – Columbia University (ICAP-CU) as the lead TB-implementing partner among university partners, current didactic materials will be modified to reflect current needs.

In FY09, JHU-BSPH will continue to implement previous interventions, such as:
1) Expansion of PICT for TB patients
2) Referral of HIV/TB patients for HIV-related care including CTX and ART
3) TB screening in HIV care and treatment settings with improved documentation of these activities at the HIV clinic
4) IPT for HIV-positive patients in whom active disease has been safely ruled out, and
5) 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, implemented in FY08, 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, FY07, and FY08, JHU-BSPH initiated and continued its 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16634

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16634	5754.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	7485	3787.08	Support for program implementation through US-based universities in the FDRE	$316,800
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

Emphasis Areas

Construction/Renovation

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	5483.09	**Mechanism:**	TBD/CDC
Prime Partner:	To Be Determined	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: TB/HIV
Budget Code:	HVTB	**Program Budget Code:**	12
Activity ID:	28791.09	**Planned Funds:**	[redacted]
Activity System ID:	28791		

Activity Narrative: Infrastructure Development and Rapid baseline surveillance for XDR TB

ACTIVITY UNCHANGED FROM FY 2008 (no Update needed)

FY 2008 ACTIVITY NARRATIVE
Even though there are not many 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 “re-treatment 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, purchase and maintenance of equipments, 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. XDR surveillance reports will be disseminated in a review meeting for the region and findings will be shared with PEPFAR partners.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3784.09

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: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 5750.27901.09

Planned Funds: $548,000

Activity System ID: 27901

Activity Narrative: TB/HIV Linkage at Hospital Level

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 08, ICAP has continued to support TB/HIV collaborative activities in 43 health facilities through providing routine HIV counseling and testing for almost 95% of TB patients in the operational area, Screening of TB in HIV positive clients and training of 165 health care providers in TB/HIV. In addition, ICAP has also provided Technical and financial support provided in the revision, printing and distribution of the revised TB unit register and TB/HIV reporting format as part of improving the national TB/HIV M&E system.

In FY 09, International Center for AIDS Care and Treatment Programs - Columbia University - (ICAP-CU) will strengthen its support to MOH in the TB/HIV program implementation in line with Ethiopian Federal Ministry of Health (MOH) and the Office of the Global AIDS Coordinator (OGAC) priorities.

TB infection control will be given more emphasis in all HIV care and treatment clinics and wards. Due emphasis will be given at all facilities in improving early detection of infectious TB cases and timely initiation of treatment and follow up till completion in order to render them non infectious. Ventilation and lighting will be considered during renovations and refurbishment of patient examination and counseling rooms, wards, and patient waiting areas. TB infection control measures will be incorporated as part of the hospitals' comprehensive infection control plan. Due attention will be given to prevent the spread of TB to other patients and health care workers at all HIV-related clinics through health education, cough triage in the outpatient clinics, and isolation of admitted infectious TB patients in the wards.

MDR-TB: As an active member of the national MDR-TB technical working group, ICAP-CU will participate in the development and revision of MDR-TB management guidelines, protocols, and tools. ICAP-CU will also support MOH's MDR-TB management initiative through both the pilot program at St. Peter's Hospital and the expansion plan to the regional referral hospitals.

TB/HIV M&E: Intensive training, supportive supervision, and mentorship will be provided to ICAP-supported facilities to strengthen the TB/HIV information system to generate good quality data. ICAP-CU will also assist national and regional TB/HIV review meetings and joint supportive supervisions.

Pediatric TB/HIV: In FY09, more emphasis will be given during the TB/HIV trainings and site level mentorship in building the capacity and knowledge of health care workers in pediatric TB diagnosis and TB/HIV co-management. Pediatric TB and IPT eligibility screening tools will be used to evaluate HIV-exposed/infected children. All eligible TB/HIV co-infected children will be linked to HIV-related care and treatment services through intra-facility and inter-facility referrals. The revised TB/HIV reporting format, which includes age break down, enables reporting of pediatric TB/HIV activities separately and will be used for TB/HIV activity reporting at all sites.

ICAP-CU has extensive experience strengthening linkages between 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. 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 a symposium on updates on TB/HIV follow up and management, especially in the area of the 'three I s'.

In COP09, ICAP-CU will continue to provide intensive training, supportive supervision, and mentorship to coordinate activities between TB and HIV-related clinics, in patient wards, in patient referrals and in the recording and reporting of TB/HIV activities. A standard operating procedure (SOP) will be introduced at the facilities to generate timely reporting and good quality TB/HIV data to the national level. ICAP-CU will also assist national and regional TB/HIV review meetings and joint supportive supervisions. The TB/HIV national surveillance sites will be given due attention in strengthening their TB/HIV information system to be able to report on the core TB/HIV activity indicators to the national level in a sustainable manner.

Tuberculosis is an important cause of morbidity and mortality among children in high TB and HIV burden settings such as Ethiopia. However, TB diagnosis is challenging in the pediatric population and is often under-reported. In 2006, the World Health Organization (WHO) published a guidance document on childhood TB that included revised recommendations for the age groups for recording and reporting of childhood TB. In order to gather information critical for ordering child-friendly formulations of anti-TB drugs, and in order to monitor disease trends, pediatric TB should now be reported in two age groups: children 0-4 years old and children 5-14 years old.

In order to inform program planning to address TB/HIV among children, CDC-DTBE-IRPB will collaborate with CDC-Ethiopia and Columbia University to enhance routine monitoring and evaluation through a surveillance evaluation of new TB registers and recording and reporting by revised age categories (0-4 years old and 5-14 years old) at selected sites. This will help to characterize the epidemiology of childhood TB as well as TB/HIV co-infection in Ethiopia, to describe the reach of TB/HIV collaborative activities to the pediatric population, and to identify challenges in childhood TB diagnosis/treatment and recording and reporting. Technical assistance will be provided by CDC Atlanta to assist in the implementation of this activity.

Activity Narrative: In FY09, ICAP-CU will continue to 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 in creating and expanding 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 as part of comprehensive HIV/AIDS service delivery
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 Antiretroviral Therapy (ART) sites, but will 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 age 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 positive (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 TB culture specimens to regional labs, 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

New/Continuing Activity: Continuing Activity

Continuing Activity: 16670

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16670	5750.08	HHS/Centers for Disease Control & Prevention	Columbia University	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	$528,000
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

Emphasis Areas

Construction/Renovation

Health-related Wraparound Programs

* Child Survival Activities

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 7612.09

Mechanism: Health Care Financing

Prime Partner: Abt Associates

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 5604.28319.09

Planned Funds: $500,000

Activity System ID: 28319

Activity Narrative: Private Sector Program

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity remains similar to activities described in the COP08 narrative. Budget increase is attributed to expansion of private clinics requiring external quality control, supportive supervision and training. Therefore this narrative will not be d in COP09 with exception to targets.

COP 08 ACTIVITY NARRATIVE:

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 providing 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).

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16567

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16567	5604.08	U.S. Agency for International Development	Abt Associates	7471	645.08	Private Sector Program	$340,000
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

Emphasis Areas

Health-related Wraparound Programs

* TB

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 8135.09

Mechanism: TBCAP

Prime Partner: Royal Netherlands TB Foundation

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 18568.28194.09

Planned Funds: $662,500

Activity System ID: 28194

Activity Narrative: Technical Assistance to (TB) TB/HIV Prevention and Control in Ethiopia

ACTIVITY UNCHANGED FROM FY2008

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

Activity Narrative: 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
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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18568

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18568	18568.08	U.S. Agency for International Development	Royal Netherlands TB Foundation	8135	8135.08	TBCAP	$1,162,500

Emphasis Areas
Construction/Renovation
Health-related Wraparound Programs
* Child Survival Activities
* TB

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$1,162,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	3785.09	**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:**	Care: TB/HIV
Budget Code:	HVTB	**Program Budget Code:**	12
Activity ID:	5752.28218.09	**Planned Funds:**	$120,000
Activity System ID:	28218		

Activity Narrative: TB/HIV at the Uniformed-Services Health-Facility Level

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 08, UCSD has continued to support TB/HIV collaborative activities in 15 uniformed services in providing site level mentoring and supervision, training of 276 health care providers and organizing awareness creation workshops on MDR TB. UCSD has also continued to strengthen TB/HIV collaborative activities through integration of TB with other HIV related services. In addition, UCSD has piloted Fluorescent microscopy and bleach techniques for TB diagnosis at limited facilities that have shown to improve the sensitivity of TB smear microscopy.

In FY 09, UCSD will strengthen its support to MOH in the TB/HIV program implementation in line with FMOH and OGAC priorities.
TB infection control will be given more emphasis in all HIV care and treatment clinics and wards. Due emphasis will be given at all facilities in facilitating early detection of infectious TB cases and timely initiation of treatment and follow up till completion to render them non infectious. Ventilation and lighting will be considered during renovations and refurbishment of patient examination and counseling rooms, wards and patient waiting areas. TB infection control measures will be incorporated as part of the hospitals comprehensive infection control plan. Due attention will be given to prevent spread of TB to other patients and health care workers at all HIV related clinics through health education, cough triage in the out patient clinics and isolation of admitted infectious TB patients in the wards.

MDR-TB: As an active member of the national MDR-TB technical working group, UCSD will participate in the development and revision of MDR-TB management guideline, protocols and tools. UCSD will also support MOH's MDR-TB management initiative both the pilot program at St. Peter's Hospital and the expansion plan to the regional referral Hospitals.

TB/HIV M&E: Intensive training, supportive supervision and mentorship will be provided to UCSD supported facilities to strengthen the TB/HIV information system to generate good quality data. UCSD will also assist national and regional TB/HIV review meetings and joint supportive supervisions. A standard operative procedure will be introduced at the facilities to generate and timely report good quality TB/HIV data to the national level. The TB/HIV national surveillance sites will given due attention in strengthening their TB/HIV information system to be able to report on the core TB/HIV activity indicators to the national level in a sustainable manner.

Pediatric TB/HIV: In FY09, more emphasis will be given during the TB/HIV trainings and site level mentorship in building the capacity and knowledge of health care workers in pediatric TB diagnosis and TB/HIV co-management. Pediatric TB and IPT eligibility screening tools will be used to evaluate HIV exposed and infected children. All eligible TB/HIV co-infected children will be linked to HIV related care and treatment services through intra-facility and inter-facility referrals. The revised TB/HIV reporting format with age break down which enables reporting of pediatric TB/HIV activities separately will be used for TB/HIV activity reporting at all sites.

Description of the Project:
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 FY08, that activity continued and the number of supported sites was expanded from 13 to 46.

In FY08, 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.

TB infection control will be given more emphasis in all HIV care and treatment clinics and wards. Due emphasis will be given at all facilities in facilitating early detection of infectious TB cases and timely initiation of treatment and follow up till completion to render them non infectious. Ventilation and lighting will be considered during renovations and refurbishment of patient examination and counseling rooms, wards and patient waiting areas. TB infection control measures will be incorporated as part of the hospitals comprehensive infection control plan. Due attention will be given to prevent spread of TB to other patients and health care workers at all HIV related clinics through health education, cough triage in the out patient clinics and isolation of admitted infectious TB patients in the wards.

As an active member of the national MDR-TB technical working group, I-TECH will participate in the development and revision of MDR-TB management guideline, protocols and tools. I-TECH will also support MOH's MDR-TB management initiative both the pilot program at St. Peter's Hospital and the expansion plan to the regional referral Hospitals. UCSD will also advocate and closely work with MOH and EHNRI and CDC -Ethiopia to establish TB culture facility and initiating MDR-TB management at the referral uniformed service hospital in Addis Ababa.
Intensive training, supportive supervision and mentorship will be provided to I-TECH supported facilities to strengthen the TB/HIV information system to generate good quality data. UCSD will also assist the national and regional TB/HIV review meetings and joint supportive supervisions. A standard operative procedure will be introduced at the facilities to generate and timely report good quality TB/HIV data to the national level.

In FY09, more emphasis will be given during the TB/HIV trainings and site level mentorship in building the capacity and knowledge of health care workers in pediatric TB diagnosis and TB/HIV co-management. Pediatric TB and IPT eligibility screening tools will be used to evaluate HIV exposed and infected children. All eligible TB/HIV co-infected children will be linked to HIV related care and treatment services through

Activity Narrative: intra-facility and inter-facility referrals. The revised TB/HIV reporting format with age break down which enables reporting of pediatric TB/HIV activities separately will be used for TB/HIV activity reporting at all sites.

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 46 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 FY09, UCSD plans to strengthen activities that have already been initiated and implement the program in the existing 46 sites, including the 15 regional prisons where the incidence of TB is high. A total of 76 uniformed-service sites will have TB/HIV collaborative services in FY09.

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. 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 work with prisons administration to introduce early TB case detection and TB infection prevention measures in the central and regional prisons. UCSD will also work with MOH, CDC and other partners on prevention and management of MDR –TB.

In FY09, UCSD will strengthen its support to the uniformed service facilities 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 onsite 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.
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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16620

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16620	5752.08	HHS/Centers for Disease Control & Prevention	University of California at San Diego	7483	3785.08	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

Emphasis Areas

Construction/Renovation

Health-related Wraparound Programs

* Child Survival Activities

* TB

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 496.09

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: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 17754.28029.09

Planned Funds: $600,000

Activity System ID: 28029

Activity Narrative: Improving TB diagnosis and TB/HIV Monitoring and Evaluation

ACTIVITY UNCHANGED FROM FY2008 (no Update needed)

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., florescent 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17754

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17754	17754.08	HHS/Centers for Disease Control & Prevention	Federal Ministry of Health, Ethiopia	7488	496.08	Improving HIV/AIDS Prevention and Control Activities in the FDRE MOH	$600,000

Emphasis Areas

Construction/Renovation

Health-related Wraparound Programs

* Child Survival Activities
* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 118.09 **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:** Care: TB/HIV

Budget Code: HVTB **Program Budget Code:** 12

Activity ID: 18727.27989.09 **Planned Funds:** $84,154

Activity System ID: 27989

Activity Narrative: Management and Staffing

There has been no change in staffing from FY 2008

The TB/HIV Specialist provides technical, management, and coordination services in support of USAID/Ethiopia's PEPFAR program. The Specialist is responsible for a broad range of planning, monitoring, coordination, capacity building, and implementation of tasks related to TB/HIV in Ethiopia, namely strengthening institutions, training health providers and assist in rapid scaling – up of access to TB/HIV care. The Specialist also is responsible to continue working with national governments and partners to improve the policy environment for TB/HIV coordinated activities. The Specialist works on decreasing morbidity and mortality by increasing case detection and treatment success of pulmonary TB patients with more focus on five major areas: 1) Advocacy; 2) DOTS expansion; 3) Public Private mix; 4) TB/HIV; 5) Human Resource Development in USAID priority countries. TB/HIV Specialist is supervised by the Care and Support Advisor. In addition, the Specialist will provide extensive technical assistance to the Federal Ministry of Health (MoH), regional and local governments of Ethiopia.

In addition, funding for USAID staff in the HVTB program area covers short-term technical assistance from Washington and/or USAID/East Africa including program evaluation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18727

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18727	18727.08	U.S. Agency for International Development	US Agency for International Development	7479	118.08	USAID M&S	$300,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 8181.09 **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:** Care: TB/HIV

Budget Code: HVTB **Program Budget Code:** 12

Activity ID: 18738.28994.09 **Planned Funds:** $33,400

Activity System ID: 28994

Activity Narrative: CDC M&S

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Budget has been adjusted to remove local expenses related to the TB/HIV USDH.

COP08 ACTIVITY NARRATIVE:
This activity represents the direct technical assistance which is provided to partners by CDC Staff. The amount represents the salary and benefit cost 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18738

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18738	18738.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8181	8181.08	CDC-M&S	$265,451

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5483.09 **Mechanism:** TBD/CDC

Prime Partner: To Be Determined **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Care: TB/HIV

Budget Code: HVTB **Program Budget Code:** 12

Activity ID: 28856.09 **Planned Funds:** [redacted]

Activity System ID: 28856

Activity Narrative: Management and Staffing

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
Based on an assessment of program priorities, the direct hire position, TB/HIV Advisor has been abolished. These responsibilities will be covered by the Associate Director for Care and Treatment. The TB/HIV Advisor position has been redefined as Associate Director for Prevention.

FY 2008 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.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 13 - HKID Care: OVC

Total Planned Funding for Program Budget Code: $34,062,269

Program Area Narrative:

“Know Your Epidemic” is paramount to the success of the PEPFAR/Ethiopia Team. The 2007 estimate indicates a low-level generalized epidemic for Ethiopia with an overall HIV prevalence of 2.1%. This prevalence estimate does not, however, tell the full story of the epidemic here where the majority of infections occur in urban settings. The 2007 single point prevalence study estimates urban prevalence is 7.7% (602,740 persons living with HIV and AIDS (PLWH)) and rural prevalence is 0.9% (374,654 PLWH).

The Government of Ethiopia’s single point estimate issued in 2007 states Ethiopia should now have almost 5.5 million orphans; 16 percent of whom are due to AIDS. This includes 640,802 maternal orphans, 550,300 paternal orphans, and 304,282 dual orphans due to AIDS. The majority of orphans due to HIV/AIDS are in Amhara (39%), Oromia (22.4%) and SNNPR (14.1%).

The remaining causes of orphaning are due to food insecurity, conflict, natural disasters, malaria, and infectious diseases. Only 65.2 percent of 10 to 14 year olds, and 52% of children 15-17, live with both parents, according to the 2005 Demographic and Health Survey. 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 along with stigma and discrimination. This vulnerability can increase children’s risk for exposure to HIV.

The rising cost of food has intensified the vulnerability of children and requires that PEPFAR Ethiopia, intensify our focus on food and nutrition security. Support to the primary food and nutrition partners' interventions, World Food Program and Food by Prescription, will expand in response to this growing food crisis. Through these programs, food access has improved for over 15,000 households and 40,000 OVC in FY08.

FY08 target achievements are on track for the OVC program with over 550 community partnerships providing support to 400,000 OVC as of March 2008. Successful approaches highlighted in the May 2008 evaluation of the PC3 program include working with existing local structures and increasing their capacity to mobilize resources and prioritize interventions. These efforts will be expanded in FY09 through the newly awarded FY08 APS recipients and the focus on family-centered care and support. The FY09 APS and the PC3 follow-on activity will further expand the application community networks engaged in providing comprehensive care and support to families affected by HIV.

Increased support to education sector activities will improve the reach of school feeding programs. Approximately 12 percent of any elementary student body is considered OVC. OVC targets for all food and nutrition activities of PEPFAR Ethiopia will increase in FY09. USAID convened PEPFAR OVC stakeholders in September 2008 to begin mapping revised strategic approaches for improving food and nutrition security. Consensus is being reached on the critical minimum results for all PEPFAR Ethiopia OVC partners. This will likely include access to safe water, hygiene and nutrition education, and household economic strengthening.

Mapping data generated in FY07 and expanded in FY08 is being used to increase coordinated care at community level, especially relating to food and education access and referrals to clinical care. Challenges relating to HIV and AIDS stigma and access to quality health facilities remain the primary barriers to increasing referrals to counseling and testing, PMTCT, palliative care, and ART. A focus on family-centered care and support through improved community networks will tackle these challenges by identifying most promising practices and supporting community exchanges. The OVC National and Regional Platforms will facilitate these exchanges and support documentation for broader reach.

Data and results from the May 2008 evaluation of the Positive Change: Children, Communities, and Care (PC3) program have prompted a design change in the PEPFAR Ethiopia OVC program. Therefore, family-centered care and support is now needed to improve the quality of life for the greatest number of OVC, including children living with HIV. The intent is to keep surviving parents alive and economically viable and children free from HIV. Interdependent networks of local stakeholders will be supported to meet the needs of vulnerable families and to identify and assist families or households prior to the point of extreme vulnerability.

In COP 09, emerging regions such as Gambella and semi urban towns are included. Local and indigenous implementing agencies such as OSSA are encouraged to run OVC programs through direct relation with PEPFAR Ethiopia.

Stakeholder consensus will be reached on defining, measuring and improving community capacity to deliver on family-centered care and support. A barometer or index will be used to measure compliance with standards for improving community capacity response. Top performing communities will serve as technical resource hubs for other communities seeking to meet standards for the provision of care and support to families affected by HIV/AIDS. Priority technical areas to be demonstrated by these technical hubs include: directly improved community capacity response especially in the areas of food and nutritional security, education for OVC, household economic strengthening, and functioning referral system or case management of family-centered care.

Given Ethiopia's low and urban concentrated HIV prevalence, a major emphasis for family-centered care and support will be improved linkages between community and clinical care services to improve uptake in: counseling and testing, PMTCT, adult and pediatric ART, care and support. Ties to USG partners in reproductive health, child survival, education, economic strengthening, and malaria prevention will be strengthened to provide a continuum of care for vulnerable families. For example, one successful approach that will be continued is reaching adolescent, pregnant girls though clinic-based support groups ("Mothers to Mothers" program) to encourage HIV testing and follow up as well as provide child care training. The coordination between home-based care and OVC programming will be expanded to ensure a continuum of care for families living with HIV/AIDS. Additionally, Child Centeredness an approach that will focus on children's participation and engagement before, during and after program implementation will enable considering the voices of children and make the support meaning full and need based. This will also help to ensure that we work with our partners to provide the appropriate resources and support necessary to get to universal access to prevention, treatment, care and support for the children of Ethiopia.

The gender of a vulnerable child and of his or her caretaker has a major impact on access to essential services and on the structure of programs that provide these services. PL 109-95(President Bush recently signed into law Public Law-109-95, the "Assistance for Orphans and Other Vulnerable Children (OVC) in Developing Countries Act of 2005) acknowledges the importance of gender, with special emphasis on gender differences in land, property and inheritance rights. Access to education, ability to travel to health care sources, availability of credit, range of employment opportunities, and vulnerability to trafficking and the sex trade are common areas where gender differentials are large. USG programs will continue to be designed to recognize the many ways in which gender affects access to services and will program funds to address gender differentials.

PEPFAR Ethiopia will continue to support two seconded positions to Federal HAPCO and one to the Ministry of Women's Affairs to strengthen stakeholder coordination, policy reform, resource mobilization, and data demand and use. Leadership at the national level has improved in FY08 directly due to the inputs from these PEPFAR seconded positions. For example, agreement was reached to use Global Fund monies to support a national OVC situation analysis. PEPFAR partners will continue to support regional and community networks to strengthen government and civil society partnerships. These existing structures will be tapped to review local data, set community-wide targets, prioritize interventions, and determine best use of resources for provision of family care and support that mitigates the impacts of HIV and AIDS.

Drafting and piloting the Ethiopian Standards of Services for OVC has strengthened the partnership between government and civil

society entities to improve the wellbeing of vulnerable children in a more united way. This success will be expanded to develop community capacity standards. The rollout of service standards and the focus on quality improvement have been a joint effort of USAID and Peace Corps in Ethiopia. Discussions are underway to formalize and expand this multi-agency partnership.

PEPFAR/Ethiopia will intensify efforts in small business development and other livelihood options to increase the asset base of households caring for OVC; this includes a focus on youth livelihoods for the older OVC. Larger programs designed to address household capacity in 2009 include the Urban Gardens follow on and the Civil Society program, both of which will address food security and income generation.

PEPFAR Ethiopia support to Population Council will be increased to expand integrated approaches to reducing gender-based violence and impacts of early marriage. Activities will include sharing best practices and providing technical assistance based on piloting approaches to protecting children from harmful gender-based practices and assisting children who have been affected.

The community data management system implemented under the PC3 program will be expanded through new FY2008 and FY2009 OVC partners. This system allows for the rapid collection, organizing, and reporting of data among community stakeholders. The implementation of both service and capacity standards will inform data demand and use. Outcomes in child and family wellbeing are part of each standard and are determined based on what is realistic and meaningful to community stakeholders, especially community and clinical care service providers. For example, these local providers will meet periodically to discuss progress in meeting outcomes and determine any needed improvements in activities. Both short and long-term outcomes may be needed to prioritize actions across stakeholders. Special studies may be undertaken to provide evidence on promising practices especially in priority areas of household economic strengthening, education for OVC, and food and nutrition security.

Workforce development within GOE will continue to be supported through increasing available urban Health Extension Workers (HEW). Sustainability of these human resources is more likely given they are government positions. Human resource capacity for family-centered care and support increased in FY08 for USG.

A slight funding decrease in the PEPFAR OVC portfolio and an increase in quality improvement of services require the COP09 targets for OVC to remain consistent with COP08.

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	683.09	**Mechanism:**	***
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: OVC
Budget Code:	HKID	**Program Budget Code:**	13
Activity ID:	29759.09	**Planned Funds:**	[redacted]
Activity System ID:	29759		

Activity Narrative: April 2009 Reprogramming:

Additional funds for the Ambassador Girls Scholarship Program.

Scholarships will support vulnerable girls and orphans due to HIV attend primary and secondary school in various urban araes of Ethiopia.

Additional narrative will be submitted during the August 2009 reprogramming.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	683.09	**Mechanism:**	***
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: OVC
Budget Code:	HKID	**Program Budget Code:**	13
Activity ID:	29760.09	**Planned Funds:**	[redacted]

Activity System ID: 29760

Activity Narrative: April 2009 Reprogramming:

Additional narrative will be submitted during the August 2009 reprogramming.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 11940.09 **Mechanism:** New PHEs

Prime Partner: To Be Determined **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Care: OVC

Budget Code: HKID **Program Budget Code:** 13

Activity ID: 29251.09 **Planned Funds:** [redacted]

Activity System ID: 29251

Activity Narrative: This new PHE "Understanding and reducing sexual vulnerability of adolescent Orphans and Vulnerable Children (OVC) through effective programs" is approved for inclusion in the FY09 COP.

PHE tracking number: ET.09.0222

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation [redacted]

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 683.09 **Mechanism:** ***

Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Care: OVC

Budget Code: HKID **Program Budget Code:** 13

Activity ID: 28797.09 **Planned Funds:** [redacted]

Activity System ID: 28797

Activity Narrative: Strengthening Community Safety Nets: Scaling Up Care and Support for Orphans and Vulnerable Children Affected by AIDS

THIS IS A NEW ACTIVITY

This project was selected as one of the winning Annual Program Statement, Integrated Community Systems to Mitigate HIV/AIDS Impact on Children of 2008. The request is to continue to fund the Christian Children's Fund (CCF) that supports OVC affected by AIDS in Ethiopia through the Strengthening Community Safety Nets project. Their goal is to promote healthy child development for 50,000 children and assist 8,500 primary and secondary caregivers in Addis Ababa and Oromia through comprehensive, family centered, and child-focused care and support services. Proposed project service areas include high prevalence, underserved urban areas.

The Project will leverage and scale up the Partner's extensive experience developing comprehensive, high quality services for vulnerable children, PLWHA and their families. The project presently integrates successful strategies from ongoing programs in other countries, including the PEPFAR-funded Weaving the Safety Net project in Kenya. They have reached more than 43,500 Kenyan children with comprehensive, coordinated care in just three years and successful collaboration in the ALERT Hospital in the provision of comprehensive care and treatment program for over 8,000 adults and children living with AIDS. URC brings significant experience in improving service quality and coverage through community data collection and program monitoring systems, including current efforts to improve quality of services for vulnerable children through strengthening community and facility linkages.

To achieve their goal in Ethiopia, CCF will achieve the following objectives: 1) Increase access to and utilization of comprehensive, coordinated and family centered care for 50,000 orphans and vulnerable children. 2) Expand service access and coverage through enhanced collaboration, coordination and referrals among community, NGO, and government actors serving children. 3) Improve service quality and coverage through enhanced community data collection and program monitoring systems.

CCF will implement four effective strategic approaches:-1) building on existing foundations that community groups, HAPCO offices, NGO, C/FBO, CCF-US and CCF-Canada already have in place, the project aims to help these groups become more effective in mitigating the impact of HIV/AIDS on children and families. 2) Strengthening family capacity to care for children will increase families' ability to satisfy the immediate needs of vulnerable children.3) Focusing on Early Childhood will ensure that infants and young children receive critical, high impact child development services, while enhanced schools and early childhood development centers will 4) expanding the continuum of care for vulnerable children.

Project activities will rapidly start up in 30 kebeles (Phase 1) with expansion to the remaining 48 over the next two years (Phase 2), reaching 35,000 children through home based services, 5,000 with Early Child Hood (ECD)services, and 10,000 through school based interventions. Three levels of community-based volunteer networks will support services to orphans and vulnerable children. Community Caregivers will provide active case management, health promotion and disease prevention education, psychosocial support, and nutrition assistance. Youth Mentors will provide psychosocial support and life skills education, while Community Paralegals will promote child protection and provide legal counseling services. Community based ECD services and child friendly schools will enhance child development, education and child protection services. An effective strategy for providing Economic strengthening for youth headed households will be implemented, documented, and scaled up with additional resource mobilization. A supportive community environment for PLWHA and vulnerable children will be created through community conversations that promote behavioral change and address children's rights.

Collaborative programming platforms will enhance service linkages and referral relationships through Vulnerable Child Committees (VCC). Service mapping and updated service referral guides will expand service coverage and improve coordination. The VCC will also provide an effective entry point for technical support and managerial capacity building to local partners. Enhanced community data collection systems will facilitate service collaborative planning and synchronization with national plans and the OVC Standards of Services. The project will work with local partners to identify and refine tools to improve community level data collection. Quality Improvement Collaborative (QIC) will involve multiple actors in improving service quality and documenting effective practices.

The Project Management structure focuses resources at the kebele and community levels, balancing direct support for fledgling civil society with accountability to PEPFAR and GOE offices. A Project Director (PD), based in Addis Ababa, will have responsibility for overall project quality, coordination, and accountability. A Quality Improvement Advisor (QI) will support project staff, implementing partners and front-line service providers in data collection and QI activities. Two Project Managers, supported by a Finance Officer and an M&E Officer, will manage project activities in Addis and Oromia, respectively. Nine OVC Project Officers will support activities in the nine proposed Woredas/Sub-cities, based in existing CCF-US and CCF-C Area Project Coordination Offices. Finally, 18 Community Mobilizers will support service roll out, data collection and reporting.

The project design directly responds to the USAID and Government of Ethiopia (GOE) HIV policy priority areas, as well as the Ethiopian Standards of Service for Orphans and Vulnerable Children. The project will support evidence based interventions informed by local culture and customs, and engage vulnerable families and target communities in every stage of the project to reduce stigmatization, and increase impact and sustainability. Children and youth will be involved in service design, delivery and evaluation, and participation and support for women and young girls will help to promote gender equality and reduce their vulnerability to HIV.

At its core, CCF-US's Strengthening Community Safety Nets project builds community members' capacities to become active agents in their own well-being and survival. Each project beneficiary is a project participant; all but the youngest children will be challenged with growing their internal and external skills to

Activity Narrative: positively impact their lives and the lives of the people with whom they come in contact. This model for promoting community action enables even the most distressed communities to devise realistic solutions for their immediate and long-term physical, emotional, and economic health.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening [redacted]

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 118.09
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: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 18729.27990.09
Planned Funds: $120,750
Activity System ID: 27990

Activity Narrative: Management and Staffing

THE ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

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. This funding will also support short-term technical assistance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18729

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18729	18729.08	U.S. Agency for International Development	US Agency for International Development	7479	118.08	USAID M&S	$434,717

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3790.09

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: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 10530.28211.09

Planned Funds: $160,500

Activity System ID: 28211

Activity Narrative: Assistance to Orphans and Vulnerable Children

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

Ethiopia has experienced an influx of Somali refugees, many fleeing the current political insecurity in Mogadishu. A second camp, Aw Barre (formerly Teferiber), was established in July 2007 and a third camp, Sheder, was established in April 2008 to accommodate this influx. Given the current situation, it is expected that this number will continue to rise. In FY08 NGO medical staff working in Aw Barre Refugee Camp in the Somali region identified an unusually high instance of mental illness. There is every indication that more cases exist than have been brought forward for medical attention, including youth. In addition to patients suffering from psychosis (e.g., bi-polar disorder, schizophrenia), a psychiatrist working in the camp identified the following clusters of patients exhibiting mental problems that have previously gone untreated: a high rate (1:100) of mental retardation in Aw Barre — the normal rate is 1:1000; single mothers taking care of their siblings or children of relatives who suffer from burn-out and conversion disorders, putting the children under their care at risk; victims of sexual exploitation; and victims of bodily injuries, especially head trauma, burns and bullet wounds resulting in behavior changes such as aggression and paranoia.

In FY09 UNHCR will expand geographic coverage of services detailed in FY08 to Sheder Refugee Camp in the Somali Region and Asayita Refugee Camp in the Afar region to meet the needs of these vulnerable populations. UNHCR will also expand services to provide an expert trainer and continued expert technical assistance (professional counselor/ psychologist/ psychiatrist) for national staff and refugee social workers to address unique psychosocial needs of vulnerable children in the camps. To address challenges with coordination among partners, Child Protection Coordination Groups will be formed to assist OVC, especially in the provision of quality, timely medical care and receipt of rations.

COP08 NARRATIVE

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16690

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16690	10530.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	7506	3790.08		$107,000
10530	10530.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	5524	3790.07		$100,000

Emphasis Areas

Gender

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

Refugees/Internally Displaced Persons

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7590.09 **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: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 18284.28330.09

Planned Funds: $500,000

Activity System ID: 28330

Activity Narrative: Food and Nets for OVC

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

This is a continuing activity from FY08 which will receive OVC funding in FY09 in order to expand the focus of the project's behavior change communication program. In addition to raising awareness of PMTCT and ANC services, as noted in the below narrative, this activity will also work to increase the community's awareness of OVC issues and how they can help support needy children from their towns. Through mass media and local mobilization efforts, this activity will help community members better understand the challenges facing orphaned and vulnerable children. It will aim to motivate and link communities to the tools, resources and organizations working to help OVC.

COP08 Narrative:

C-Change, through its prime AED, and core partners CARE, Inter-news, and the University of Washington's I-TECH, will provide support to the Federal Ministry of Health by bringing a mix of skills, experience, and creativity to the design and implementation of high impact communication strategies. Our goal is to integrate mass media, interpersonal communication, and community engagement to empower Ethiopian families to take malaria-related and ANC/MNCH actions that will improve their health status. C-Change will streamline formative research and pre-testing methods, and create easy-to use, front-line teaching tools and short skills-based training that can be managed by woreda and kebele level teams. We will strengthen the capacity of regional, woreda, and kebele structures to create sustainable, cost-effective interventions that resonate with the key audiences to achieve USAID's objectives, including:

• Establishing a culture for long lasting insecticidal (LLIN) net culture, including increased demand for LLINs, increased LLIN ownership and correct and consistent use, especially among the most vulnerable groups: children under age five and pregnant women.
• Increasing community awareness about the effectiveness of indoor residual spraying (IRS) and facilitate reduced replastering.
• Improving treatment-seeking behavior (e.g., timeliness, appropriateness).
• Increasing community knowledge regarding malaria diagnosis, treatment, prevention, and control.
• Integrating HIV/AIDS programming with the activities of the President's Malaria Initiative in Ethiopia to boost antenatal care visits and enroll women in PMTCT services in Amhara and Oromia.

All activities undertaken under this award will follow five cross-cutting communication strategies:
Strategy 1: Use research to inform strategy development and programmatic design. Strategy 2: Strengthen interpersonal communication at the service delivery level. Continue work with UNICEF, the FMOH, and other partners to fill gaps and ensure all technical information can easily be communicated via a system of technical job aids. Strategy 3: Actively engage the community. Draw from ongoing programs to design a methodology and reporting system that facilitates rapid scale-up and allows community leaders to take ownership. Strategy 4: Use mass media to catalyze, change, and unify programs. Develop a strategic media mix that uses radio to promote essential actions to families and reinforces success in all aspects of malaria control and ANC/MNCH. Strategy 5: Strengthen capacity in communication. This will include mapping with each regional partner an explicit BCC capacity-building strategy that emphasizes on-the-job training and establishment of a mentoring relationship at all levels.

To prepare for the Micro-Planning Workshop, a critical activity that will be carried out during the in the first quarter, C-Change will conduct preparatory meetings with partners to assess the scope of current malaria-related activities, review BCC tools, and discuss priority communication needs. An important outcome of the Micro-Planning Workshop will be a revitalized, active BCC Task Force for Malaria that will be managed jointly by the HEC with technical support from C-Change. Given the urgent need for strengthened communication for PMI and ANC/MNCH activities, C-Change will work through the task force to jump-start activities by leveraging on-going programs. If there are important gaps in partners' overall understanding of the malaria-related behaviors and determinants, C-Change will draw up a priority list of research questions and ensure that a rapid qualitative survey is carried out. Once the results of the qualitative research are available, C-Change will organize a follow-on Communication Strategy Design Workshop that will tie together the five core strategies into one cohesive, comprehensive plan. C-Change will guide the development and production of communication tools and materials, a flexible community-based approach, and a mass-media component that includes radio spots and programs that capture and reinforce the success of ongoing efforts. The programs will be rolled out in 20 highly malarial woredas and at least 20 schools. Other community-based initiatives will be taken as appropriate.

Our overall approach will be to strengthen local networks of organizations, including the private sector/workplaces, schools, faith-based organizations, and other community-based organizations, while closely collaborating with the FMOH and the RHB. C-Change will focus on a skills-based competency approach and will devolve technical and management support roles to key partners over the life of the project. To help catalyze networks and community-based activity, C-Change will institute a small grants program. Grants will range from large awards to regional networks, such as faith-based initiatives, to small awards given to local organizations with innovative ideas.

Partners
AED, as C-Change lead, will build on its extensive global and Ethiopian experience in BCC for health including malaria to provide the overall strategic vision, lead the development and implementation of the communication strategy, and spearhead capacity-building at all levels. AED also will apply its expertise in creating assessment and monitoring and evaluation tools specifically for malaria. CARE has experience in Oromia where it is implementing projects in East Shoa. CARE will manage implementation of the community-based program in approximately five East Shoa woredas, and manage the small grants program in the three remaining zones. CARE will collaborate closely and guide the NGOs, CBOs, and FBOs during the entire grants process, including technical review, approval, and preparations for activity launch.

Activity Narrative: Inter-news through its technical trainings and workshops will improve capacity of the local journalists in understanding and reporting on malaria prevention and treatment, and lead to increased health awareness and health-seeking behaviors among the Ethiopian population, especially among vulnerable groups. I-TECH will provide technical support for curriculum development for capacity-building modules on BCC for malaria and PMTCT for health workers, building on their extensive experience training FMOH health workers.

Monitoring and Evaluation
To measure the impact of the communication strategy, C-Change will undertake a baseline assessment and establish indicators for all areas, and then repeat a rapid assessment annually to determine which intervention or mix of interventions is achieving the desired change most rapidly. C-Change will make mid-course corrections based on the survey.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18284

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18284	18284.08	U.S. Agency for International Development	Academy for Educational Development	7590	7590.08	Presidential Malaria Initiative Wraparound	$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
* Increasing women's legal rights

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $455,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 637.09 **Mechanism:** USAID-CRS

Prime Partner: Catholic Relief Services **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Care: OVC

Budget Code: HKID **Program Budget Code:** 13

Activity ID: 5733.27890.09 **Planned Funds:** $700,000

Activity System ID: 27890

Activity Narrative: Faith-based Catholic Care

ACTIVITY UNCHANGED FROM FY2008.

COP08 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16663

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16663	5733.08	U.S. Agency for International Development	Catholic Relief Services	7494	637.08	*	$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

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $200,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 603.09
Mechanism: FBO-IOCC
Prime Partner: International Orthodox Christian Charities
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 5591.28079.09
Planned Funds: $1,500,000
Activity System ID: 28079

Activity Narrative: Orphans and Vulnerable Children component of the Ethiopian Orthodox Church Development and Interchurch Aid Commission/IOCC HIV/AIDS Response Mechanism Project

ACTIVITY REMAINS UNCHANGED FROM FY2008

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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16677

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16677	5591.08	U.S. Agency for International Development	International Orthodox Christian Charities	7499	603.08	*	$984,240
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

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $685,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education $275,000

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 4059.09
Mechanism: WLI
Prime Partner: World Learning
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 18257.28091.09
Planned Funds: $3,000,000
Activity System ID: 28091

Activity Narrative: Communities and Schools for Children Affected by HIV/AIDS (CASCAID)

ACTIVITY UNCHANGED FROM FY2008.

COP08 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 PEPFAROVC 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 income0generation 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18257

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18257	18257.08	U.S. Agency for International Development	World Learning	7504	4059.08		$4,200,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education $2,500,000

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 683.09

Mechanism: ***

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 10493.28303.09

Planned Funds: [redacted]

Activity System ID: 28303

Activity Narrative: Economic Strengthening of Households Affected by HIV/AIDS

ACTIVITY UNCHANGED FROM FY2008.
This activity is a competitive procurement and the partner will be identified in the coming months.

COP08 NARRATIVE

This will be a continuing FY07 program with activities under HBHC (10499). This activity will link with other economic strengthening efforts under HKID including ATEP and IntraHealth's MSG program (10503). This activity will provide analysis and implementation of viable economic strengthening models, specifically income generation, for persons living with HIV/AIDS and older OVC in urban and peri-urban areas.

As ART access becomes widely available to persons living with HIV in specific urban and peri-urban areas, the dynamics of community based palliative care and OVC care has evolved. Several need assessment surveys done among households where persons with HIV reside or households where OVC reside revealed limited community social support, such as lack of sustainable means to obtain economic resources for food, shelter and other necessities such as transportation to clinics for ART or related services. Findings from a recent Network Assessment conducted by Johns Hopkins University indicated that a majority of care and treatment beneficiaries required community-based social services to increase the security of their household.

This activity will improve PEPFAR Ethiopia's understanding of viable economic strengthening models for persons requiring disease management services or long term social support services in a livelihood insecure setting. Findings from studies in Malawi indicate that the vast majority of orphans, approximately 95%, live with an extended family member. Often these children have limited opportunities to complete basic education or access health services because extended families are livelihood insecure. This activity will work closely with USAID's Economic Growth Office to identify and pilot best practices and technical specialization from other African and Asian countries to strengthen PEPFAR Ethiopia's continuum of care, specifically social support as the need for income generation grows. This activity's impact will be disseminated widely to the HIV/AIDS Prevention and Control Office (HAPCO) and PEPFAR partners to build upon evidence-informed approaches to social support.

An increasing number of households (HH) living with or affected by HIV struggles to meet the most basic needs of food, shelter, education, health, and protection. Without economic opportunities and sustainable income, HIV-affected households cannot meet these basic needs, making the children in the home even more vulnerable to abuse and exploitation. Children from these households who engage in transactional sex for food or cash risk becoming infected with HIV. This activity, leveraging funds in HBHC, will contribute to the larger PEPFAR Ethiopia program to reduce economic vulnerability of households affected by or living with HIV/AIDS through a range of multi-sector responses that build HH assets and mitigate risks. The spectrum of household conditions as the result of HIV/AIDS will be addressed to include youth or child headed, chronically ill, elder caregiver, single guardian, female headed, relying on exploitive or risky labor and with a member on ART. Partnerships with OVC, palliative care, and treatment programs will be central to this activity to provide access to HIV/AIDS and social services.
The primary objectives for the economic strengthening of households affected by HIV/AIDS program are: 1) Assess through value chain analysis the economic strengthening options for the spectrum of household conditions due to HIV/AIDS; 2) Implement models in approximately 10 urban and peri-urban areas highly affected by HIV/AIDS interventions covering micro-enterprise, micro-finance and/or formal sector vocational training; and 3) Provide lead technical assistance and linkages with other economic growth activities for PEPFAR programs undertaking economic strengthening activities.
Key targets for the OVC component are households caring for OVC and the older OVC, ages 15 to 18 years. More than half of the beneficiaries will be women and girls, given the particular vulnerability of female -headed households. Over 10,000 OVC will benefit from the economic strengthening of households affected by HIV/AIDS.
An emphasis will be placed on tracking the benefits of household economic strengthening on child wellbeing. The Child Status Index supported by PEPFAR and the Standards of Services for OVC in Ethiopia will serve as resources for this tracking as well as informing the implementation of economic strengthening activities to benefit OVC.
The technical support to OVC programs and the direct implementation of economic strengthening activities will consider the range of community-based means for improving livelihoods, increasing assets, and managing household resources relevant to the Ethiopian context. Specific interventions may include: savings and credit schemes, small business training, development and support, linkages to microfinance outlets, village banking, vocational training based on labor market forecasting, and networking to expand relations with private sectors, including business associations. Partnerships will be formed with other USG investment portfolios in agriculture, health, economic growth, and education to leverage resources, including the new ATEP program (also funded under HKID). This activity will be coordinated with other PEPFAR and EGAT funded activities to increase the number of beneficiaries and households as possible. Examples include Aid to Artisans, Land O'Lakes small scale dairy programs, IOCC and WFP Urban HIV/AIDS program.
During FY2008, PEPFAR Ethiopia will continue its consultations with the OGAC Public Private Partnership technical working group. In addition, we envision working with the OGAC OVC technical working group to disseminate the results of this activity.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16601

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16601	10493.08	U.S. Agency for International Development	To Be Determined	7478	683.08	*	[redacted]
10493	10493.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	12025	12025.07		$670,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 683.09
Mechanism: ***
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 18845.28304.09
Planned Funds: [redacted]
Activity System ID: 28304

Activity Narrative: Community Health Information System

ACTIVITY UNCHANGED FROM FY2008.

This activity is a competitive procurement and the partner will be identified in the coming months.

COP08 NARRATIVE

The Ethiopian Health Management Information System is undergoing a major overhaul to foster standardization and appropriate use of tools and the data generated from it. The Ministry of Health through the financial and technical support from major donor agencies is overseeing the reform. Pilot testing of the newly designed tools have been completed, and the first phase of the roll-out will begin in September of 2007.

The health management information system (HMIS) primarily deals with data generated at health facilities. It does not include indicators for health services that happen outside of health facilities, including community -level activities. Currently in Ethiopia there is no comprehensive community health information system. Unlike monitoring and evaluation on HIV/AIDS interventions occurring in health facilities, there are no clear roles and responsibilities for community programs such as those occurring in households and schools. The lack of effective community health information system compromises the completeness and reliability of data, which in turn affects the quality of planning, implementation, and evaluation of programs that mainly occur outside of health facilities including OVC and home-based care services. Together with the HMIS and other data sources, a functional community health information system will provide a comprehensive picture of health interventions and services in the country. It will also foster community level ownership of health activities, and motivates them for more engagement and action.

Major tasks under this program include:

1) Conduct a rapid assessment to identify and review existing community-based health information systems
2) Work with relevant Government of Ethiopia (GOE) offices to map out clear roles and responsibilities on community level health service data
3) Establish a taskforce composed of key stakeholders to oversee the development and implementation of the health information system. This is also critical to build consensus among key players
4) Identify all non-health facility health services and develop appropriate indicators, data collection, and reporting tools and processes
5) Rollout the new system for broader use

Being the frontline workers at the community level, health extension workers will be instrumental during the design and implementation of the Community Health Information System. This activity will closely coordinate with the ongoing HMIS reform with the long-term objective of integration. It will also be in line with the GOE's Health Extension Program.

Designed processes and tools will be pilot tested before wider implementation of the CHIS.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18845

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18845	18845.08	U.S. Agency for International Development	To Be Determined	7478	683.08	*	[redacted]

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3794.09

Mechanism: Urban HIV/AIDS Program

Prime Partner: World Food Program

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 18702.28068.09

Planned Funds: $4,600,000

Activity System ID: 28068

Activity Narrative: Urban HIV/AIDS Nutrition Program

ACTIVITY REMAINS UNCHANGED FROM FY2008.

This is a continuing activity. The proposed budget increase for COP09 is necessary to maintain COP08 beneficiary targets and mitigate the 40% rise in food prices and procurement. The rising costs of food have intensified the vulnerability of children to malnutrition.

COP08 NARRATIVE

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18702

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18702	18702.08	U.S. Agency for International Development	World Food Program	7503	3794.08	Urban HIV/AIDS Program	$3,600,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$59,800

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities	$4,466,600

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening	$69,000

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 649.09 **Mechanism:** N/A

Prime Partner:	International Rescue Committee	**USG Agency:**	Department of State / Population, Refugees, and Migration
Funding Source:	GHCS (State)	**Program Area:**	Care: OVC
Budget Code:	HKID	**Program Budget Code:**	13
Activity ID:	18177.28085.09	**Planned Funds:**	$139,967
Activity System ID:	28085		

Activity Narrative: Orphans and Vulnerable Children support for Sudanese and Eritrean Refugees

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

There are increasing numbers of vulnerable children appearing in Sherkole, Shimelba and My Ayni Refugee Camps. While child-friendly spaces have been provided as a platform for identifying and providing services to OVC, extra assistance, including specialized psychosocial support, is needed for work on individual case loads. In Sherkole camp, located in the Benishangul-Gumuz region, there are unaccompanied minors arriving from Darfur requiring specialized psychosocial support, while revalidation in Shimelba camp, located in northern Tigray, revealed a much higher than expected number of unaccompanied minors as well as increasing drug and alcohol abuse by minors in the camp. My Ayni camp, opened in May 2008 in Tigray to accommodate the continued influx of Eritrean refugees, hosts the same population as Shimelba refugee camp. The high ratio of males to females within the general refugee population of these two camps (roughly 75% to 25%) is also reflected in gender ratios for minors and increases risk of SGBV (against young boys as well as girls) and of the exploitation of unaccompanied minors (e.g., forced labor; physical, mental and sexual abuse; stealing of rations).

In FY09 IRC will expand geographic coverage of services detailed in FY08 to My Ayni Refugee Camp. In addition, IRC will expand services to provide an expert trainer and continued expert technical assistance (professional counselor/psychologist/psychiatrist) for national staff and refugee social workers to address unique psychosocial needs of vulnerable children in the camps. Coordination among key partners has been a challenge, especially in Shimelba. Child Protection Coordination Groups formed in Shimelba and Sherkole have helped address problems including sub-par health care services for referred children and difficulties with ration distribution. To assist in identifying vulnerable children and understanding the core principles of working with OVC within the host community, IRC will develop and implement an awareness raising program with host community teachers and community-based organizations.

COP08 NARRATIVE

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18177

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18177	18177.08	Department of State / Population, Refugees, and Migration	International Rescue Committee	7516	649.08		$93,311

Emphasis Areas

Gender

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

Refugees/Internally Displaced Persons

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education	$18,000

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 310.09 **Mechanism:** REST

Prime Partner: Relief Society of Tigray, Ethiopia **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Care: OVC

Budget Code: HKID **Program Budget Code:** 13

Activity ID: 5579.28193.09 **Planned Funds:** $100,000

Activity System ID: 28193

Activity Narrative: HIV/AIDS prevention and impact reduction in Tigray

ACTIVITY REMAINS UNCHANGED FROM FY2008

COP08 NARRATIVE

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16666

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16666	5579.08	U.S. Agency for International Development	Relief Society of Tigray, Ethiopia	7497	310.08		$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	
Health-related Wraparound Programs	
* Child Survival Activities	
Workplace Programs	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$8,592
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	$79,096
Education	
Estimated amount of funding that is planned for Education	$5,932
Water	

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	314.09	**Mechanism:**	Track 1
Prime Partner:	Project Concern International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	Central GHCS (State)	**Program Area:**	Care: OVC
Budget Code:	HKID	**Program Budget Code:**	13
Activity ID:	5580.28188.09	**Planned Funds:**	$345,485
Activity System ID:	28188		

Activity Narrative: BELONG (OVC Track 1)

ACTIVITY UNCHAGED FROM FY2008.

This is a continuing centrally-funded Track 1 activity that is linked to World Food Program (10523) and DAI (10486).

COP08 NARRATIVE

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 preventions 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-

Activity Narrative: 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 king 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 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)

New/Continuing Activity: Continuing Activity

Continuing Activity: 16558

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16558	5580.08	U.S. Agency for International Development	Project Concern International	7467	314.08	Track 1	$726,000
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

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$345,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	3789.09	**Mechanism:**	Vulnerable Adolescent Girls
Prime Partner:	Population Council	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: OVC
Budget Code:	HKID	**Program Budget Code:**	13
Activity ID:	18258.28186.09	**Planned Funds:**	$400,000
Activity System ID:	28186		

Activity Narrative: Adolescent girls, Early Marriage and Migration in Amhara Region and Addis Ababa

ACTIVITY UNCHANGED FROM FY2008

COP08 NARRATIVE

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18258

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18258	18258.08	U.S. Agency for International Development	Population Council	7502	3789.08		$400,000

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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening $135,000

Education

Estimated amount of funding that is planned for Education $100,000

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5522.09 **Mechanism:** pc

Prime Partner: US Peace Corps **USG Agency:** Peace Corps

Funding Source: GHCS (State) **Program Area:** Care: OVC

Budget Code: HKID **Program Budget Code:** 13

Activity ID: 10533.28061.09 **Planned Funds:** $500,000

Activity System ID: 28061

Activity Narrative: Peace Corps Ethiopia HIV/AIDS Project

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Peace Corps Ethiopia is continuing its Orphans and Vulnerable Children activities from FY08. As in FY08, Peace Corps is requesting a total of 40 Volunteers (30 PEPFAR funded, 10 appropriated funded). New for FY09, Peace Corps Ethiopia will expand from the Amhara and Oromiya regions into the neighboring Tigray and Southern Nations (SNNPR) regions.

COP08 NARRATIVE

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

Activity Narrative: -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

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 communites and build local organiztional capacity. 2) PCV will work through zonal, district, or town health office HIV/AIDS units to strenghten 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16684

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16684	10533.08	Peace Corps	US Peace Corps	7505	5522.08	pc	$800,000
10533	10533.07	Peace Corps	US Peace Corps	5522	5522.07	pc	$925,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	$250,000

Education	
Estimated amount of funding that is planned for Education	$250,000

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7610.09
Mechanism: Agribusiness and Trade Expansion
Prime Partner: Fintrac Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 18286.28043.09
Planned Funds: $400,000
Activity System ID: 28043

Activity Narrative: ATEP: Employment Opportunities for HIV-affected Households

ACTIVITY REMAINS UNCHANGED FROM FY2008
This activity is a competitive procurement and the partner will be identified in the coming months.

COP08 NARRATIVE

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18286

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18286	18286.08	U.S. Agency for International Development	Fintrac Inc.	7610	7610.08	Agribusiness and Trade Expansion	$350,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Reducing violence and coercion

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	3795.09	**Mechanism:**	Development Alternatives Inc.
Prime Partner:	Development Associates Inc.	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: OVC
Budget Code:	HKID	**Program Budget Code:**	13
Activity ID:	5736.27967.09	**Planned Funds:**	$2,245,536
Activity System ID:	27967		

Activity Narrative: Urban Agriculture Program for HIV/AIDS Affected Women and Children

ACTIVITY REMAINS UNCHANGED FROM FY2008.

The proposed budget increase for COP09 is necessary to maintain the COP08 activities with 10 % increase in targets.

COP08 NARRATIVE

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16665

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16665	5736.08	U.S. Agency for International Development	Development Associates Inc.	7496	3795.08	Development Alternatives Inc.	$2,285,536
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

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $390,205

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening $807,321

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 683.09
Mechanism: ***
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 28799.09
Planned Funds: [redacted]
Activity System ID: 28799

Activity Narrative: Comprehensive support to OVC within Gedeo Zone

THIS IS A NEW ACTIVITY

This project was selected as one of the winning Annual Program Statement, Integrated Community Systems to Mitigate HIV/AIDS Impact on Children of 2008. The request is to continue to fund Samaritan's Purse (SP) which is implementing a comprehensive project in order to improve the wellbeing of 9,923 orphans and vulnerable children (OVC) in six urban areas of Gedeo Zone, SNNPR (Southern Nations, Nationalities and Peoples Region) Ethiopia. The project is also enhances the ability of families and the community to care for OVC at home by strengthening the capacity of 3,539 caregivers and mobilizing 4,500 community members.

The Samaritan Purse's implementation strategies include the following:
1) Building on the community based voluntary teams (CBVT) which are established in another existing USAID-funded Samaritan's Purse project in the selected target towns;
2) Engaging community leaders and members to advocate for OVC;
3) Facilitating a holistic system of care that will address their educational, livelihood, psychosocial, food/nutrition, health care, legal protection and shelter needs;
4) Providing services through OVC support groups (extensions of the existing teams) by conducting home visits at a Woreda children's center in each town with the backing of Woreda OVC committees made up of local leaders from key organizations and disciplines.

The project is managed from an office in Dilla town (the largest of the six targeted towns), with three area teams, each responsible for two towns, and with social workers based at each town's Woreda children's center. The staff members train community volunteers, equipping them to serve the OVC, and provide direct services to project beneficiaries. Sector field officers with expertise in education, livelihoods /economic strengthening, psychosocial, health/nutrition and legal issues, ensure that the service standards for OVC in their sector are applied, and support local project staff and volunteers. Particular attention is given to promoting gender equity and to OVC with special needs. Because there are no services for the many street children in these urban areas, Samaritan's Purse will pilot transitional night shelters, with intensive six-month interventions, in the two largest towns. To ensure rapid scale-up, the project will draw upon Samaritan's Purse existing expertise and materials from its MET (Mobilize, Equip and Train) and Care Group model programs.

Samaritan Purse builds on the capacity existing in the community leveraging additional services from. Linkages will also be formed with educational, health care and legal protection resources in the community, to ensure that OVC can access existing free services or be supported to gain access where there are barriers. Local level offices of the Ministries of Education, Justice, Health and Women's Affairs will also be engaged to ensure harmonization with their standards and services.

Because the project will rely heavily on existing but untapped resources as well as building the capacity of the community and caregivers to provide for OVC, it will be sustainable after USAID funding ends. Community mobilization and advocacy, which are integral parts of the work plan, will pave the way for a smooth transition.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education [redacted]

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	683.09	**Mechanism:**	***
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: OVC
Budget Code:	HKID	**Program Budget Code:**	13
Activity ID:	28800.09	**Planned Funds:**	[redacted]
Activity System ID:	28800		

Activity Narrative: APS/Integrated Community Systems to Mitigate HIV/AIDS Impact on Children

ACTIVITY UNCHANGED FROM FY2008.

This Annual Program Statement (APS) is restricted to programs that will strengthen and expand the PEPFAR/Ethiopia Orphans and Vulnerable Children (OVC) program in underserved, urban areas with high HIV prevalence. This activity will maintain partners' programs selected in 2007 and allow PEPFAR Ethiopia to select additional partners in 2008. The Year One budget for FY08 will support three to five programs ranging between $500,000 to $2,000,000 per year. The 2008 APS funding will cover the mortgage of existing 2007 partners and allow PEPFAR Ethiopia to fund additional OVC activities.

Family and community-based responses must be strengthened to meet the age and developmental appropriate needs of children. Family and community-based responses must ensure that OVC have a genuine role in defining both their needs and the appropriate solutions. Increased linkages are needed among OVC programs, child survival, food security, palliative care, and prevention programs. Additionally, referrals must be strengthened between community-based OVC programs and health facility programs for counseling and testing, integrated management of child illness (IMCI), ART, nutrition, and general health services. Given the high rate of under age five child morbidity and mortality, OVC programs must expand partnerships with child survival programs, especially to improve clinical support for the children made even more vulnerable due to HIV/AIDS.

To address the above, PEPFAR Ethiopia will solicit applications from prospective partners to reinforce family and community responses to providing quality, comprehensive, and coordinated care for children affected by or living with HIV and their families. APS applicants will acknowledge existing service provision to OVC and present strategies for addressing gaps in the areas of access to education and life skills, food and nutrition, psychosocial support, economic strengthening, shelter, legal/protection, and referral to health services (e.g., IMCI services, malaria treatment, immunization, HIV counseling and testing, palliative care, ART). Achieving sustainable coordinated community care for OVC will include the application of service standards and approaches to improving and assuring quality of care. APS recipients will need to support community capacity building and mobilizing of local resources especially through community volunteers, caregivers, family members, and local Ethiopian organizations. Increasing community linkages between OVC programs and other PEPFAR and USG partners will be central to the new award. Technical assistance will be needed to support local OVC programs in developing or improving referral systems to and from health facilities, government services, and other community child services. Health facilities should be able to refer HIV-affected OVC to community services supported or strengthened by APS recipients. Community-based OVC programs under this APS will need to plan and budget in order to absorb the OVC referred to them. An additional component of the APS will be supporting community data collection to monitor progress in OVC wellbeing and using data to inform activity modifications. This may require development and alignment of OVC partner indicators based on service standards and desired outcomes. Community data management will support and feed into larger GOE efforts to monitor and report on services to OVC. APS recipients will be expected to provide support to GOE to strengthen capacity in monitoring information systems.

New partners selected under this APS will be able to utilize the existing tools and forms developed under the PC3 Program. New partners will apply the Standards of Services for OVC in Ethiopia and PEPFAR's OVC Programming Guidance, July 2006. New partners will also have access to technical assistance through Population Council and EngenderHealth to incorporate strategies for addressing gender issues into OVC programming. Preventing and mitigating impacts of gender-based violence and early marriage will be emphasized. Achieving wraparounds will other sector activities will be demonstrated by APS recipients, especially in the areas of food and education. APS recipients will partner with PEPFAR-supported clinical partners to ensure linkages to health services, especially for HIV-exposed or infected infants and their families.

During the first year of operation, activities under this APS will provide support to an estimated 250,000 OVC and their families, with an emphasis on filling gaps in provision of household support under PEPFAR. An estimated 10,000 caregivers and other community members will be trained to provide OVC quality coordinated care services. New partners will be required to develop sustainable community-based activities with graduation strategies in place. Recipients will also be monitored to ensure that OVC and their families are actively engaged in the programs.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 683.09 **Mechanism:** ***

Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Care: OVC

Budget Code: HKID **Program Budget Code:** 13

Activity ID: 28801.09 **Planned Funds:** [redacted]

Activity System ID: 28801

Activity Narrative: Communities and Schools for Children Affected by HIV/AIDS (CASCAID)

ACTIVITY HAS BEEN MODIFIED AS FOLLOWS:

This project was selected as one of the winning Annual Program Statement, Integrated Community Systems to Mitigate HIV/AIDS Impact on Children of 2008. The request is to continue to fund.

COP08 ACTIVITY NARRATIVE

Salesian Missions in partnership with Project Concern International will implement the CARING FOR OUR YOUTH (CARING) Project in Ethiopia. The main activities will focus on mitigating 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 Salesians of Don Bosco in Ethiopia (SDBE) and Project Concern international (PCI), along with their implementing partners will work towards improving quality of life for children and youth made vulnerable by HIV/AIDS and their families in Addis Ababa, Makele, Adigrat, Sway, and Debre Zeit, Ethiopia.

To achieve this, the CARING Project will:
1) Increase the number of services to OVC with essential needs for shelter and care 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 (Community Based Organizations) and FBOs (Faith Based Organizations) 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 Salesians Mission Life Choices methodology.

The presence of Salesians of Don Bosco in Ethiopia in the target communities enables CARING Project management to rapidly mobilize and launch start-up activities such as hiring support staff, conducting the baseline survey, identifying and meeting with key stakeholders, and holding start-up workshops. While implementing the CARING Small Grants Program (CSGP), PCI will provide intensive technical support and capacity building in small grants management to SDBE in the first two years so that SDBE can assume this responsibility by the third year of program implementation. This partnership will ensure proper capacity building and grant management for small, local organizations.

Salesian Mission and Salesians of Don Bosco in partnership with Project Concern International (PCI) developed the implementation of the CARING Project. Local professionals in Ethiopia staff this project. The project utilizes the existing infrastructure of the Silesian's Project Development Office, the ongoing orphans and vulnerable children programs, current and new social workers, youth animators, and community volunteers. Project Development Office, along with various local partners, will be responsible for day-to-day project implementation. Salesians of Don Bosco is also responsible for overall project management and oversight. Salesian Mission's Office for International Programs will provide general oversight, technical expertise, mechanism for coordination of financial disbursements, and continued local capacity building to the Salesians of Don Bosco Ethiopia. PCI will provide additional technical advice assisting Salesians of Don Bosco Ethiopia to strengthen its organizational capacity to incorporate comprehensive OVC services. These services will strengthening the linkages with OVC services network, to include adapting the Life Choices Curriculum (using model from South Africa) for the Ethiopian context, and enhancing older OVC and their caretakers' economic options by implementing PCI's Self Help Groups (SHG) "Step Up" program. SDBE will strengthen the OVC referral network; and provide overall M&E support and capacity building for this effort.

Salesians of Don Bosco Ethiopia has a well-established presence in 13 communities across Ethiopia, and serves over 50,000 youth through the Orphan Sponsorship and Reintegration Program; the Street Children Rehabilitation Program in Addis Ababa; primary and secondary schools; youth centers; and technical schools, including the Don Bosco Technical College in Makele. HIV/AIDS prevention education has been incorporated into the general health education curriculum taught in Salesian schools, and Salesians of Don Bosco Ethiopia continues to partner with the Catholic Secretariats at different dioceses to implement HIV/AIDS prevention training activities.

In addition to its considerable in-country experience, Salesians of Don Bosco Ethiopia will draw upon Salesian Mission experience implementing successful health programs in different settings that mainly focus on youth, orphans, street youth and other vulnerable youth, in addition to targeting parents, educators, and community leaders. These programs include: Love Matters, South Africa—2001; Courage to Love, Peru—2002; and Life Choices, Kenya, Tanzania & South Africa—2005, which is a five-year PEPFAR Track 1 ABY Program that targets youth with the core messages of abstinence (A) and faithfulness (B) to prevent HIV infection.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 683.09
Mechanism: ***
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 28796.09
Planned Funds: [redacted]
Activity System ID: 28796

Activity Narrative: Care Services for HIV-Infected and Affected Orphans and Vulnerable Children

ACTIVITY HAS BEEN MODIFIED AS FOLLOWS:

This project was selected as one of the winning Annual Program Statement, Integrated Community Systems to Mitigate HIV/AIDS Impact on Children of 2008. The request is to continue to fund the Partnership for Community Action to Support OVC (PICASO) will significantly contribute to that scale up of OVC services to reach 60,000 children.

COP08 ACTIVITY NARRATIVE

PICASO is a collaborative effort of international and local partners, including faith-based organizations (FBOs) and community-based (CBOs) in a three-tier approach that builds on experience and expertise developed over considerable time, making best use of resources available, while reaching the community and family with a coordinated package of quality services. All PICASO partners have extensive experience working with local communities and structures and will work directly as implementers of the program. Larger organizations will sub-grant to CBOs in their specific geographical areas to mobilize communities, identify the most vulnerable children and draw on community assets to respond to the needs of OVC and their families. Pact will manage the overall grant and provide technical support and guidance to all partners participating in the program. Larger PICASO implementing partners will play a specific role in capacity-building, mentoring and technical support for both their partner CBOs as well as community structures in the urban areas where they have greatest presence. This program will act as a flagship in the promotion and implementation of Ethiopia's standards of care for OVCs. The program will draw upon the strong existing presence of all PICASO partners to affect a quick-start response in urban areas with the highest number of children affected by HIV/AIDS in Ethiopia. PICASO will operate in the urban areas of Addis Ababa, Oromia, Amhara, SNNPR and Gambella. The project will utilize a specialized approach in the underserved localities of Jinka, SNNPR and urban Gambella where HIV prevalence is particularly high.

Care in the community will be achieved through a child-centered, family-supported approach that strategically places economic strengthening at the core and is best illustrated as 1 + 6 (economic strengthening + six other essential services (psycho-social support, food and nutrition, education, health, protection, and shelter and care). Local community committee leaders from kebeles, idirs and other associations will identify children using their existing knowledge of families in their communities and through a detailed assessment prepared by community volunteers of the needs of the families. Resources will be used to provide more equitable and fair distribution of services and support to current and new families with a focus on "family" support to reduce intra-family tensions and enhance the protection of children's rights.

The program will use a clear and strong model with the work of community volunteers at its core. Volunteers are drawn from the relevant and most active existing formal and non-formal structures at community level. Additional volunteers will be recruited in order to allow for the scale up of existing OVC programs managed by partners and the reaching of more than double their current number of children.

Given current poverty levels among those affected by HIV /AIDS, the majority of families will require support or referral in establishing activities that will strengthen their economic base. The PICASO emphasis on economic strengthening is expected to enable the family to generate income needed to meet its own needs in a relatively short period of time. This approach promotes the sustainability sought within the Ethiopia Strategic Plan and offers families a way out of poverty and dependence. The income generation activities (IGA) or small businesses started will be managed by a parent, guardian, older child, or by the whole family working together, as appropriate. The specific type of economic strengthening activity will depend on the family's own ideas, preferences and capabilities; the locally available resource base; the local market for small business development and the particular experience and expertise of the partner organizations involved. Pact and its local Ethiopian partners have extensive experience working with best practice models on which the program can build. Savings and credit schemes, micro-financing and the formation of cooperatives are just a few of the examples.

Finally, Pact will draw on its considerable capacity in the field of monitoring evaluation and reporting; data collection and quality control; and data management systems for OVCs.
Pact's experience in Tanzania, Namibia and South Africa combined with its work in Ethiopia with HAPCO to strengthen the Health Information Management System (HMIS) will be particularly relevant. NGO and community partners will be supported to establish a system at community level for collecting, recording and analyzing the data collected; contributing to the HMIS; and using the data to provide feedback at both the community and national levels.
As members of the OVC network, PICASO partners will contribute to the growing knowledge, experience and expertise on best practice models of community coordinated quality care for OVC in Ethiopia.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening [redacted]

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	683.09	**Mechanism:**	***
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: OVC
Budget Code:	HKID	**Program Budget Code:**	13
Activity ID:	28798.09	**Planned Funds:**	[redacted]
Activity System ID:	28798		

Activity Narrative: Care Services for HIV-Infected & Affected Orphans and Vulnerable Children

THIS IS A NEW ACTIVITY

This project was selected as one of the winning 2008 Annual Program Statement, Integrated Community Systems to Mitigate HIV/AIDS Impact on Children. The request is to continue to fund the Organization for Social Services for AIDS (OSSA), which is an indigenous not-for-profit organization working on HIV/AIDS prevention and control interventions in most parts of the country since 1989. In implementing community-based projects, OSSA developed richer experiences to work with the grassroots communities and local structure, using of the services of community volunteers to liaison the organization with the direct project participants and the community at large.

The project activities are implemented in five regions and two City Administrations of Ethiopia: Oromia, 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 5,500 community volunteer services providers. The community members of the 32-woredas/ sub cities/towns from where these OVC will be selected also benefit from the various services of this project

OSSA in coordination with 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 will efficiently integrated their work plan and activities..

Moreover, OSSA will establish and strengthen steering committees, task forces, and PTA (Parent Teachers Associations) at each of the project sites, and by employing the following strategies, OSSA hopes to introduce the family-based approach to OVC infected with and affected by HIV/AIDS. These strategies include: 1) Enlarge the community's role in supporting family-centred care through involving local community members and structures; 2) Coordinate with projects such 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 families affected by HIV/AIDS; 3) Recruit and deploy qualified staff stationed both at headquarter and branch offices with the responsibility for achieving the expected results of the project; 4) Conduct, bi-annual technical review meetings among regional offices to facilitate exchange of experiences, promising practices, and challenges and prepare annual joint plans; 5) Support 51,000 children and adolescents infected or affected by the HIV/AIDS to continue their formal education, life skills training, entrepreneurship and small-scale business management skills for Community Self Saving Group (CSSG); and 6) train volunteer community based counsellors and guardians' club members on counselling services on various HIV/AIDS issues for the targeted OVC and their families.

Stake Holders/ Sub partners:
This activity will link to different sectors (education, agriculture, town administrations, traditional community structures and fait-based institutions).

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	[redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	[redacted]

Education	
Estimated amount of funding that is planned for Education	[redacted]

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 8222.09
Mechanism: APS
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 10508.28275.09
Planned Funds: [redacted]
Activity System ID: 28275

Activity Narrative: APS/Integrated Community Systems to Mitigate HIV/AIDS Impact on Children /Round 3

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

This represents activities of selected winning partners from round three from the Annual Program Statement, Integrated Community Systems to Mitigate HIV/AIDS Impact on Children of 2008. The request for funding will continue to fund these TBD projects in FY 2009. PEPFAR/Ethiopia will inform OGAC on the selected partners in the coming months and provide the names of the new partners and their project descriptions.

COP08 NARRATIVE

This Annual Program Statement (APS) is restricted to programs that will strengthen and expand the PEPFAR/Ethiopia Orphans and Vulnerable Children (OVC) program in underserved, urban areas with high HIV prevalence. This activity will maintain partners' programs selected in 2007 and allow PEPFAR Ethiopia to select additional partners in 2008. The Year One budget for COP08 will support 3-5 programs ranging between $500,000 to $2,000,000 per year. The 2008 APS funding will cover the mortgage of existing 2007 partners and allow PEPFAR Ethiopia to fund additional OVC activities.

Family and community-based responses must be strengthened to meet the age and developmental appropriate needs of children. Family and community-based responses must ensure that OVC have a genuine role in defining both their needs and the appropriate solutions. Increased linkages are needed among OVC programs, child survival, food security, palliative care, and prevention programs. Additionally, referrals must be strengthened between community-based OVC programs and health facility programs for counseling and testing, integrated management of child illness (IMCI), ART, nutrition, and general health services. Given the high rate of under age five child morbidity and mortality, OVC programs must expand partnerships with child survival programs, especially to improve clinical support for the children made even more vulnerable due to HIV/AIDS.

To address the above, PEPFAR Ethiopia will solicit applications from prospective partners to reinforce family and community responses to providing quality, comprehensive, and coordinated care for children affected by or living with HIV and their families. APS applicants will acknowledge existing service provision to OVC and present strategies for addressing gaps in the areas of access to education and life skills, food and nutrition, psychosocial support, economic strengthening, shelter, legal/protection, and referral to health services (e.g., IMCI services, malaria treatment, immunization, HIV counseling and testing, palliative care, ART). Achieving sustainable coordinated community care for OVC will include the application of service standards and approaches to improving and assuring quality of care. APS recipients will need to support community capacity building and mobilizing of local resources especially through community volunteers, caregivers, family members, and local Ethiopian organizations. Increasing community linkages between OVC programs and other PEPFAR and USG partners will be central to the new award. Technical assistance will be needed to support local OVC programs in developing or improving referral systems to and from health facilities, government services, and other community child services. Health facilities should be able to refer HIV-affected OVC to community services supported or strengthened by APS recipients. Community-based OVC programs under this APS will need to plan and budget in order to absorb the OVC referred to them. An additional component of the APS will be supporting community data collection to monitor progress in OVC wellbeing and using data to inform activity modifications. This may require development and alignment of OVC partner indicators based on service standards and desired outcomes. Community data management will support and feed into larger GOE efforts to monitor and report on services to OVC. APS recipients will be expected to provide support to GOE to strengthen capacity in monitoring information systems.

New partners selected under this APS will be able to use the existing tools and forms developed under the PC3 Program. New partners will apply the Standards of Services for OVC in Ethiopia and PEPFAR's OVC Programming Guidance, July 2006. New partners will also have access to technical assistance through Population Council and EngenderHealth to incorporate strategies for addressing gender issues into OVC programming. Preventing and mitigating impacts of gender-based violence and early marriage will be emphasized. Achieving wraparounds will other sector activities will be demonstrated by APS recipients, especially in the areas of food and education. APS recipients will partner with PEPFAR-supported clinical partners to ensure linkages to health services, especially for HIV-exposed or infected infants and their families.

During the first year of operation, activities under this APS will provide support to an estimated 160,000 OVC and their families, with an emphasis on filling gaps in provision of household support under PEPFAR. An estimated 20,000 caregivers and other community members will be trained to provide OVC quality coordinated care services. New partners will be required to develop sustainable community-based activities with graduation strategies in place. Recipients will also be monitored to ensure that OVC and their families are actively engaged in the programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16600

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16600	10508.08	U.S. Agency for International Development	To Be Determined	8222	8222.08	APS	[redacted]
10508	10508.07	U.S. Agency for International Development	To Be Determined	5474	683.07	*	[redacted]

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 8248.09

Mechanism: Public Health Evaluations

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 18779.28278.09

Planned Funds: [redacted]

Activity System ID: 28278

Activity Narrative: Positive Change: Children Communities and Care/PC3 Follow-on

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

This activity will be a competitive procurement and USAID/Ethiopia will inform OGAC upon selection of the winning partner.
This activity will integrate with MSH, ICAP, WFP, CCF, Pact, and OSSA, and will relate to other activities across the range of HIV/AIDS partners.
The OVC Services within a Family-centered Care and Support (FCS) activity will serve as the follow-on activity for the five-year community based capacity development program of Save the Children that ends September 2009. The Positive Change: Children, Communities, and Care (PC3) program strengthened the capacity of over 550 local and national entities to provide comprehensive and coordinated care to 500,000 orphans and vulnerable children (OVC). The FCS activity will assume responsibility of the OVC served under PC3 and continuing to need support. The infrastructure and networks built under PC3, especially between government and civil society, will be engaged and expanded.
A program design change emerged from the evaluation of PC3. To most effectively reach the greatest number of OVC, including children living with HIV, family-centered care and support must be the guiding framework. Keep parents alive and economically viable and children free from HIV.
An interdependent network of local stakeholders will be needed to meet the needs of the most vulnerable families and to identify and assist families or households prior to the point of extreme vulnerability.
Through FCS activity, community stakeholders supporting family wellbeing will agree upon a common framework for providing a continuum of care and support. The hallmark of a successfully applied framework is a functional community and clinical care referral system that accommodates the needs of the majority of vulnerable families affected by HIV/AIDS. This includes provision of the seven service areas within the Standards of Services for OVC in Ethiopia, case management for clinical and community care and support, and comprehensive provision of HIV/AIDS services for the most people, especially prevention services. For example, PEPFAR clinical and community care and support partners will review and discuss community data on counseling and testing, PMTCT uptake, ART adherence, and pediatric AIDS and then set community-wide targets that require stakeholders to work together to reach the targets.
HIV/AIDS issues such as stigma, especially relating to HIV disclosure, male involvement, and early marriage along with child protection issues will be particularly challenging. Through community exchanges and documentation, promising practices on meeting these challenges will be explored and applied.
Leadership at the national, regional, and local levels will be needed across health and social service sectors to fully achieve comprehensive, family center-care and support. USG will convene a series of stakeholder strategy sessions to map out who needs to what do, when, where and how. Two sessions were held in September 2008. One covered strategies for increasing HIV service uptake through OVC programs and the other session addressed food and nutrition security for families affected by HIV/AIDS. USG will use the outputs from these and additional sessions to clarify expectations, calibrate results, guide partner work plan development and implementation, and improve use of PEPFAR resources.
Investments in national leadership will continue under the FCS activity to include seconding of two OVC experts to Federal HAPCO and one to the Ministry of Women's Affairs. The seconded staff has enabled improved integration of effort across government ministries and with civil society. The National OVC Task Force now meets regularly to move on essential actions such as advocacy, policy reform, resource mobilization, and data demand and use. For example, HAPCO will be supporting with Global Fund monies a national OVC situation analysis on behalf of the OVC Task Force, which is lead by the Ministry of Women's Affairs.
The Family-centered Care and Support activity will be comprised of four technical and management areas: community capacity, centers of excellence, partnerships/networks, and data-driven actions.
A hallmark of a top performing community, or a geographically defined area, is a well functioning network of stakeholders that have mobilized to form an interdependent system for providing comprehensive, family-centered care and support. Best use of local and external resources and capacity standards would be evident in such communities. For example, such a network system would be capable of providing emergency food support that may rely upon external inputs (e.g., from WFP) that are complemented by a graduation strategy to transition households into more sustainable means for food and nutrition security. Stakeholder inputs would vary, but the totality of their contributions would facilitate sustainable approaches to achieving food and nutrition security in the community. The use of external inputs may be on-going but the type and amount of inputs would likely vary over time and context.
A process will be implemented to build stakeholder consensus on defining, measuring and improving community capacity to deliver on family-centered care and support. Technical expertise and lessons learned from the PEPFAR Quality Improvement Initiative will be built upon to develop and apply standards for good-enough community capacity. These standards would outline the critical minimum needed in terms of skills, knowledge, and practices. A focus on achieving outcomes would be an essential component of each capacity standard. For example: 1) levels of critical minimum for skills and knowledge might include: human capacity development policies in place and implemented; 2) case management training extends to Health Extension Workers (HEWs), traditional birth attendants, community outreach workers, and parasocial workers; strategies are data-driven or evidence-based; 3) updated referral site directory available; referral sites are certified as family-centered; 4) and expertise available to address needs of special or at-risk populations.
The critical minimum for practices will likely state that each stakeholder advocates and checks for the practice of family-centered care and HIV/AIDS stigma reduction actions, especially making HIV/AIDS disclosure safe and acceptable. Additional minimum practices could include: case management system functional, client satisfaction measured, outcomes in family wellbeing tracked, local resources mobilized, multi-sector partnerships engaged, and age and developmentally appropriate care provided.
Meeting capacity standards will require engaged leadership at multiple levels and communication channels that reach the general population to encourage demand for family-center care and support options.
A barometer or index will be used to measure compliance with standards for good-enough community capacity. The index would relate to the capacity standards and include items such as comprehensive social and clinical care access, functioning referral sites, case management for community and clinical care, tracking of service supply and demand, human capacity development, and stigma reduction strategies. Similar to the PEPFAR Quality Improvement Initiative and the Child Status Index, communities will

Activity Narrative: determine how they rate and compare with other communities in the provision of family-centered care and support and exchange on best practices.

The capacity index will be used to “certify” communities as top performers. Communities that achieve this status will receive government recognition and will have increased access to external inputs for improving their care and support system. They would also be eligible for hosting a Center of Excellence.

A Center of Excellence serves as a technical resource hub for other communities seeking to be top performers in provision of care and support to families affected by HIV/AIDS. Such centers provide a means for scaling up promising practices through community exchanges. Communities (i.e., geographically defined areas) wanting to host a Center of Excellence will have demonstrated ways for achieving “good enough” community capacity in providing family-centered care and support. Alternatively, a center of excellence could focus on a particular area such as proven practices for linking community and clinical care and support that have resulted in outcomes in family wellbeing. A Center of Excellence would not depend on the capacities of international or national entities. The high rate of staff turnover among such entities further justifies the need to promote community-to-community technical and management exchanges. Centers of Excellence will assist communities to meet the critical minimum in skills, knowledge, and practices, or capacity standards, needed to indicate that family-centered care and support is provided in the community. The learning exchanges approach used for implementing OVC service standards will serve as model for how Centers of Excellence will help communities meet capacity standards.

A Center of Excellence will engage the capacities of multiple stakeholders and will require a primary leadership and management function housed within a top performing community. Financial and human resources will be needed to support Centers of Excellence and its provision of technical support to other communities. Priority technical areas to be demonstrated by Center of Excellence include: good enough community capacity especially in the areas of food and nutritional security, education for OVC, household economic strengthening, and functioning referral system or case management of family-centered care.

Lessons learned and the evaluation from the PC3 program point to the need for redefining partnerships and networks focused on family-centered care and support. Three areas of emphasis are needed: choice of partners, the relationship between community and external entities, and clinical-community care and support networks.

The benefits of PEPFAR investments need to be sustained along with making better use of limited resources. This demands increased consideration of non-traditional HIV/AIDS partners and the approach to wrap-around programming. Sectors such as economic growth, child survival, agriculture, and community development have, in many places, established infrastructure and programming. There is no reason for PEPFAR resources to be used to re-construct or re-invent the systems already in place across the multiple sectors needed to improve family and child wellbeing. The FCS activity will tap into existing systems to reduce level of programming effort needed and increase number of children reached. This will be an evolved approach to “wrap-around” programming by being more explicit about “buying a place at an existing table” versus constructing the PEPFAR approach to, for example, household economic strengthening. The FCS activity will be able to tap into several existing PEPFAR Ethiopia mechanisms that are with the economic growth and education sectors.

The most significant change to be addressed by the Family-centered Care and Support activity will be redefining how international and local NGOs collaborate to support community-level care and support systems. A technical- assistance-on-demand structure will be established to empower indigenous civil society entities and government to identify what type of assistance they need and how they would like to receive this assistance. Local networks, such as OVC forums, ask for technical input or assistance based on a menu of options that external agents can provide in relation to achieving compliance with capacity standards. These external entities would be “hired” by the local stakeholders. For example, offering skills training in resource mobilization and case management; and how to improve or expand upon existing structures like the HAPCO system of care and support. External entities would focus on the strengths and opportunities, versus only gaps that need filling, within a community and make suggestions on how to maximize what is currently in place. External entities will not develop separate systems of care and support within a community. This will be a major paradigm shift in how external and community entities relate to each other.

The FCS activity will facilitate establishing or strengthening local networks of community and clinical care service providers that work interdependently to mitigate the impacts of HIV/AIDS on families. A “win-win” relationship will be needed to reinforce the contributions made by a range of community stakeholders to provide comprehensive care to OVC. The successes existing referral systems will be promoted through centers of excellence model. Networking practices will be expanded to focus more on family-centered care and support. For example, a Center of Excellence can walk community stakeholders through a decision-tree process to determine how community care and support partners can help their clinical care colleagues with improving ART adherence and loss to follow-up.

The Family-centered Care and Support activity will build upon the community data management system implemented under the PC3 program. This system allows for the rapid collection, organizing, and reporting of data among community stakeholders. Several community networks have effectively mobilized additional resources by using this data to justify needed funding. Coaching and supportive supervision are essential actions for helping communities improve data quality and use. Centers of Excellence can assist with this type of support. Support to GOE will be needed to strengthen capacity in monitoring information systems. The community data management system will support and feed into larger GOE efforts to monitor and report on services to OVC. For example, assistance will be provided to make use of findings from the national OVC situational analysis to inform the prioritizing of policies and interventions.

The implementation of both service and capacity standards will inform data demand and use. Outcomes in child and family wellbeing are part of each standard and will be determined based on what is realistic and meaningful to community stakeholders, especially community and clinical care service providers. For example, these local providers can meet periodically to discuss progress in meeting outcomes and determine any needed improvements in activities. Both short and long-term outcomes may be needed to better inform actions needed.

Special studies may be undertaken to provide evidence on promising practices especially in priority areas of household economic strengthening, education for OVC, and food and nutrition security.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18779

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18779	18779.08	U.S. Agency for International Development	To Be Determined	8248	8248.08	Public Health Evaluations	[redacted]

Emphasis Areas

Gender

* 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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening [redacted]

Education

Estimated amount of funding that is planned for Education [redacted]

Water

Program Budget Code: 14 - HVCT Prevention: Counseling and Testing

Total Planned Funding for Program Budget Code: $13,291,152

Program Area Narrative:

“Know Your Epidemic” is paramount to the success of the PEPFAR/Ethiopia Team. The 2007 estimate indicates a low-level generalized epidemic for Ethiopia with an overall HIV prevalence of 2.2%. This prevalence estimate does not, however, tell the full story of the epidemic here where the majority of infections occur in urban settings. The 2007 single point prevalence study estimates urban prevalence is 7.7% (602,740 persons living with HIV and AIDS (PLWH)) and rural prevalence is 0.9% (374,654 PLWH).

After receiving valuable feedback from the core team visit, taking into account the Government of Ethiopia’s (GOE) strategies and reduced PEPFAR 2009 resources the PEPFAR/Ethiopia team has decided to take a multi-tiered targeted approach. Urban areas are at the center of our target, with the highest prevalence and the greatest concentration of potential beneficiaries. Here, the PEPFAR team has concentrated USG resources. Just outside the center are periurban areas and at the outer most ring of the

target are rural areas of Ethiopia with much lower prevalence (0.9%), but where 85% of the population resides. In these rural we will attend to the prevention needs of important bridge populations to address the spread of HIV/AIDS from higher concentration to lower prevalence rural areas. It is with this strategy that the PEPFAR team will maximize our impact on the HIV/AIDS epidemic for the over 78 million people of currently living in Ethiopia.

Background

PEPFAR Ethiopia has supported the Government of Ethiopia's goal of universal access by focusing our HCT support in urban and periurban areas and a few rural "hot-spots". PEPFAR Ethiopia has engaged both the public and private sectors at hospitals, health centers, model centers, stand-alone VCT sites, and outreach programs, such as mobile VCT for MARP and uniformed personnel. To date a total of 4.5 million people were tested in PEPFAR supported sites out of a total of approximately 7.8 million people tested throughout the country since 2004. This means that 10% of the population of the country has been tested for HIV. Among the individuals who were tested, 436,572 people were positive for HIV, and 257,750 (59%) are currently registered at health facilities for care and treatment.

One of the GOE strategies that PEPFAR has supported is The Millennium AIDS Campaign (MAC) which was started in December 2006 ended in August 2008. In the next phase of HIV programming, HAPCO plans to transition from a campaign to a regular operations approach, while maintaining the momentum of the MAC campaign as it has created a huge demand for HIV counseling and testing services. PEPFAR will continue to support HAPCO in this approach through its implementing partners.

Major Achievements from 2008

Overall in FY 2008 PEPFAR has utilized a strategic mix of HCT approaches in mobile, public/private hospitals, health centers and engagement of medium to large businesses. Innovative approaches included mobile VCT targeting MARP, home-based voluntary counseling and testing (HBVCT), weekend outreach services and work place VCT. For the fourth consecutive year PEPFAR supported National VCT day this year youth were the target group, one of the MARP in Ethiopia.

Human Resource Development: Task shifting has been a priority in the HCT PEPFAR portfolio. To that end, a total of 700 community/lay counselors were trained in VCT and deployed to public health facilities. Task shifting also included supporting the scale up HIV rapid test using finger prick Rapid Test Kits (RTK) and use of laboratory technicians to oversea the quality of HIV testing through regular supervision. Community counselors brought a major difference in the uptake of HCT service in the public facilities. Support the 'National HIV Counselors Association' established regional associations in the Amhara, Oromiya, Tigray and SNNPR regions. The association plays a major role in assuring the quality of counseling at the facility level.

PEPFAR provided technical and financial support to develop counseling and testing training materials, including VCT, PITC and development of training curricula and training packages for community counselors/lay counselors. In addition PEPFAR support to the Federal Ministry of Health (MOH) and HIV/AIDS Prevention and Control Office (HAPCO) included: 1) development of the training package for Urban Health Extension Workers to strengthen family centered counseling and testing including PMTCT and pediatric HCT and 2) distribution and implementation of the new 'National HCT Guidelines and Policies' in order to promote standardization of services. Additionally, training for healthcare providers and their supervisors was provided to strengthen PITC and HIV rapid testing at national and regional levels.

Expansion: New sites were assessed to initiate HCT services in the facilities. Partners provided site level technical support which included mentoring and training. Also material support provided to health facilities to initiate or expand and improve the existing services. This included a smooth transition from FHI supported HCT sites to MSH supported ones including expansion to a total of 486 public health centers providing HCT was accomplished. Overall, an improvement in the referral linkage of clients from HCT sites to Care, Support and Treatment services was achieved.

Key Challenges

HCT services in the country faced challenges including: 1) an inconsistent supply of test kits; 2) attrition of trained counselors from facilities; 3) limited space for expansion of VCT services within existing facilities; 4) low rate of couples' HIV testing; 5) inadequate pediatric HCT and disclosure of results; 6) weak data management systems at the facilities; 7) insufficient use of data for improvement at site-level and; 8) low partner disclosure and referral for testing. Of the eight major challenges faced, referral linkages remains the greatest challenge as 41% of individuals testing HIV positive did not receive post test services.

Planned Program Priorities 2009

FY 2009, will mark the beginning of the second phase of PEPFAR. The reauthorization of PEPFAR II will expand the U.S. Government commitment to this successful program for five additional years, from 2009 through 2013. The HCT program is a key entry point into HIV prevention, care, and treatment services individuals or couples testing HIV positive will be linked to PMTCT, Care & support, ARV services and children to OVC services.

Support to the MoH: The second Accelerated Access to HIV/AIDS Prevention, Care Treatment, and Road Map 2007 – 2010 plans to provide counseling and testing to more than 25 million individuals and couples. HAPCO plans to provide HCT services close to 7.2 million people under universal access in 2009. Currently there are 1336 HCT sites providing service and the MOH plans to increase those to more than 3000. PEPFAR Ethiopia has been the lead partner in strengthening existing and expansion of HCT services in the country and has assisted the MOH/HAPCO and Regional Health Bureaus/Regional HAPCO since 2001. We will continue to offer support to strengthen and improve coordination of HCT programs and services, in urban and periurban areas and selected rural areas known to have relatively higher HIV prevalence.

In response to 2008 challenges the HCT portfolio will focus on the following:

1) In order to address inconsistent supply of test kits, PEPFAR Ethiopia will work with The Global Fund to Fight AIDS, Tuberculosis and Malaria to procure test kits and other lab supplies.

2) In order to address the attrition of trained counselors PEPFAR Ethiopia will continue to support the MoH in development of a comprehensive compensation package for health workers with the HCSP activity. Task shifting will continue with training of lay counselors and training of Urban HEWs a cadre of workers which will be drawn from out of work private nursing school graduates. HCT program will work closely with the laboratory program in training of service providers on HIV rapid test and quality assurance to ensure continued and smooth roll out of RTK to all appropriate facilities.

3) In order to address the limited space within existing facilities PEPFAR Ethiopia will continue to use funds to provide technical assistance and refurbish counseling rooms.

4) Family centered approaches will be used to strengthen our rate of couples, pediatric HCT and uptake of PMTCT. This will include strengthening of linkages of individuals with care and support activities both including community based activities in the OVC portfolio and in the care and treatment portfolios.

6) Data management systems at facilities and use of data for program improvements will be addressed through continued support from the SI team. This will include a number of programs designed to strengthen onsite data management. The d national registration formats will be finalized and implemented in partnership with MOH/HAPCO and PEPFAR SI program

During FY 2009, PEPFAR Ethiopia will give due emphasis to promoting a strategic mix of clinical and community-based HCT approaches. The program will work towards sustainability in COP 09 through strengthening the capacity of local organization including government, civil societies and private organizations. Continuing activities with the Private Sector Program and linkages to the Civil Society activity will strengthen our involvement with civil society and private sector entities.

Taking into account the current HIV prevalence rate, the HCT service will be more focused on MARP through targeted referrals and through targeted Mobile HCT services. 90 % of individuals testing positive for HIV will be linked to care and support services ensuring that they have access to services. Special services will be provided for discordant couples to prevent HIV. Individuals testing negative will be provided with ongoing preventive education and other services to reduce their risk taking behavior, along transportation corridors this will be done by linking individuals with the Transportation Corridor Program. Disclosure of HIV status and partner referral will continue to be a major focus as in the previous years. All PEPFAR Ethiopia-supported sites will continue to provide PITC both for inpatient and outpatient clients. Use of ‘opt out’ PICT will be strengthened in facilities. In FY 2009, PEPFAR will support diverse VCT 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 model (Public or Private). Using these diverse models targeting MARP will remain a focus area in 2009.

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 NGO sites. We will institute peer support systems and case conferences, we will also conduct continuing education for counselors and supervisors to maintain quality.

We have learned that focusing on the benefits and importance of testing, and on varied media promotion are effective ways to create demand for VCT and decrease stigma around HIV testing. PEPFAR supports HAPCO endeavor to strengthen social mobilization initiatives that focus on MARP. In FY 2009, PEPFAR Ethiopia will support the country in expanding the geographic coverage of all mechanisms of HCT promotion to create demand.

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	5527.09	**Mechanism:**	Civil Society
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	10588.28245.09	**Planned Funds:**	[redacted]
Activity System ID:	28245		

Activity Narrative: Community-level counseling and testing service support in Ethiopia

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity. This is a competitive acquisition and the partner is To Be Determined. References to an implementation partner in the COP08 narrative are incorrect. This activity will extend several clinical care services to households to adult and pediatric clients by engaging local civil society to expand palliative care programs in urban areas. Services will be delivered by community volunteers with supervision by nurses. Activities remain similar to activities described in the COP08 narrative. This activity will not be d in COP09.

COP 08 Narrative:
Palliative care requirements currently exceed facility-based support. The coverage of families, especially OVC, is some of the lowest among the fifteen focus countries. Household level support, specifically related to nutrition, hygiene, psychosocial support, adherence and OI management does not meet coverage requirements in FY07. Community based care is restricted to major towns where a substantial number of individuals are already on treatment and where access to services is high. Community-based care expansion is required in secondary or market towns where HIV prevalence is high and facility-based uptake of care and treatment services are low and loss to follow up is notably higher.

This activity will consolidate the provision of palliative care services in major health networks with standardization, technical oversight, integration with facility-based care, supporting nutritional, social and clinical outreach.

Family Health International (FHI) has supported the provision of chronic care services at public health centers; community-level AIDS care and support; and the development of multi-sectoral referral networks between community, health center and hospital services. FHI proposes to scale-up home- and community-based care (HCBC) programs to provide comprehensive palliative and preventative care in high-prevalence urban and periurban areas. Emphasis will be placed on building the capacity of community and faith-based organizations (CBO/FBO) to deliver palliative care services and to emphasize community-level ownership of HIV/AIDS services. To ensure sustainability, FHI will link HCBC programs to a strong network of palliative care services at health centers, hospitals and community posts.

FHI will work with district and town administrations to strengthen the capacity of CBO and FBO partners to provide services and mobilize resources to support these services under a framework developed by the Care and Support Program. This activity will provide the required intensity of community care needed to improve the quality of life of persons living with HIV and to link OVC to appropriate services.

This activity includes the package of community care to meet the needs of individuals and their families at various stages: ART and opportunistic infections (OI) adherence support, provision of household contacts for voluntary counseling and testing (VCT), TB screening, support disclosure to family members, addressing prevention for positives including condom provision, nutrition counseling, psychosocial and spiritual counseling, access to safe water, malaria prevention, stigma reduction, and care for OVC.

This activity will develop linkages with external microfinance and income generation activities and address male norms in the household for sustained behavior change. Community care will focus not only on providing care to critically ill clients, but also sustain the health status of asymptomatic HIV positive individuals to prevent the onset of AIDS. This activity is integrated with delivery of the Preventive Care Package.

Pediatric community care will be strengthened through training of HCBC providers to refer children in beneficiary households for counseling and testing (CT) and TB screening, child health interventions and also to identify and refer OVC who are family members of HCBC beneficiaries. Access to family planning/reproductive health (FP/RH) and PMTCT services will be facilitated to ensure that community care clients receive appropriate support, including focused FP/RH for couples and PMTCT follow-up for HIV-positive mothers and their HIV exposed infants. FHI will train HCBC providers to refer the mother and infant to the health center for palliative care and ART, if needed, and to support the mother in disclosing her status to her sexual partner and referring him to appropriate HIV/AIDS services.

Under primary health care provision, FHI will continue to train community care providers including new HCBC volunteers and community-level workers, health extension workers, PLWHA groups, local faith-based associations, youth groups, and volunteers engaged in HIV prevention programs. The community level training will build the communication and service delivery skills of HCBC providers and broaden their understanding of PLWHA needs. To ensure quality and supervision of HCBC services, FHI will work closely with CBO and FBO to recruit and retain nurse supervisors to whom the HCBC providers will report on a regular basis.

FHI will work with community partners to strengthen the referral networks at community level and to link HCBC providers to these networks. The networks will facilitate access to a range of services such as care and treatment, RH/FP and PMTCT services at health facilities; food and nutrition support from WFP; income generating activities; psychosocial, education, and legal support; resources for free shelter; and palliative care support groups. FHI will support the referral networks in mapping services and distributing up-to-date service directories, and in adopting user-friendly referral systems and tools to track referrals. FHI will train community-level referral network coordinators to collect, manage and analyze data to improve service quality and accessibility.

FHI will link community care activities to other USG partners, through case managers, to facilitate access to care services through a standard referral approach. This activity will strengthen civil society's linkages to catchment area and regional review meetings of the ART health network to standardize community care, defaulter tracing and adherence support.

Activity Narrative: FHI will support greater involvement of persons with AIDS through engaging PLWHA who have successfully received ART to encourage and support treatment adherence in other patients.

FHI will contribute to scaling-up existing palliative care services through a package of care that includes prevention and positive living activities to support the broadened definition of palliative care. This will be implemented within the framework of the care continuum, ensuring that both adults and children are reached through a family-centered approach. FHI will focus on strengthening the community as a key actor in the provision of care and support services for PLWHA and their families and build their capacity to both mobilize and manage resources effectively to sustain services. FHI will work with the regional health bureau (RHB), HIV/AIDS Prevention and Control Office (HAPCO), CBO, FBO and communities themselves to expand and facilitate access to services at the community level while ensuring strong referral linkages to health facility-based care.

The palliative care program will provide ARV adherence support at the community level by HCBC providers and at the health centers by PLWHA who have successfully received and adhered to treatment. It will also address the increased emphasis on food and nutrition support for PLWHA and their households, including beneficiaries on ART, by reinforcing referral linkages to other programs providing this type of support, such as the World Food Program, a partner of FHI.

FHI's technical assistance efforts will be developed in collaboration with PEPFAR and other partners, including, but not limited to, US universities and MSH for implementation of palliative care services, WFP and AED for food and nutrition support, IntraHealth for PMTCT, and RPM Plus for logistics and supply management support.

This activity will target the provision of palliative care to PLWHA and their families, including MARPS. FHI will work closely with the RHB, HAPCO, CBO, FBO and the communities to distribute communication tools to promote palliative care services for HIV-positive individuals. PLWHA groups will be supported to implement advocacy activities to promote positive living, including the benefits of palliative care, and PLWHA role models to reduce stigma. The target populations will be reached through HCBC providers, community outreach workers and HEW who will make referrals to HCBC services. At health centers, the entry point will be counseling and testing (CT), TB/HIV and PMTCT where clients seeking care will be referred to CBO and FBO for HCBC.

Gender equity will underscore all FHI's palliative care efforts. This includes but is not limited to assessing and addressing barriers which limit access to general palliative care and support for women and girls with HIV/AIDS, and ensuring that both male and female HCBC providers are engaged in palliative care.

FHI will build capacity among palliative care providers in the community to provide quality care through both training, ongoing supportive supervision, and the provision of job aids to facilitate their work. Training for palliative care services that can be transferred to the community level will be conducted for HCBC providers and selected patient support group members.

Geographic coverage will be urban areas and periurban towns, either district or market towns, along transportation corridors outside of the HCT coverage being provided by other USG partners.

FHI will work with RHB and HAPCO to strengthen the organizational capacities of CBO, FBO and communities to provide quality palliative care services. FHI will provide sub grants to CBO and FBO to implement HCBC services. The sub grants will be the partnership mechanism through which FHI will build the technical and organizational capacities of CBO and FBO and institutionalize HCBC services for sustainability.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16700

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16700	10588.08	U.S. Agency for International Development	Program for Appropriate Technology in Health	12027	12027.08		$2,920,000
10588	10588.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	12025	12025.07		$2,624,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7599.09 **Mechanism:** Corridors

Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	18713.28290.09	**Planned Funds:**	[redacted]
Activity System ID:	28290		

Activity Narrative: Corridors

ACTIVITY UNCHANGED FROM FY2008

This activity will be competed to select a new partner. USAID/Ethiopia will inform OGAC when the partner is selected.

COP 08 NARRATIVE:

This is a continuing activity from the FY07 supplemental. This activity receives HVAB, HVOP, HBHC and HVCT funding.

This comprehensive ABC activity, addressing high risk populations along four major transportation corridors in Ethiopia, is planned as a program follow on to the previous High Risk Corridor Initiative implemented by Save the Children USA.

Towns along the following transportation corridors will be addressed:
Addis Ababa – Djibouti, specifically Dukim, Adama, Metehara, Awash, Mille and Loggia
Addis Ababa – Adigrat, specifically Kombolcha, Dessie, Weldiya
Addis Ababa – Gondar, Debre Markos, Bahir Dar, Gondar
Modjo – Dilla, specifically Shashemene, Yirgalem, Dilla and Awassa

Additional towns will be identified by the implementing partner in coordination with the USG to maximize HIV prevention activities in key towns.

The activity is primarily funded by HIV prevention funds. HVCT funding will permit the TBD implementing partner to address HIV counseling and testing mobilization within the interpersonal and interactive HIV prevention components of the program. Primary targets of the interpersonal HIV prevention program include adult populations above the age of 25, girls engaged in cross-generational sex, commercial sex workers and their clients and migrant populations, specifically truckers and their assistants who frequent entertainment areas where transactional sex occurs.

Corridors will leverage HCT services from USG investments in the private sector, mobile CT, community based organizations and facility based organizations. HVCT funding enables the TBD implementing agency to adapt specialized communications instruments for target populations to assess VCT. Furthermore, the TBD implementing partner will collaborate with USG implementing partners to target mobile and community-based VCT services to specific geographic areas to address high risk settings and specific demographic groups that are hard to reach. The Corridors program will provide a specialized input to VCT programming to hard to reach groups. Inputs will focus on targeted mobilization within the context of HIV prevention to hard to reach groups as opposed to VCT service delivery to these groups.

This continuing activity will expand structured HIV prevention activities in key towns along three additional transportation corridors to ensure at risk populations receive interpersonal and interactive HIV prevention counseling, condom distribution and VCT services. The activity will utilize structured implementation approaches to facilitate and sustain the adoption of prevention behaviors. The activity will link activities to clear behavior change objectives related to mutual faithfulness, partner reduction and other prevention methods.

Lessons from the High Risk Corridor Initiative and the East African regional Transportation Corridor Initiative will be incorporated into the design and implementation of this activity. The implementing partner will gather existing formative assessments on high risk behaviors, substance abuse, transactional and cross generational sex for further analysis. Additional low cost formative assessments will be completed by the implementing partner in collaboration with other USG implementing partners to better understand the target population's needs and the factors that expose them to a HIV risk.

Substantial collaboration is envisioned between USG implementing partners is anticipated. The implementing partner's ability to cover four transportation corridors will be strengthened through such collaboration, specifically with the Targeted Condom Promotion activity and the Confidential STI Clinics implemented to target at risk populations. Collaboration between this prevention activity and palliative care and counseling and testing activities will be incorporated. This will strengthen the implementing partner's capacity to place at risk populations in need of services into existing community care and inpatient facilities.

Target populations include various subpopulations of adult men and women residing and transiting urban areas. Adult men, specifically transportation workers, men with disposable income and migrant populations, appear to be engaged in high levels of informal transactional sex. Older adolescent girls and women, with specific emphasis on those aged 20+, who engage in transactional sex will be recipients to ABC interventions and services to reduce their risk of becoming infected with HIV. More specific, tailored HIV prevention program is will be established to reach adult women engaging in transactional sex in high risk settings and in offsite areas. Structured peer promotion by populations of at risk groups will be utilized to increase access to these groups. Population specific support groups will be utilized to encourage greater interaction and uptake of available HIV prevention and care services including treatment.

Recent HIV prevalence 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. HIV prevalence among adults in urban settings to be almost nine times higher than that among adults in rural settings. In the 2005 EDHS, HIV prevalence among adults in urban settings was almost eight times higher than that among adults in rural settings. A recent USG technical assistance visit identified several observations to consider during program design –

Activity Narrative: 1 -Focus on the urban epidemic
2 -Transactional sex is likely at the epicenter of the urban epidemic
3 -There are exceptionally high levels of risk among adult populations
4 -Gender inequalities are likely at the root of HIV risk among women
5 -Social marginalization may be associated with migration, and with risk, in key subpopulations

The new activity will aim to build on these successes and draw from USG interagency programming experiences in alcohol and substance abuse, targeted condom promotion, gender-based violence, and the Male Norms Initiative to address at risk populations in specific geographical areas where such populations congregate. Structured interpersonal and interactive behavioral change interventions will be strengthened. Inherent in the design of this new activity will be strong referral to HIV/AIDS and TB services offered by public and private health facilities, mobile VCT services and community based care programs within program implementation areas.

The activity will blend subpartnering and direct implementation to address USG priorities. The implementing partner will engage in local technical capacity building of civil society in key towns where available. The activity will place an emphasis on gender, specifically addressing male norms including multiple partnerships, coercive sex, alcohol use and condom use. We also anticipate the partner will leverage both USG and non-USG resources to increase at risk women's access to productive income and services.

At the time of writing a multi-year statement of work is being designed for competitive procurement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18713

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18713	18713.08	U.S. Agency for International Development	To Be Determined	7599	7599.08	Corridors	[redacted]

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

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 11937.09

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:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	18789.29237.09	**Planned Funds:**	$0
Activity System ID:	29237		

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:

Activity Narrative: 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

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 databasewith 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18789

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18789	18789.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	7485	3787.08	Support for program implementation through US-based universities in the FDRE	$0

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5483.09

Mechanism: TBD/CDC

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 28911.09

Planned Funds: [redacted]

Activity System ID: 28911

Activity Narrative: Home Based Voluntary Counseling and Testing in the rural Community – Hot spot

VCT serves as an entry point to prevention, care, treatment and support, programs and enables people to confidently understand their HIV status and learn about supportive behaviors for protecting themselves and preventing further spread of HIV. Knowledge of HIV status has been promoted as a prerequisite for access to support and care including treatment.

Voluntary counseling and testing (VCT) remains the most widely accepted approach for promoting knowledge of HIV status. WHO promotes initiatives to increase access to innovative, ethical and practical models of HIV testing and counseling.

A number of counseling and testing (CT) service delivery models are being used to expand entry points to HIV testing and to promote testing as a more routine practice. Expanding the number of models will help more people learn their HIV status and benefit from prevention, care and treatment services. The models are designed to reach different target groups and achieve different goals.

Home-based CT (HBVCT) is relatively new and is still being piloted. It is similar to the mobile model in that CT is offered within the home to family members, including children, where appropriate. For this reason, it is sometimes referred to as the family-based model.

In a number of African countries HBVCT is implemented to create better access HIV testing services for the rural community. Qualitative DHS+ in Uganda showed that homes were perceived by almost all the respondents who participated in the blood draw as spaces where they could receive their test results in privacy and with confidentiality.

The major advantages of the HBVCT are; reaching of couples or families at once, hence prevention can be more effective and the strategy facilitates disclosure. However, some of the challenges of HBVCT include the cost of the service, disclosure consequences and social acceptance.

In FY08 HBVCT was introduced by community counselors as a pilot in urban setting of Addis Ababa. There is little information on the cost effectiveness and social acceptance of HBVCT in Ethiopia particularly in the rural community.

The Millennium AIDS Campaign 2007/8 indicated that 10% of the population accessed HIV testing through the campaign. Most of the reports were from the health facilities which mostly concentrated in urban areas. Access to services such as VCT and care and treatment including ART are limited in rural communities. The VCT site should be located close to the people it serves. If people have to pay for transportation or if it takes too long to get to a site, they may not be able or willing to come for testing. Experience in other countries has shown that mobile and home to home VCT are effective strategies to reach rural populations.

This activity is intended to pilot HBVCT in a rural setting with high prevalence. The service will be closely linked with the health post, a primary health unit which is close to community.
Activities will include;
1. Selection of sites rural area with high prevalence (DHS+ and ANC surveillance);
2. Conducting rapid need assessment of the community;
3. Mapping of referral linkage for care and support services;
4. Establishing data recording and reporting mechanism;
5. Launching of HBVCT service;
6. Closely monitoring the service and identify main issues; and
7. Documenting best practices and lesson learned for future replication.

HBVT service will serve to meet Ethiopian ART Road PEPFAR care and treatment targets.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7609.09

Mechanism: Care and Support Project

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 5654.27961.09

Planned Funds: $1,000,000

Activity System ID: 27961

Activity Narrative: Care and Support Program

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Urban and periurban areas are at the center for Counseling and Testing services to beneficiaries in the Care and Support program, reaching sites with the highest prevalence and the largest concentration of potential beneficiaries. To assist the government of Ethiopia's ambitious goal for universal access of services USAID/Ethiopia will focus HCT support in urban and periurban areas and a few periurban and maybe some rural "hot-spots". The counseling and testing services will focus on increasing the linkages to the care and support and treatment services at facilities and with community-based services. Activity narrative continues as is described below with decreased budget and increased targets for COP 09.

COP 08 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 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, workplace and stand alone sites. The CSP provides rapid expansion of health services among three progressively more comprehensive tiers. The first tier, at 500 health centers, offers basic services including TB/HIV and VCT. The second, at 393 health centers, offers TB/HIV, VCT and palliative care services. The third tier, at 240 health centers, offers ART as well as the above services.

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 IMPACT project, Save the Children Federation/US (Save/US) along the Addis Ababa- Djibouti High Risk Corridor and US university partners supported hospitals. This support has encompassed assessment of existing services and implementation with respective regional health bureaus (RHB). The numbers of VCT centers continues to increase with the Ministry of Health (MoH) plan to have at least one VCT center per health center and per hospital. The National Counseling and Testing Guidelines are being revised to include provider initiated counseling and testing, engagement of non-medical counselors and other important issues, such as the maximum age requiring parental consent.

PEPFAR Ethiopia will support health centers to implement the new Government of Ethiopia guidelines to maintain support to existing health center VCT services and scale-up CT services through provider initiated counseling and involvement of non-medical counselors. Moreover, all VCT services supported by this program will be linked to a specific, functioning referral system, through case managers, to ensure that HIV-positive clients are linked to care and treatment services.

In FY 07, PEPFAR Ethiopia provided technical assistance to 500 health centers nationwide through the previous mechanism. The technical assistance included provision of support for HIV VCT by medical and non-medical counselors, and provider initiated counseling and testing (PICT) services; quality assurance of counselor performance including in-service performance improvement; screening for active TB among VCT/PICT clients; outreach services to target most-at-risk populations in surrounding areas; quality HIV tests including implementation of simpler techniques, such as finger pricking instead of using venous puncture to collect samples (once approved by national authorities); and routine quality assurance and quality control of laboratory services mechanisms.

This activity will also build local capacity and continue to improve upon CT services in a sustainable manner through training of trainers (TOT) programs for regional, zonal and district level master trainers on HIV testing and counseling. Human resource capacity building technical assistance 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.

The data collection and maintenance will be enhanced through the ensuring the availability of standard registration books and client intake forms; supporting site level data analysis, utilization and timely reporting to public health authorities; strengthening regular supportive supervision by regions, zones and 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 (ID 10534) and Partnership for Supply Chain Management (ID 10532) to support facilities, districts, zones, and regions to ensure consistent supply of HIV test kits as well as 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

Activity Narrative: services with strong emphasis on “prevention for positives” counseling and strong linkages with community-based HIV/AIDS services through case managers, health extension workers and outreach workers.

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 health care facilities. The health center level services, being available at a more localized level, will enable a greater percentage of the community to access care and support. . The program will rely on health extension workers (HEW) at health centers to provide information, referrals, and counseling. The community-based HEWs 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.

The activity will build significant local organizational capacity through the training of health facility staff and the support of health centers for improvement of health systems, data collection and patient service.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16602

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16602	5654.08	U.S. Agency for International Development	Management Sciences for Health	7609	7609.08	Care and Support Project	$1,000,000
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

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 655.09

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: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 10585.27941.09

Planned Funds: $160,000

Activity System ID: 27941

Activity Narrative: Creating Demand for Counseling and Testing through Promotional Activities

ACTIVITY UNCHANGED FROM FY2008

COP 08 NARRATIVE:

This continuing activity links to activities AB (ID10386, 10590, 10592 and 10605), Other Prevention (ID 10387 and 10388), Treatment (ID 10606 and 10623), Other Policy (ID 10422, 10423 and 10428) and all HCT 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.

JHU CCP/ARC produced print and multimedia materials encouraging use of VCT and distributed VCT communication materials to service providers. CCP/ARC also conducted three 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 JHU-CCP designed a communication strategy with participation of 30 prominent organizations working on HCT in Ethiopia. In consultation with partners selected the theme of the year to focus on youth between the ages of 18-24. The information was distributed to the regions.
On the VCT day (Sept 10 2008) a mass rally was organized involving 2,000 (two thousand) young people from the various sub-cities. A huge billboard was unveiled at Public Square in Addis Ababa. Similarly the regions have conducted events mostly related to community mobilization. Different educational materials were produced and distributed.

In FY09, CCP/ARC plans to continue promotion via two approaches:
1) Implementation of HCT Day 2009 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 to support HAPCO and partners for HCT Day 2009 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.

In addition to the HCT Day communication strategy JHU CCP/ARC will support FHAPCO to development of National HCT communication strategy for the 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 journalists and other partners in HCT reporting and communication. This expanded HCT campaign will be supported through the addition of key staff.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16583

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16583	10585.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	7474	655.08	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

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3787.09

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: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 10545.27928.09

Planned Funds: $475,000

Activity System ID: 27928

Activity Narrative: Creating Demand for Counseling and Testing through Promotional Activities

ACTIVITY UNCHANGED FROM FY2008

COP 08 NARRATIVE:

This continuing activity links to activities AB (ID10386, 10590, 10592 and 10605), Other Prevention (ID 10387 and 10388), Treatment (ID 10606 and 10623), Other Policy (ID 10422, 10423 and 10428) and all HCT 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.

JHU CCP/ARC produced print and multimedia materials encouraging use of VCT and distributed VCT communication materials to service providers. CCP/ARC also conducted three 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 JHU-CCP designed a communication strategy with participation of 30 prominent organizations working on HCT in Ethiopia. In consultation with partners selected the theme of the year to focus on youth between the ages of 18-24. The information was distributed to the regions.
On the VCT day (Sept 10 2008) a mass rally was organized involving 2,000 (two thousand) young people from the various sub-cities. A huge billboard was unveiled at Public Square in Addis Ababa. Similarly the regions have conducted events mostly related to community mobilization. Different educational materials were produced and distributed.

In FY09, CCP/ARC plans to continue promotion via two approaches:
1) Implementation of HCT Day 2009 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 to support HAPCO and partners for HCT Day 2009 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.

In addition to the HCT Day communication strategy JHU CCP/ARC will support FHAPCO to development of National HCT communication strategy for the 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.

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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 journalists and other partners in HCT reporting and communication. This expanded HCT campaign will be supported through the addition of key staff.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16635

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16635	10545.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	7485	3787.08	Support for program implementation through US-based universities in the FDRE	$496,800
10545	10545.07	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	5484	3787.07	FMOH	$0

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3786.09

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: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 5725.27917.09

Planned Funds: $532,950

Activity System ID: 27917

Activity Narrative: Rapid expansion of successful and innovative treatment programs

ACTIVITY UNCHANGED FROM FY2008

COP 08 ACTIVITY NARRATIVE:

Activity Narrative: HIV Counseling and Testing Support at hospital
This is a continuing activity and relates to activities in ART (ID 10439 and 10628), TB/HIV (ID 10469 and 10472), Palliative Care (ID 10501), Laboratory (ID10613), SI (ID 10440) , Other Prevention (ID 10629 and 10648) and all HCT activities.

In FY08, the University of Washington/I-TECH provided 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). Midway into 2008, 183 healthcare professionals had been trained on HIV counseling and testing (HCT)—both client and provider initiated—according to national and international standards. In addition, 35 sites are providing voluntary counseling and testing (VCT) and 30 sites are providing provider-initiated counseling and testing (PICT) services.

In FY09 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 encouraging testing of the untested partner. Appropriate child counseling and testing 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 FY09, 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. I-TECH will continue to expand counseling and testing cadres and same hour result models through HIV testing points. All I-TECH sites will offer routine HIV testing for sexually transmitted infections (STI), tuberculosis (TB), and family planning (FP) to clients and patients in the inpatient and outpatient departments. Appropriate intra facility referral tools will be implemented to ensure functional linkage between 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 HIV rapid 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

Through coaching and mentoring visits to hospitals, I-TECH's field-based clinical teams would make sure that quality 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 collaborate with PEPFAR partners to provide 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.

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 the establishing of peer-support groups at site level for burnout management and skills building, and also organizes other burnout-management programs in collaboration with partners.

Activity Narrative: Furthermore, I-TECH will give technical assistance support to the Regional Health Bureaus and sites when 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16658

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16658	5725.08	HHS/Health Resources Services Administration	University of Washington	7487	3786.08	Rapid expansion of successful and innovative treatment programs	$561,000
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

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5483.09

Mechanism: TBD/CDC

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 5627.28148.09

Planned Funds: [redacted]

Activity System ID: 28148

Activity Narrative: Family Guidance Association of Ethiopia, Addis Ababa Counselors Support Association

ACTIVITY MINOR CHANGE FROM FY2008

COP 08 ACTIVITY NARRATIVE:

Activity Narrative: National HIV Counseling and Testing Support
This activity describes four components of FY09 activities.

I. Building Human Capacity

During FY08, 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 ART hospitals. Interventions included training, updating materials, and training new community counselors following a successful pilot. JHPIEGO started work with Addis Ababa Counselors Support Association (AACSA) to transform to national association and established new regional counselors associations and post-test clubs and two regional VCT demonstration sites equipped to serve as regional training centers.

In FY09 JHPIEGO will continue to support FHAPCO in updating national guidelines and training packages for HCT, with specific focus on needs of vulnerable or underserved populations, including guidelines for pediatric disclosure, counseling for youth, families and the disabled. JHPIEGO will do so using on-site training and appropriate learning technologies to minimize disruptions in service delivery. Finally, JHPIEGO will continue to build human capacity by expanding the pool of HCT trainers through the competency-based trainer development pathway; working with the CDC and Regional Procurement and Supplies Office (RPSO) to establish additional regional VCT Demonstration Sites, and continuing to build the capacity of two local organizations, (FGAE) and Ethiopia HIV/AIDS Counseling Association (EHACA) to effectively conduct training and implement HCT independently.

1) Support the scale-up of HCT training by training a total of 60 new trainers in voluntary counseling and testing (VCT), provider-initiated testing and counseling (PITC), 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 three or four 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 FY08, 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 FY09 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.
Signed a sub-agreement with Family Guidance Association of Ethiopia in 07 to strengthen VCT and introduce PITC in 34 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 PITC and training 100 VCT counselors (including community counselors) and 70 FGAE counselors in CHCT and burnout management
3) Supporting VCT, CHCT and PITC 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

Activity Narrative: Expansion of VCT to market vendors (pilot program)
JHPIEGO planned to pilot HIV counseling and testing and STI testing in the market place in close collaboration with AIDS Healthcare Foundation-Uganda.. Market communities, which comprise a significant proportion of the informal work sector in many African countries, are particularly vulnerable to HIV/AIDS. Market vendors, the majority of whom are women, are a high-risk group for HIV infection due to a number of contributing factors that include: little knowledge of the dynamics of HIV transmission, infection and prevention; promiscuity; substance abuse; unsafe sex; congestion; long work hours; and poverty. Exacerbating this problem is the fact that, traditionally, market vendors do not access HIV/AIDS services, even when available, for fear of losing valuable time and money.
In Uganda, AIDS Healthcare Foundation (AHF) partnered with Development Initiatives International (DII) in 2005 to develop a comprehensive and integrated HIV/AIDS service package of prevention, care, support, and free antiretroviral therapy (ART) specifically designed for market populations and communities.
Studies have shown that for populations with low rates of HIV prevalence overall (like in Ethiopia), it is most effective to target high-risk groups with programs that emphasize counseling, testing, and treatment services. Therefore, implementation of an innovative model designed to accommodate the lifestyles and needs of market vendors is appropriate and necessary. JHPIEGO will pilot the program in Addis Ababa and based on the lessons gained will replicate the services in other towns.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16574

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16574	5627.08	HHS/Centers for Disease Control & Prevention	JHPIEGO	7473	3746.08	University Technical Assistance Projects in Support of the Global AIDS Program	$2,486,448
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

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 649.09
Mechanism: N/A
Prime Partner: International Rescue Committee
USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHCS (State)
Program Area: Prevention: Counseling and Testing
Budget Code: HVCT
Program Budget Code: 14
Activity ID: 5606.28086.09
Planned Funds: $200,000
Activity System ID: 28086

Activity Narrative: Counseling and Testing for Sudanese and Eritrean Refugees

THIS ACTIVITY HAS BEEN MODIFIED FROM COP08 IN THE FOLLOWING WAYS:

IRC currently provides VCT services to refugee and host community populations in Sherkole Refugee Camp in the Benishangul-Gumuz region and Shimelba Refugee Camp in Tigray. In FY07, JHU cited the Sherkole VCT center as an exemplary VCT site for quality control and service delivery. In addition, IRC developed and rolled out a new database improving data storage, data security, data analysis, and consistency and completeness of reports.

In FY09 IRC will expand geographic coverage of this activity to initiate VCT services in My Ayni Refugee Camp, which opened in May 2008 to accommodate the continued influx of Eritrean asylum seekers entering Ethiopia, and surrounding host communities. The current camp population (as of October 2008) is approximately 4000 refugees with about 400 more individuals arriving monthly. To date, My Ayni hosts a temporary clinic providing basic health care, but does not have the capacity to provide VCT services. Funds in excess of FY08 levels will allow for construction of a confidential VCT center in My Ayni, enabling refugees and host community members to receive counseling and testing for HIV without traveling 2-4 hours to the next closest testing facility. This activity links directly with IRC's PMTCT, AB and OP programs that will also expand to My Ayni in FY09. IRC will continue to build on its coordination with ARRA health officers in the camps as well as other PEPFAR partners and health networks outside the camp. Otherwise, this activity remains unchanged from FY08.

COP08 NARRATIVE FOR THIS ACTIVITY:
International Rescue Committee

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. This project is programmatically linked to Abstinence/Be Faithful Activities for Sudanese and Eritrean Refugees (10600) and Condoms and Other Prevention Activities for Sudanese and Eritrean Refugees (10646).

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

Activity Narrative: 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 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 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).

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16709

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16709	5606.08	Department of State / Population, Refugees, and Migration	International Rescue Committee	7516	649.08		$130,635
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

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Refugees/Internally Displaced Persons

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	3784.09	**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: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	5722.27902.09	**Planned Funds:**	$465,500
Activity System ID:	27902		

Activity Narrative: AActivity Narrative: HIV Counseling and testing support at hospital

ACTIVITY UNCHANGED FROM FY 2008

COP 08 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 the operational regions (Dire Dawa, Harari, Oromiya, and Somali). 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. In the last year 42 supported sites in four regions, trained more than 900 service providers and supported facilities provided HCT services to 250,000 people. In collaboration with Somali Regional Health Bureau and HAPCO, ICAP-CU launched a mobile VCT services to reach the pastoralist community.

In FY09, ICAP-CU will support voluntary counseling and testing (VCT) and provider initiated testing and counseling (PICT) services sites in 52 sites (Public facility and NGO- mobile VCT), and the provision of quality CT services and enhanced linkages between CT and care and treatment services. As a member of the National Technical Working Group on HIV Counseling and Testing, ICAP-CU will contribute to the development of guidelines, formats, and standards for CT services.

ICAP-CU will continue to promote the use of innovative testing strategies, including PITC, 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 CT programs. Active case-finding within families and households will also be ICAP-CU priority. CT 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 PITC and VCT services.

ICAP-CU signed MOU with local NGO to implement mobile VCT service in Somali region. The program was launched in FY08 to reach the underserved pastoralist population of the region. The mobile services will also cater for the most –at- risk populations on the corridor along Hargessa route.

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 CT services.
2) ICAP-CU will continue to support the implementation of mobile CT service started in FY08. These services are critically needed to serve hard-to-reach nomadic populations of Somali 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 CT services to the most vulnerable groups (e.g., prisoners) in selected regions, providing education, CT, 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 counseling and testing supplies, such as test kits and laboratory supplies and equipment.

ICAP-CU's CT activities will be harmonized with those of all PEPFAR Ethiopia partners operating in the same regions. This will strengthen linkages for better program impact. 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16671

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16671	5722.08	HHS/Centers for Disease Control & Prevention	Columbia University	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	$450,000
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

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 645.09

Mechanism: Private Sector Program

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 6452.28320.09

Planned Funds: [redacted]

Activity System ID: 28320

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

Activities remain similar to activities described in the COP08 narrative. External quality control will be expanded to support additional private clinics in Addis Ababa, Amhara and Oromia alongside TB/HIV activities. This activity narrative will not be d in COP09.

COP 08 NARRATIVES:

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 the general population and employees and dependents. The project seeks to establish management and labor ownership of its workplace activities and encourages companies to share a significant part of program costs.

In FY08 PSP and its local subcontractors will complement on-going efforts in workplaces and private clinics with expanded high quality, mobile HCT services targeting adult populations in higher prevalence urban and periurban areas. The project will also leverage activities under several existing PEPFAR programs providing HIV prevention and facility-based counseling and testing (CT) and TB services.

Utilization and access of high quality, facility-based voluntary counseling and testing (VCT) services by at risk populations remain problematic along major transportation corridors, Addis-Djibouti; Addis-Adigrat; Addis-Metema; and Modjo-Dilla transport corridors. 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 provide 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 periurban areas.
- Employ highly visible promotion teams to prime demand and offer multi-day counseling and testing events in high prevalence areas the ART health network.
- Receive training and supervision to assure that services meet national guidelines including quality assurance/quality control, utilization of finger prick techniques with dried blood spots or parallel testing.
- Make comprehensive referrals for care and treatment which the program will follow-up to monitor success in connecting seropositive individuals with appropriate care.
- Standardize reporting to appropriate levels of the Ministry of Health and conduct joint analysis with Regional Health Bureaus and USG partners of client demographics and findings.

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 ten-to-twenty 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 Regional Health Bureaus 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 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 to 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.

Activity Narrative: By increasing the use of the private sector to provide CT services, this program will reduce the strain on the already burdened 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.

As part of an integrated workplace program for HIV/AIDS prevention, care and treatment, PSP will continue to support intensive workplace peer education program which supports 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 delivered in small group discussions during work time. 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 Regional Health Bureaus to initiate and sustain private sector CT services. This activity will focus on reaching most at risk populations along the four high risk corridors in urban and periurban 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 most at risk populations by conducting thorough rapid assessments prior to deploying mobile CT teams or selecting private sector clinics. The assessments gathers information on who the most at risk populations 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 regional health bureau (RHB) and district health office (DHO) staff as well as local non-governmental 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 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 that have disposable income. At the management level, PSP reaches males of higher educational and socioeconomic status who the Ethiopia Demographic and Health Survey (EDHS) indicates are at risk due to their high number of sexual partners and low reported condom use.

PSP will utilize national systems for implementation, M&E and intensive supportive supervision to strengthen CT services in areas of operation.

Explanation of Targets
355 service outlets include 75 workplace clinics, 200 private sector clinics and 60 distinct towns/communities where mobile CT services will be provided.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16568

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16568	6452.08	U.S. Agency for International Development	Abt Associates	7471	645.08	Private Sector Program	$1,627,031
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

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 651.09

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: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 5667.28326.09

Planned Funds: $1,221,500

Activity System ID: 28326

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

COP 08 Narrative:

Activity Narrative: Strengthening National Model VCT Sites & Expansion of Mobile VCT Services
This is an ongoing activity and relates to activities in basic palliative care (ID10549), ABT associates (ID10538) and HCT activities implemented by partners.

Strengthening National Model VCT Sites and Expansion of Mobile VCT Services:
In FY09, 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. In FY08 AAHAPCO launched 11 mobile VCT services in eight regions and were able to reach the high risk groups and underserved rural population. Currently the mobile VCT is operational in Amhara, Oromiya, SNNPR, Tigray, Benshangul and Gumuz, Afar, Somali and Addis Ababa. Home based VCT (HBVCT) piloting started in Addis Ababa and will continue through January 2009. Local community conversation leaders become promoters and models of the implementation of HBVCT in their areas. Major challenges faced during the implementation of HBVCT include maintaining confidentiality in the home environment, transportation and the ensuring quality of HIV testing.

In COP09 AAHAPCO has two continuing activities. The first component is to maintain the existing national model VCT sites and mobile units in Addis Ababa. In FY09, 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 on 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 (hearing impaired, visually impaired, etc)
7) Improving the competence of community counselors to deliver VCT at static sites, satellites, and mobile VCT units through mentorship
8) Strengthening the management system of the project, mainly focused at the site level
9) Conducting regular case conferences twice a month, burnout management conference 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 uptake 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 FY09, 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.

Referring HIV-positive individuals for 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 FY09, the mobile unit will continue screening of syphilis using rapid plasma reagent (RPR). Clients who are RPR-positive will receive referral for treatment and education. The patients will be encouraged to notify

Activity Narrative: their partner(s).

The mobile units will work in close collaboration with PEPFAR partners

New/Continuing Activity: Continuing Activity

Continuing Activity: 16695

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16695	5667.08	HHS/Centers for Disease Control & Prevention	Addis Ababa Regional HIV/AIDS Prevention and Control Office	7508	651.08	Development of Model Voluntary Counseling and Testing Services in the Democratic Republic of Ethiopia	$1,350,360
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

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3806.09

Mechanism: Twinning Initiative

Prime Partner: American International Health Alliance Twinning Center

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 10583.28308.09

Planned Funds: $200,000

Activity System ID: 28308

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

COP 08 Narrative:

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 through: 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. A team of PEPFAR partners traveled to Kenya for experience sharing visit through the twining program. The Ethiopian and Kenyan team developed a concept paper on how to implement the program.

In FY09, LVCT support to the MOH and regional health bureaus (RHB) will include:
1) Provision of support in the implementation of QA strategies at the national and regional level
2) LVCT in partnership with HAPCO and US based partners assist sites with the implementation of QA programs at facility level
3) Conduct training of trainers (TOT) at the regional level for further expansion of the program.
In FY09, LVCT support will further expand training of counselors to assure quality of service at the site level. Additional 30 sites will be identified for the implementation of the QA system in collaboration with PEPFAR partners. Documented "best practices" and lessons learned will be replicated in other sites. Furthermore, LVCT will revise the QA tool based on lessons learned from site-level implementation.

AIHA is requesting continued funding in 2009 to ensure the robust progress of this South-South partnership.

As the partnership transitions out of the first year/initiation phase, AIHA 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 FY09 to strengthen both human resources and institutional ability to provide HIV VCT services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16710

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16710	10583.08	HHS/Health Resources Services Administration	American International Health Alliance Twinning Center	7517	3806.08	Twinning Initiative	$211,000
10583	10583.07	HHS/Health Resources Services Administration	American International Health Alliance Twinning Center	5537	3806.07		$176,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	3790.09	**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:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	18200.28212.09	**Planned Funds:**	$128,400
Activity System ID:	28212		

Activity Narrative: VCT Services for Refugees and Host Populations in Ethiopia

THIS ACTIVITY HAS BEEN MODIFIED FROM COP08 IN THE FOLLOWING WAYS:

In FY09 UNHCR will expand geographic coverage of this activity to initiate VCT services in Sheder Refugee Camp in the Somali Region and Asayita Refugee Camp in Afar. Otherwise this activity remains unchanged from FY08.

COP08 Narrative for this Activity:
United Nations High Commissioner for Refugees

Related Activities: This proposal is programmatically linked to Condoms and Other HIV Prevention Services for Refugees and Host Populations in Ethiopia (10529), HIV Prevention Services for Refugees and Host Populations in Ethiopia (10528), Assistance to Orphans and Vulnerable Children in Refugee Camps in Ethiopia (10530), Palliative Care in Refugee Camps in Ethiopia (10572), and Universal Precautions and Post-Exposure Prophylaxis in Refugee Camps in Ethiopia (10634).

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18200

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18200	18200.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	7506	3790.08		$128,400

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 118.09

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: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 18730.27991.09

Planned Funds: $148,627

Activity System ID: 27991

Activity Narrative: Management and Staffing

There has been no change in staffing from COP 08

Funding for USAID staff in the HVCT program area covers one HIV/AIDS Counseling and Testing 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 with an emphasis on Most-At-Risk Populations. 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18730

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18730	18730.08	U.S. Agency for International Development	US Agency for International Development	7479	118.08	USAID M&S	$328,333

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 496.09

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: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 12248.28030.09

Planned Funds: $342,000

Activity System ID: 28030

Activity Narrative: Support the National HIV Counseling and Testing Coordination

ACTIVITY UNCHANGED FROM FY2008

COP 08 Narrative:

Activity Narrative: Support the National HIV Counseling and Testing Coordination

This activity relates to activities TB/HIV (ID 12315), HTXS (ID 12230 and12231), Blood Safety (ID 8092), AB (ID 10610) and all HCT activities.

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 targeted counseling and testing nearly five million clients by the end of September 2008 and beyond. A total of 4.5 million people were tested between July 2007 and the end of June 2008. Major progress has been achieved in HCT site expansion; currently 1336 sites are providing HCT services in the country. The campaign created a big demand and the government will continue with the same momentum.

Like the previous years MAC faces constraints and problems: the human resource crisis; accessing the targeted most-at -risk population and child and family testing.

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.

FY09 activities will include:
1) Coordinating all HIV counseling and testing programs at both the national and regional level through collaboration of all stakeholders under the leadership of HAPCO
2) Quarterly supervision of regional activities to review progress in the implementation of the campaign
2) Hosting biannual review meetings to identify strengths and gaps and provide clear program 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16647

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16647	12248.08	HHS/Centers for Disease Control & Prevention	Federal Ministry of Health, Ethiopia	7488	496.08	Improving HIV/AIDS Prevention and Control Activities in the FDRE MOH	$360,000
12248	12248.07	HHS/Centers for Disease Control & Prevention	Federal Ministry of Health, Ethiopia	5490	496.07		$300,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	3785.09	**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:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	5737.28219.09	**Planned Funds:**	$1,520,000
Activity System ID:	28219		

Activity Narrative: Counseling and Testing Support at Uniformed Services Health Facilities

ACTIVITY UNCHANGED FROM FY2008

COP 08 NARRATIVE:

This is a continuing activity and relates to activities in ART (ID10426), TB/HIV (ID 10463), Palliative care (ID10464), PMTCT (ID 10460), laboratory (ID 10621 and 10622), other prevention (ID 10651), SI (ID10427),

During COP07 and COP08 UCSD-E supported the expansion and establishments of 91 HCT sites in the uniformed services of Ethiopia. The increase from 58 (COP07) to 91 (COP08) sites includes military, regional and federal police and prison health facilities in the country, all of which have HCT capacity thereby facilitating the provision of counseling and testing services to remote peripheral regions.

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).

Major HCT interventions by UCSD have been in:
1) Adopting PITC 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 COP09, focus will be the expansion of HCT delivery sites from 91 to 115 to include most of the regional prison facilities which were overlooked in previous COP08 and to strengthen site level HCT services delivery in all previously existing and newly established VCT sites through monitoring program implementation, quality assurance and referral linkage with other services. UCSD identified that most of the prison facilities do not have HIV/AIDS facilities and COP09 will focus on working with and building the regional prison health facilities and administration to provide HCT services for most of the prisoners in corrections facility, and expand and consolidate HCT services for the communities around military health facilities to strengthen civil-military alliance.

To expand and enhance this program in FY09, UCSD will establish regular trainings with special focus on opt-out PITC, 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 FY09, increasing the reach of HCT at the regimental level, by supporting the military's mobile VCT services as well as providing HCT at all prison sites (Federal and regional), 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 FY09, 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 placing emphasis on 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 115 new HCT sites. 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 staff.
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 disseminating 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16621

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16621	5737.08	HHS/Centers for Disease Control & Prevention	University of California at San Diego	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	$1,847,259
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

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 8863.09

Mechanism: New PHEs

Prime Partner: To Be Determined

USG Agency: Department of State / Office of the U.S. Global AIDS Coordinator

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 18798.29235.09

Planned Funds: [redacted]

Activity System ID: 29235

Activity Narrative: PARTNER: Ethiopian Public Health Association

Title of Study:
Identifying the barriers to couples' utilization of VCT services

Time and Money Summary:
Expected timeframe of study from protocol development to completion: 6 months
Total projected budget: $150,000

Local Co-Investigator:
The study will be contracted out on competitive basis to an Ethiopian public health research team with necessary areas of expertise. The selection criteria will be based on the quality of technical proposal and reasonable cost, as assessed by group of experts from the Ethiopia Public Health Association (EPHA) and USG. The research team will undertake activities from the level of protocol development to analysis and reporting final study output.

Project Description:
PEPFAR assistance in FY2004-2006 to expansion and strengthening of HIV counseling and testing (HCT) services in Ethiopia has greatly increased access for HIV counseling and testing, from 600 sites with COP06 funding to 800 sites--including hospitals and health centers—with COP07 funds.

Assessments undertaken by PEPFAR partners have identified major issues that constrain and influence utilization and quality of voluntary counseling and testing (VCT) services. Among these are low performance level and high turnover of counselors; substandard level of record keeping, timely reporting and utilization of data at VCT sites; and problems in supply chain management.

Review of data from the National VCT Model centers showed that turnout of couples as clients is as low as 15% for those tested at the same time. A recent study also showed disclosure of HIV test results to spouses or partners is low. Little is known as to why VCT service utilization by couples is so low. Therefore, identifying factors associated with low utilization of VCT is critical in the development of strategies in intervention activities to increase demand for VCT services.

Evaluation Question:
A number of factors affect demand for couples' VCT. Some hypotheses are that low couples' demand is due to lack of knowledge about where VCT can be found, fear of stigma, and gender inequity between husband and wife, which does not support joint decision-making. The primary study question is "what are the primary factors that serve as a barrier to couples' utilization of services?" The study will additionally identify potential strategies for overcoming these barriers.

Programmatic Importance:
Given the low demand for VCT among couples, program coordinators, policymakers and other influential groups have not promoted couples' VCT, thus missing the potentially important target groups of HIV-positive couples and discordant couples. The proposed study will identify the primary barriers to couples' utilization of VCT services and will provide potential strategies to overcome these barriers. Dissemination of these study findings will enable program planners and managers to incorporate new strategies to increase couples' testing, thus reaching currently under-served target populations.

Methods:
A cross-sectional study design will be employed to identify factors for low utilization of VCT service among married couples in Ethiopia and their magnitude. Multi-stage cluster sampling will be used to select accessible districts with VCT service and sample communities (wards) will be drawn from categories of districts in Ethiopia with VCT services facility based on levels of VCT service utilization.

Study subjects will be selected randomly among married couples in each selected ward. The sample size for the study will be determined based on a standard formula for a single population study, with due consideration to the study design and non-respondents.

A structured interview questionnaire will be used to collect data from sampled couples of selected districts. Additionally, focus group discussion will be conducted among different community groups, service providers, program managers, decision-makers, religious leaders, and community leaders. The collected data will be entered into computer and cleaned. Analysis of data will be undertaken using software for qualitative and quantitative data. Quantitative data will be tested using appropriate statistics and disaggregated by district and other socio-demographic characteristics.

The researcher team will be provided with supportive supervision from EPHA and USG Ethiopia throughout the study period.

Population of Interest:
The primary population of interest is married couples, including PLWH and discordant couples.

Information Dissemination Plan:
There will be dissemination workshop on the findings and all EPHA members and other relevant stakeholders will be provided with publication of the study output.

Budget Justification for Year One Budget:
Salaries/fringe benefits - $50,000
Equipment - $0
Supplies - $10,000
Travel - $43,605
Participant Incentives - $0

Activity Narrative: Laboratory testing - $0
Review Protocol - $2,300
Publication of document - $6,000
Dissemination workshop - $17,000
Dissemination of document - $700
Sub-Total - $129,605
EPHA 15% indirect costs - $20,395
Grand Total - $150,000

New/Continuing Activity: Continuing Activity

Continuing Activity: 18798

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18798	18798.08	Department of State / Office of the U.S. Global AIDS Coordinator	To Be Determined	8863	8863.08	New PHEs	[redacted]

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 8181.09 **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:** Prevention: Counseling and Testing

Budget Code: HVCT **Program Budget Code:** 14

Activity ID: 18731.28995.09 **Planned Funds:** $44,900

Activity System ID: 28995

Activity Narrative: CDC M&S

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

Budget has been adjusted to remove local expenses related to the TB/HIV USDH.

COP08 ACTIVITY NARRATIVE

This activity represents the direct technical assistance which is provided to partners by CDC Staff. The amount represents the salary and benefit cost 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18731

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18731	18731.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8181	8181.08	CDC-M&S	$61,900

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 8863.09 **Mechanism:** New PHEs

Prime Partner: To Be Determined

USG Agency: Department of State / Office of the U.S. Global AIDS Coordinator

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 29239.09

Planned Funds: [redacted]

Activity System ID: 29239

Activity Narrative: PHE added 1/23/09
PHE Tracking Number: ET.07.0209
PHE Title: Effects of PEPFAR Supported Interventions on the Health Sector

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 15 - HTXD ARV Drugs

Total Planned Funding for Program Budget Code: $25,132,215

Program Area Narrative:

Ethiopia's size and difficult terrain require a substantial logistics investment. Furthermore, Ethiopia's 2006 decision to decentralize antiretroviral treatment (ART) services to the primary healthcare unit has demanded intensive support from all stakeholders to reach the national targets. The Ministry of Health (MOH) has undertaken a strong effort to achieve universal access to both primary health care and HIV services. These efforts, while rapidly increasing the number of individuals on ART, have produced major stresses, particularly in supply chain and human resource systems. These stresses, if not alleviated, may ultimately threaten the stability of the entire health care system. Two national HIV commodity quantification exercises in 2007 revealed massive gaps in most commodities needed for HIV programs. While funding for ARV and sexually transmitted infection (STI) drugs, as well as rapid test kits (RTKs) is relatively secure, there are major gaps in financing for most other commodities, including opportunistic infection (OI) drugs, infection prevention (IP) materials and ready-to-use therapeutic food (RUTF)

PEPFAR's supply chain management funding supports all portions of the PEPFAR portfolio, ensuring an effective distribution system to provide condoms for prevention programs, drugs for ARV, prevention of mother-to-child transmission (PMTCT), OI and STI programs, IP materials for all HIV and health care programs, RTKs, other lab reagents and supplies for voluntary counseling and testing (VCT), ART, OI, PMTCT and STI programs, as well as home-based care (HBC) kits and RUTF for facility and community-based activities.

The logistics operations support all aspects of PEPFAR's urban and periurban focused program, as well as rural "hot spots", allowing the focus on high impact/high yield areas to be maximally effective. PEPFAR focuses on sustainability through capacity building and implementation of the national logistics master plan, while supporting private pharmacies to increase ART coverage. Coordination with other donors is emphasized, with links to the Clinton HIV/AIDS Initiative (CHAI) and the Global Fund To Fight AIDS, Tuberculosis and Malaria (GFATM) particularly important.

Distribution of free ARV drugs began in January 2005 with PEPFAR and GFATM support. According to the MOH's HIV/AIDS Prevention and Control Office (MOH/HAPCO) June 2008 report, adult and/or pediatric ARV drugs are currently provided at 346 sites, up from 265 in May 2007. The decentralization has resulted in over 22% of patients currently being served at health centers, up from 11% in May 2007 and zero in June 2006.

From FY2004 to FY2006, Management Sciences for Health/Rational Pharmaceutical Management Plus (MSH/RPM+) effectively supported procurement of ARVs for Ethiopia's program. MSH/RPM+ also supported coordination of warehousing, in-country distribution and stock status monitoring by PHARMID, the country's parastatal central medical stores, since returned to the public sector and renamed the Pharmaceutical Fund and Supply Agency (PFSA). The project's Regional Pharmacy Associates, based in regions supporting PFSA implementation efforts, now focus at site level. RPM+ also assisted MOH/HAPCO in the distribution of first line adult ARV drugs supplied through the GFATM, and provided emergency supplies when MOH procurement was delayed. Since PEPFAR support began in 2006, there has been only one ARV stock out (of one product for one day), a remarkable achievement in logistics. During FY2007, this procurement support, as well as national and regional support for supply chain management, was transitioned to the Partnership for Supply Chain Management (PFSCM), through the Supply Chain Management System (SCMS). Under COP09 it is envisioned that the MSH/RPM+ site level logistics support will be assumed by SCMS.

In COP 06 and COP07, PEPFAR Ethiopia supported procurement of second line adult ARV drugs, all pediatric formulations and

also reserved funds for emergency purchases of adult first line drugs. MOH/HAPCO supplied adult first line drugs, using GFATM funds. Under COP08, the CHAI assumed responsibility for procuring the pediatric and adult second line ARVs formerly supplied by PEPFAR, with SCMS handling customs clearance, supply chain management and distribution support costs in coordination with PFSA. Since CHAI support for second line ARVs ends as of December 31, 2009, discussions with the MOH on how the support will be maintained will occur in coming months.

This shift in ARV funding responsibilities allowed PEPFAR, under COP08, to cover a portion of the very substantial HIV commodity gap in some critical program areas, such as OI drugs, RUTF, HBC kits, PMTCT supplies and equipment, and IP materials, in collaboration with the MOH and other stakeholders. SCMS supported the first National HIV Commodity Quantification Exercise in March 2007, updated in October 2007. This quantification/costing of all major HIV commodities showed a total need for $477 million in commodities for calendar year 2009, with only $160 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 $317 million gap highlights the need to prioritize key commodities and quantities to be procured. Under COP09, PEPFAR will continue to support and provide technical support for this process through SCMS, with MOH leadership.

SCMS was funded with a total of $122 million under COP06, COP07 and COP08. As of September 30, 2008, $56 million of this had been expended, leaving a pipeline of $66 million. Spending projections estimate that the entire remaining pipeline will be expended by December 31, 2009.

Of the total funding, over $60 million has been committed through SCMS to cover a portion of the large commodity gap in 2009: $19 million for OI drugs, $16 million for IP materials, $10.5 million for lab reagents and supplies, $6 million for RUTF, $4.8 million for PMTCT supplies and equipment, and $4 million for HBC kits.

SCMS will utilize approximately $6 million of the proposed $26.5 million of COP09 funds for operations and technical assistance, with TA going to support systems strengthening as the ambitious national Pharmaceutical Logistics Master Plan (PLMP) rolls out. Already under COP08, PEPFAR has, through SCMS, procured the vehicles needed by national and regional warehouses, to distribute commodities to site level. COP09 efforts will focus on development and deployment of the logistics management information system (LMIS), as well as training staff in the new system. SCMS also covers distribution costs for all ARVs in the country, as well as other GFATM and CHAI-procured products, with $7 million dedicated for this purpose. Under COP09, PEPFAR contributions to commodity procurement will be substantially reduced from COP08 levels, with approximately $13 million dedicated for procurement, seeking to maintain PEPFAR's commitment to provide emergency buffer ARV stock, as well as some RUTF (which no other donor is funding in a significant way).

The ARV buffer is a USG commitment under the USG-Government of Ethiopia (GOE) Memorandum of Understanding which defines commitments in a number of commodity areas. Around $4.5 million of emergency ARV support was provided to the MOH in 2008. While the buffer is maintained for most of the year, it is hoped that a substantial portion of this $12 million fund will be available for gap-filling purchases in other commodity areas such as OI drugs and infection prevention materials, although not to the level achieved in 2008, when the large pipeline allowed greater support. USG assistance in developing GFATM or other funding proposals to fill some of these gaps will be critical, since adequate funding is not available at this time.

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, one at HAPCO, and several at PFSA. As of March, 2008, at least 300 individuals were seconded to national, regional and facility levels by PEPFAR partners, supporting quality information systems, with a major focus on logistics and pharmaceutical management. Around 275 of these were data clerks at facility levels, compiling pharmacy, logistics and other health information.

During COP09, under the direction of PFSA, PEPFAR Ethiopia will support the provision of ARV to 131 hospitals and 300 health centers, reaching over 200,000 patients by September 30, 2010. Other HIV commodities will be provided to virtually every existing hospital and health center in the country, supporting a total of approximately 800 sites. The tiered approach utilized by PEPFAR will support prevention and home-based care services at those sites where HIV prevalence is low, thus allowing a gradual extension of services to more rural areas, while maintaining the focus on periurban and urban areas with higher prevalence and patient load.

SCMS will continue to provide technical and secretariat support for a coordinating body, the HIV Commodity Supply Management Committee, which will lead the national quantification exercises. In conjunction with MOH/HAPCO, PFSA and EHNRI, SCMS will prioritize commodity gaps and procure commodities with available funds to fill the most pressing needs. SCMS will continue an activity begun in late 2006, procuring commodities for MOH/HAPCO/EHNRI using GFATM monies, leveraging its considerable unit price advantage and Regional Distribution Centers (RDCs) to enhance Ethiopia's HIV programs, providing lower-cost, high quality products in a timely fashion.

The centrally-funded MHS/RPM Plus project is ending, to be replaced by Strengthening Pharmaceutical Systems (SPS), also under MSH. Its activities with the MOH Pharmaceutical Supplies and Logistics Department (PSLD) are in limbo, as PSLD's status under the current MOH reorganization effort is unclear. Depending on final decisions as to PSLD's functions, SPS may assist in drug utilization management, including monitoring and evaluation. SPS will continue activities with the Drug Administration and Control Authority (DACA), Ethiopia equivalent of the U.S. Food and Drug Administration, and Regional Health Bureaus (RHBs), supporting and promoting Rational Drug Use (RDU), drug efficacy and toxicity monitoring, Adverse Drug Reaction (ADR) monitoring/reporting, Post-marketing Drug Surveillance (PMS), ARV adherence support, antimicrobial resistance (AMR) activities, establishment or strengthening of Drug Information Centers (DIC) and Drug Therapeutic Committees (DTC), as well as private sector activities. Pharmacy data clerks supported by SPS are expected to be funded by the MOH/RHBs under COP09, as funding for these positions was included in the GFATM Rolling Continuation Channel (RCC) proposal, at PEPFAR's request.

Under PFSA and DACA's direction, SPS will also support GOE agencies in pharmaceutical training, patient education; and promotion of collaboration between programs and stakeholders. SCMS will assume essentially all supply chain management functions, with SPS focusing on pharmaceutical management.

A new activity, the United States Pharmacopeia (USP), will assume former RPM Plus/SPS drug quality assurance activities, working closely with DACA to strengthen its Quality Control Laboratory and establish regional quality control mini-labs. This activity will collaborate closely with the Presidential Malaria Initiative (PMI), leveraging $200,000 of PMI and core funds for drug quality improvement.

Under PFSA's direction, PSCMS will coordinate PEPFAR/GFATM joint procurements, and will work to support effective in-country distribution, providing TA to incorporate state of the art logistics practices and technologies. COP08 support in provision of vehicles has filled currently identified needs to ensure a fully functional distribution system. Rental of warehouse space to provide temporary space for the large quantities of commodities required for planned expansion of services will be continued, until MOH efforts to build or expand warehouses are finalized. While PEPFAR will support the PLMP to the greatest extent possible, it will not be possible to support all areas, for example the revolving drug fund, which may be supported through TA, but not capitalization.

SCMS will also support PFSA in the development of an effective logistics management information system (LMIS), in collaboration with other USG partners including USAID/DELIVER (funded with USAID Population funds) and SPS, as well as CHAI and UNICEF. SCMS will continue to provide TA to the Ethiopian Health and Nutrition Research Institute (EHNRI) to implement a comprehensive logistics management system for laboratory commodities, which will eventually be integrated in the PLMP. Challenges in distribution of commodities to site level will be addressed through temporary measures, including use of SPS vehicles and close collaboration with PEPFAR partners supporting service delivery at hospitals and health centers.

In COP09, PEPFAR Ethiopia and GFATM will further strengthen their relationship by working more interdependently to support national scale-up efforts. PEPFAR's support to PFSA and DACA will be a central part of technical assistance efforts, including substantial support to ensure that supportive supervision of the supply chain is consistently provided. The Memorandum of Understanding signed between the Governments of the U.S. and Ethiopia to define GFATM/MOH and PEPFAR responsibilities may be amended, since responsibilities for procurement of some commodity types are not delineated. While GFATM will continue to supply adult first line drugs, CHAI will purchase adult second line adult drugs only through December 2009, and will no longer procure pediatric ARV drugs as of December 2010; PEPFAR must work with the MOH to address these changes and buffer funds may be used for this purpose in the later part of 2010. Due to persistent shortages of other essential commodities such as OI drugs, lab reagents (especially rapid test kits), RUTF and IP materials, PEPFAR Ethiopia will provide gap-filling supplies to the extent resources can cover these, to support fully functional HIV/AIDS services.

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID:	11770.09	**Mechanism:**	Drug Quality Assurance
Prime Partner:	United States Pharmacopeia	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	ARV Drugs
Budget Code:	HTXD	**Program Budget Code:**	15
Activity ID:	28909.09	**Planned Funds:**	$1,000,000
Activity System ID:	28909		

Activity Narrative: Drug Quality Assurance for Ethiopia's HIV Services

This is a new activity under COP09.

Quality assurance of ARV and other drugs plays a vital role in guaranteeing favorable treatment outcomes and decreasing toxicity. USP will assume the role formerly held by Management Sciences for Health/Rational Pharmaceutical Management Plus (MSH/RPM Plus), now Strengthening Pharmaceutical Systems (SPS), continuing the technical assistance (TA) provided under COP06, COP07 and COP08.

USP will provide support to the Drug Administration and Control Authority (DACA) by seconding Quality Control/Quality Assurance (QC/QA) pharmacists and supporting regional activities to ensure the quality, safety and efficacy of HIV/AIDS, tuberculosis (TB), malaria and opportunistic infection (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 (SOPs) and in managing an electronic data base and reporting system for their QC Laboratory will also be provided.

USP will also support DACA and possibly the Pharmaceutical Fund and Supply Agency (PFSA), in their efforts to carry out post-marketing surveillance of drugs, establishing six QC mini-labs at selected sites.

Wrap around with other PEPFAR activities
Presidential Malaria Initiative (PMI). USP has also been supported by PMI for post-marketing QA/QC of anti-malarial drugs since August 2008. Activities included training of DACA staff in anti-malarial drug QA/QC as well as evaluating anti-malarial drug quality in 30 selected sites in Oromia using mini-labs provided by SPS.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 118.09
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: ARV Drugs
Budget Code: HTXD
Program Budget Code: 15
Activity ID: 18733.27992.09
Planned Funds: $720,218
Activity System ID: 27992

Activity Narrative: Management and Staffing

There has been no change in staffing from COP 08

USAID staff supporting the ARV Drugs Program Area includes one U.S. Direct Hire (USDH) HIV/AIDS Officer, one Third Country National (PSC) and one Foreign Service National (FSN) HIV/AIDS Health Network Monitor. Functional responsibilities for the USAID staff in the ARV Drugs Program Area are as follows:

HIV/AIDS Officer (USDH: filled)
The HIV/AIDS Officer, works 30 % time in this area, and plays a key role in overseeing and coordinating the program elements of PEPFAR Ethiopia's treatment activities. The HIV/AIDS Officer 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 coordinates 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 (TCN/PSC)
The Commodities Supply Advisor is 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.

HIV/AIDS Health Network Monitor (FSN)
The field-based PEPFAR HIV/AIDS Health Network Monitors contributes 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. Through written reports, the Monitor defines needed follow-up activities at existing sites to ensure problems are addressed in a timely fashion. He works 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18733

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18733	18733.08	U.S. Agency for International Development	US Agency for International Development	7479	118.08	USAID M&S	$550,586

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5499.09

Mechanism: PSCMS

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 10532.28182.09

Planned Funds: $20,908,877

Activity System ID: 28182

Activity Narrative: This activity was reduced by 5,291,000 and the funds moved towards ART rennovation activity ID 28182 (HTXS) towards construciton of a regional warehouse.

Procurement and Distribution of ARV Drugs and Related Commodities

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Under COP09, SCMS will not support regional warehouse construction. Funds planned for warehouse construction under COP08 will be utilized in consultation with USAID/Washington. Despite the large pipeline, the reduced funding means that PEPFAR capacity to respond to HIV commodity gaps in Ethiopia will be substantially reduced.

The central medical stores have been reintegrated fully into the public sector and renamed the Pharmaceutical Fund and Supply Agency (PFSA). SCMS is the primary technical assistance (TA) provider to PFSA. Support under COP08 included all vehicles needed for national Pharmaceutical Logistics Master Plan (PLMP) implementation, as well as warehouse design and distribution network planning. Under COP09, TA to PFSA will extend to site level, with SCMS assuming logistics support previously provided by Management Sciences for Health/Strengthening Pharmaceutical Systems (MSH/SPS).

In earlier years, PEPFAR Ethiopia supported procurement of second line adult ARV drugs, all pediatric formulations and reserved funds for emergency purchases ARVs. The Ministry of Health (MOH) supplied adult first line drugs using Global Fund To Fight AIDS, Tuberculosis and Malaria (GFATM) funds. In 2008, the Clinton HIV/AIDS Initiative (CHAI) assumed responsibility for procuring pediatric and adult second line ARVs formerly supplied by PEPFAR, with SCMS handling customs clearance and distribution support costs for all PEPFAR, GFATM and CHAI-procured products. .CHAI support for second line ARVs ends in 2009. It is possible that PEPFAR will reassume this responsibility, estimated at $9.5 million for 2009, with about half that amount to cover COP09.

Under COP08, the shift in ARV funding allowed PEPFAR to fund a portion of the large commodity gap in critical areas such as opportunistic infection (OI) drugs, ready-to-use therapeutic food (RUTF), home-based care (HBC) kits, supplies and equipment for prevention of mother-to-child transmission (PMTCT), and infection prevention (IP) materials. SCMS supported the two National HIV Commodity Quantification Exercises during 2007; under COP09, SCMS will continue support for these annual exercises.

This quantification of all HIV commodities showed $477 million total need for 2009, with only $160 million committed to cover projected needs for universal access to HIV services. The $317 million gap highlights the need to prioritize key commodities and quantities to be procured, and to look for new funding sources.

SCMS was funded with $122 million under COP06/07/08. As of September 2008, $56 million had been expended, with a pipeline of $66 million. Spending projections estimate that the entire remaining pipeline will be expended by the end of 2009.

Of total funding, $64.3 million is committed to cover part of the commodity gap: $19 million for OI drugs, $16 million for IP, $10.5 million for laboratory, $6 million for RUTF, $4.8 million for PMTCT, and $4 million for HBC kits.

SCMS will use around $6 million of the proposed $26.5 million under COP09 for operations and TA to support systems strengthening. Under COP08, PEPFAR procured all vehicles needed by national and regional warehouses to distribute commodities to site level. COP09 efforts will focus on development of the logistics management information system (LMIS), as well as training in the new system. SCMS also covers the $7 million distribution costs for all HIV commodities in the country. Under COP09, PEPFAR commodity procurement will be substantially reduced from COP08, with $13 million available to maintain PEPFAR's Memorandum of Understanding (MOU) commitment for a 10% emergency buffer ARV fund, as well as for RUTF.

The ARV buffer is a USG commitment under the MOU with the Government of Ethiopia (GOE), which defines commitments in some commodity areas. Around $4.5 million of emergency ARV support was procured in 2008. While the buffer may be fully utilized, it is hoped that a substantial portion of the $12 million fund will be available for gap-filling support.

USG assistance in developing GFATM proposals to fill commodity gaps, and to fund PLMP TA, will be critical to the success of HIV program efforts. Procurement TA is essential if the MOH is to more effectively use GFATM funds allocated for the commodity procurement.

SCMS will coordinate as needed with other PEPFAR partners, taking a lead role to ensure delivery of the full range of HIV commodities to service delivery sites. This collaboration will occur until such time as the PLMP is fully operational.

COP08 Narrative

The main focus of this activity is to support the quantification, supply planning, procurement and distribution of ARV, drugs for opportunistic infections (OI) and other commodities to treat HIV/AIDS, and to ensure sufficient supply and availability of commodities at service delivery points. Commodities will be procured in accordance with the 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) that undertakes commodity procurement based on high-volume aggregated purchasing on behalf of HIV/AIDS care and treatment programs. SCMS leverages economies of scale and offers clients certainty of competitive prices, high quality product standards, and reliable delivery dates.

Activity Narrative: Ethiopia's national target of universal access to ART and primary health care by 2010 has translated into a rapid scale-up of ART services which places pressure on the national HIV/AIDS program to reach more facilities providing ART services. 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 across Ethiopia. The latter also includes the need to consider the limited capacity at health facility stores to handle the volume of drugs needed for the growing number of patients and their related therapeutic and palliative care, and to begin to ensure the development of a sustainable logistics system aligned with the national Pharmaceutical Logistics Master Plan (PLMP). SCMS is coordinating with diverse partners to support this effort, and is one of the primary technical assistance providers for the PMLP, 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 (HAPCO), SCMS facilitated a National HIV/AIDS Commodities Quantification Exercise. The results provided input into the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Round 7 proposal and included requirements for antiretrovirals (ARVs), rapid testing kits for counseling and testing (CT), drugs to treat OI and sexually transmitted infections (STI), male and female condoms, laboratory supplies, PMTCT and infection prevention materials, as well as ready-to-use therapeutic food (RUTF). SCMS spearheaded the exercise, additionally utilizing it to begin an open-ended supply planning process, to 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 Ministry of Health'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 during FY08. Prioritization of commodities will be important, as many services cannot be effectively implemented without key products.

Collaboration in commodity provision between the various partners was continued in FY07 with GFATM continuing to provide funds for the supply of first line adult ARV. In FY07, an arrangement was reached whereby the supply of pediatric 1st and 2nd line ARV formulations and adult 2nd line ARV formulations, previously provided by PEPFAR, was transferred to UNITAID through the Clinton HIV/AIDS Initiative (CHAI). PEPFAR Ethiopia continues to support ARV commodity procurement through the provision of a reserve stock of first line adult ARV drugs, and will add reserve stocks of 1st and 2nd line pediatric ARV, 2nd line adult ARV, and rapid test kits, in case planned supplies from other donors are not available. SCMS provided support to the procurement process by developing quarterly forecasts of requirements and updating supply plans. In FY2007 SCMS procured drugs for the treatment of OI, infection prevention materials and PMTCT supplies to address the continued shortage of these commodities, key in the provision of quality services for PLWHA and HIV-positive pregnant mothers.

In FY07 SCMS provided support for logistics systems strengthening for ARV drugs, OI drugs, laboratory reagents and equipment, rapid test kits and other PMTCT products. In FY08, SCMS will continue to provide TA and support to Pharmid and the Ethiopian Health and Nutrition Research Institute (EHNRI) in developing an integrated logistics management system for ARV, rapid test kits (RTK), PMTCT supplies, drugs for OI, condoms and other commodities, in close collaboration with the FMOH, MOH/HAPCO and other partners. 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 GFATM funds, procuring around $8 million, mainly in RTK, during FY07. Also in FY07, SCMS recruited and seconded 10 Logistics Associates to regional Pharmid hubs, and completed the transitioning of the distribution of commodities to sites from RPM Plus to SCMS. SCMS in collaboration with RPM Plus 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 PMLP is fully implemented.

In FY08, SCMS will continue its efforts to support the strengthening of 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 the appropriate waiver for construction can be obtained, SCMS will support the capacity expansion needs of Pharmid to meet the growing demand placed by HIV/AIDS commodities management, as well as the organizational development to ensure a 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 implementation of the PLMP to support the 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. During FY08, PEPFAR Ethiopia will procure up to $25,500,000 of ARV, OI, IP and lab supplies through SCMS, as well as RUTF, and will spend up to $14,000,000 to strengthen the capacity of Pharmid and to support implementation of the PMLP from national to site level. Capacity building may include substantial provision of information technology (IT) resources at appropriate sites, as well as support for adequate storage space for commodities. Commodity procurements will be defined in conjunction with the MOH's HIV Commodity Advisory Group/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 staff of the MOH and Pharmid through technical

Activity Narrative: assistance, training, and skills transfer to effectively forecast, procure, and deliver essential medicines, laboratory supplies, and other health commodities, and to collect, use, and share supply chain information, and will second staff at national and regional level to further those processes.

This activity will contribute to the upstream achievement of essentially all PEPFAR programs areas which depend on commodities for success.

This activity will ensure that health commodities for HIV programming, including ARV, are cost-effectively procured and effectively managed. ARV drug and other commodity requirements will be appropriately quantified, projected and costed. In-country systems for procurement, distribution and monitoring of ARV and other 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 a national PLMP. Close integration with JSI/DELIVER activities funded by USAID with Population funding will be continued and strengthened. Partners include GFATM, UNICEF, UNFPA, GAVI, CHAI, and WHO.

PFSCM/SCMS will ensure consistent and timely delivery of HIV/AIDS commodities to public sector sites providing prevention, care and treatment services to patients nationwide. PLWHA will be among the beneficiaries.

To ensure reliable and sustainable logistics systems, PFSCM/SCMS will focus on building the capacity of Pharmid to carry out supply chain management functions.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16660

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16660	10532.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7493	5499.08	PSCMS	$39,684,200
10532	10532.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5499	5499.07	PSCMS	$34,562,102

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 3798.09

Mechanism: RPM Plus/SPS

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 10534.27954.09

Planned Funds: $2,503,120

Activity System ID: 27954

Activity Narrative: Pharmaceutical Sector Support from Site to National Levels

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity from COP07 and COP08; the activity has been renamed, changing from Rational Pharmaceutical Management Plus to Strengthening Pharmaceutical Systems (SPS).

The activity will no longer handle Site-Level Inventory Management, or other supply chain management-related activities that were addressed by SPS (as the former RPM Plus) under COP06, COP07 and COP08. While SPS has been very effective in supporting site-level pharmacy and inventory management, funding decreases and the Ministry of Health (MOH) restructuring process have dictated a shift in allocation of responsibilities for PEPFAR partners.

In this transition, under Cop09 facility level stock management will pass to the Supply Chain Management System (SCMS), including prevention of drug and other commodity expiry by shifting stock among facilities. The Pharmaceutical Supplies and Logistics Department (PSLD), formerly a major counterpart, seems likely to disappear under the Ministry of Health's Business Process Reengineering (BPR) restructuring, and will likely no longer be a major counterpart. In any case, collaboration with this entity or successor agencies will not include supply chain or inventory control activities.

For example, SPS will not support facilities in submitting monthly orders using facility-based data.

In collaboration with the Drug Administration and Control Authority (DACA), Abt Associates and as part of the public-private partnership (PPP) effort, SPS will provide technical assistance (TA) to Kenema (City Council), Red Cross and selected private pharmacies in storing and dispensing ARV and related commodities, with $500,000 of dedicated COP09 funding for that purpose under this activity.

Activities under COP07 and COP08 in improving quality assurance of ARV and related commodities will shift to a new partner, the United States Pharmacopeia (USP), in a decision coordinated with USAID/Washington technical staff.

As described above, activities in strengthening site-level pharmaceutical and laboratory information management will shift to a pharmaceutical and laboratory management focus, with supply chain, logistics and inventory control functions supported through SCMS. Links between the functions will be maintained and strengthened through close collaboration between SCMS and SPS, who are co-located. SCMS will assure that there are no treatment interruptions due to stock-outs of vital products, will minimize expiry of expensive drugs, will support health facilities in preparing scheduled orders of HIV commodities, and will support the Pharmaceutical Fund and Supply Agency (PFSA) in distributing these items from regional stores to facilities. SCMS will build on SPS' experience to date, scaling up inventory management and reporting at facility level, and will ensure that facility level data is compiled, analyzed and shared with relevant agencies for quantification and redistribution, replacing SPS in this function. SCMS will continue the SPS activity of implementing an electronic laboratory commodities information management tool.

Data clerks deployed in previous years are expected to be transitioned to MOH support under COP09.

ART site staff will no longer be trained in supply management by SPS – this activity will be handled by SCMS.

Activities from COP08 centered on establishing Drug and Therapeutic Committees (DTC) and Drug Information Centers (DIC), promoting rational drug use, inhibiting antimicrobial resistance will continue to be supported by SPS, as will most capacity building at DACA with the exception of efforts to improve drug quality, which will be handled by USP.

Collaboration with the MOH, DACA, SCMS, and the USAID/DELIVER in the implementation of the Pharmaceutical Logistics Master Plan will be limited to pharmaceutical management areas that link with logistics management, with SCMS assuming the former SPS roles in logistics management, primarily at site level.

Wrap around with other PEPFAR activities

Presidential Malaria Initiative (PMI). For FY2009, PMI will be supporting MSH/SPS for implementing activities to rationally manage anti-malarial drugs. Support to this activity includes the placement of a resident advisor specifically to support malaria drug logistics management at the Oromia Regional Health Bureau (RHB). Ongoing support at health facility level to ensure anti-malarial drug availability, per protocol dispensing and reporting of stock-outs will be continued in hospitals, health centers as well as health posts in Oromia, i.e. those health facilities where MSH/SPS is already implementing activities with PEPFAR support.

FY2009 PMI activities to ensure the quality of anti-malarial drugs in both the private and public sectors throughout Ethiopia will be jointly implemented by USP with funding from both Presidential Initiatives.

COP08 Narrative

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

Activity Narrative: clinical and pharmacy practice and is a component of the rational use of drugs (rational prescribing, rational dispensing and rational use by the patient). MSH/RPM PLUS will continue to collaborate with the Drug Administration and Control Authority (DACA), the Provisional Supplies and Logistics Department (PSLD) of the Ministry of Health (MOH), the Partnership for Supply Chain Management (PSCMS), as well as new entities such as the U.S. 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 COP06 and COP07. MSH/RPM PLUS will continue to provide TA to DACA by seconding Quality Control/Quality Assurance (QC/QA) pharmacists, 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 (SOPs) and in managing an electronic data base and reporting system for their QC Laboratory. In collaboration with PSMCS, MSH/RPM PLUS 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 PLUS 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 during FY08. RPM PLUS 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 PLUS will build on the experience to date, scaling up inventory management, patient pharmacy records and reporting at facility level and ensuring that ART Standard Operating Procedures (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 internet will continue to be supported to facilitate reporting and track defaulters. In order to ensure ownership and utilization of data, data managers will be recruited and deployed at 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 PLUS will continue to work on implementing an electronic laboratory commodities information management tool.

Strengthening Pharmacy Human Resource Capacity
This activity is part of an overall human resource (HR) capacity building effort with local and U.S. universities, the Clinton HIV/AIDS Initiative (CHAI) and JHPIEGO). HR-related constraints are perhaps the greatest challenge for the health system at present. Through pre-service and in-service training (PST/IST) in conjunction with the Ethiopian Pharmaceutical Association, training will be provided to pharmacy personnel and students. To date RPM PLUS has trained more than 1400 pharmacy and allied professionals in HIV product management and rational drug use. 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 PLUS 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 PLUS 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 to with stakeholders to conduct drug-related operational research. Working closely with DACA and PSLD, RPM Plus 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16678

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16678	10534.08	U.S. Agency for International Development	Management Sciences for Health	7500	3798.08	RPM Plus	$4,130,000

Emphasis Areas

Health-related Wraparound Programs

* Malaria (PMI)
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $929,357

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 16 - HLAB Laboratory Infrastructure

Total Planned Funding for Program Budget Code: $27,907,714

Program Area Narrative:

Laboratory organizational and physical infrastructure, procurement systems, supply availability, equipment, and trained staff are critical for PEPFAR Ethiopia's program implementation. It is necessary 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 facilities at regional, hospital and health center levels to support HIV/AIDS prevention, care, and treatment programs. The laboratory still faces several challenges, including upgrade or refurbishment of physical laboratory infrastructure, expansion of laboratory quality assurance programs, sustaining sample referral testing, capacity building, reliable equipment maintenance policy and expansion of laboratory information system. Accordingly, PEPFAR Ethiopia supported the comprehensive renovation of the Ethiopian Health and Nutrition Research Institute (EHNRI) reference laboratory and five hospital and regional laboratories. These laboratories have been furnished with standard laboratory furniture and equipment. Six regional laboratories have been completely renovated, furnished and equipped in FY08, and are performing DNA Polymerase Chain Reaction (PCR) testing for Early Infant Diagnosis (EID), in addition to other standard tests.

PEPFAR Ethiopia supported the development of standardized curricula for in-service training on chemistry, hematology, CD4, laboratory management, facility level laboratory management and, health center level laboratory technician training, opportunistic infections (OI) diagnosis including tuberculosis (TB) microscopy, HIV rapid testing, EID and quality systems. In addition, development of guidelines, operational plans, log sheets, standard operating procedures (SOPs), test request and record forms have been supported. PEPFAR has trained more than 1,400 laboratory technologists, supervisors, and directors on laboratory diagnosis of HIV, TB, sexually transmitted infections (STI), laboratory management and quality systems, as well as laboratory monitoring (chemistry, hematology and CD4 count) of ART. A decentralized approach was used for training, in which most training was conducted at regional and site levels.

Laboratory quality assurance for both methods and data are high priority for PEPFAR Ethiopia and EHNRI. PEPFAR has established external quality assurance (EQA) for CD4, chemistry, hematology and HIV rapid testing at 52 ART sites. Additionally, PEPFAR is preparing to decentralize EQA further down the tiered laboratory network. For ease of management, quality of laboratory data, and to improve efficiency, PEPFAR Ethiopia supported pilot implementation of a Laboratory Information System (LIS) at selected hospitals, national referral and regional laboratories. As part of the LIS implementation, more than 25 working stations were networked with broadband internet service at EHNRI HIV reference laboratory.

PEPFAR purchased and distributed essential laboratory equipment to regional and hospital laboratories, including automated clinical chemistry, hematology analyzers, FACSCount machines, biosafety cabinets, incubators, centrifuges, PCR machines and accessories for EID at 6 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 purchased by the MOH with funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) for 63 ART hospitals. Effective referral testing has been provided to more than 240 health centers for CD4 and ART.

PEPFAR Ethiopia also supports laboratory-based targeted evaluation of laboratory diagnosis and disease monitoring. Procedures for HIV pro-viral DNA PCR detection from dried blood spots (DBS) has been validated and implemented nationwide at ART sites. PEPFAR is preparing to establish testing centers at six other sub-regional reference or hospital laboratories and to scale up diagnostic services through DBS sample referral linkages. PEPFAR has supported training in the use of and implementation of a WHO recommended commercially-based kit for HIV-1 drug resistance monitoring. Furthermore, PEPFAR is implementing an “in house HIV-1 drug resistance genotyping assay” at the EHNRI HIV Reference Laboratory. PEPFAR has also successfully piloted a standardized HIV rapid test results logbook at sites in Addis Ababa, with next phase being expansion to sites. In the area of logistics supply chain management, PEPFAR has seconded an advisor to EHNRI to support quantification for laboratory reagents and supply procurement, and has also placed five Regional Laboratory Logistics Associates (RLLAs) in key regions to support supply distribution.

One of PEPFAR Ethiopia’s goals in FY09 is to access majority of HIV infected pregnant women whom without any intervention may have a high risk of transmitting HIV to their child in utero, intrapartum and during breast feeding. These efforts aimed at reaching pregnant women by the prevention unit will be strongly coordinated with PEPFAR Ethiopia laboratory. Several reasons make it compelling for joint coordination with laboratory. First, this new pool of pregnant women once accessed should be offered HIV testing and counseling. Secondly, the laboratory would determine eligibility of the pregnant women for antiretroviral prophylaxis as well as monitoring them while on ARV. Sample referral system and results reporting will ensure specimens are appropriately transported to maintain their integrity and tested and results returned within specified turn around times for appropriate interventions for PMTCT.

Furthermore, an estimated 2.3 million children worldwide are living with the HIV. Almost half of these children will die before turning 2 years of age, if left untreated. By age 5 years, 75% of these children will die if they fail to receive treatment. PEPFAR Ethiopia’s goal is to rapidly scale up pediatric care and treatment services. This program will liaise and coordinate with the PMTCT and laboratory programs. That way, infants can be accessed and quickly diagnosed. Laboratory capacity for DNA PCR testing for EID will be increased by adding six new DNA PCR testing sites to already existing ones to match the increase in access and identification of infected infants. Coordination of Dried Blood Spot (DBS) sample referral with facilities lacking this technology will be implemented and monitored.

PEPFAR Ethiopia aims at improving the low case detection rate for TB. Laboratory capacity will be strengthened for intensified TB case finding. Training on TB smear microscopy and quality assurance will continue. PEPFAR Ethiopia will implement capacity for liquid culture at regional laboratories for TB detection.

In FY09, PEPFAR Ethiopia will continue to implement the quality assurance (QA) program with emphasis on sustainability and integrated laboratory service delivery. PEPFAR will strengthen tiered, quality-assured laboratory networks and implement nationally developed policies and strategic planning across the network. Integrated laboratory services and referral linkages will be implemented across the tiered laboratory network. This network will provide an efficient mechanism for providing integrated services to expand ART programs. PEPFAR Ethiopia will also continue to support all laboratory trainings, external quality assessment (EQA) and site supervision at 138 ART health networks (including 138 hospitals and 281 health centers). PEPFAR will train more than 1,800 laboratory professionals on HIV rapid testing, diagnosis of TB/OI, STI, laboratory monitoring of ART and laboratory quality, information, logistic system and management systems. The national “training of trainer (TOT)” based trainings will be conducted by EHNRI in collaboration with CDC, the American Society of Clinical Pathologists (ASCP), and the Association of Public Health Laboratories (APHL). Regional laboratories, US-based universities and Management Science for Health (MSH) will be involved in regional and site level trainings. The Clinical Laboratory Standard Institute (CLSI), the American Society for Microbiology (ASM), ASCP, and APHL will assist in developing, customizing, and standardizing different training modules. Additionally, PEPFAR will coordinate with the President’s Malaria Initiative to leverage funds for quality laboratory diagnosis especially as an integrated laboratory service approach is sought.

In FY09, PEPFAR will support EHNRI in the implementation of the “Maputo Declaration on strengthening laboratory systems”. PEPFAR will assist EHNRI to establish a national equipment maintenance policy. This will involve training of engineers at different levels, making available spare parts and a proper equipment inventory. PEPFAR will support establishing a “bundling” mechanism that ties purchase of selected reagents to equipment maintenance with vendors of equipment as well as by consolidating maintenance contracts with equipment manufacturers or their local representatives especially as laboratory services with numerous equipments are expanding.

PEPFAR Ethiopia will also support implementation of the National Master Plans for Laboratory Services and Logistics Management. The Supply Chain Management System (SCMS) will provide logistics support for the transportation and distribution

of all laboratory commodities to all 138 ART hospital networks. PEPFAR will support reagent management needs, while inventory and forecasting of supplies will be supported through technical assistance, with these efforts coordinated with other governmental and donor stakeholders. For example, coordination with or leveraging GFATM monies for purchase of some test kits will occur, particularly with HIV rapid test kits. PEPFAR will continue to develop the capacity of personnel at the national, regional and local levels to implement an efficient supply chain management system for laboratory commodities. SCMS will work to develop the capacity of the Pharmaceutical Funds and Supply Agency (PFSA, the national medical stores) to strengthen its central and regional hub capacity to handle the special logistics needs for laboratory supplies, including cold chain requirements. SCMS will deploy three additional RLLAs, and will supply CD4, chemistry and hematology commodities per the National HIV Commodity Quantification Exercise, in coordination with EHNRI and Clinton HIV/AIDS Initiative staff jointly undertaking quantification.

With the support of CDC, EHNRI will provide national leadership in strategic planning, laboratory policies, guidelines, integrated services and testing, and ensure implementation of laboratory standards. With EHNRI support, regional reference laboratories will coordinate activities, including regional training, reference testing, EQA services, viral load and EID. APHL, ASCP, ASM and CLSI will provide technical assistance at several levels for quality improvement, EQA data analysis and interpretation and evaluation of programs, networking, referral linkages, developing and standardizing of training modules, SOPs, development of laboratory policies and guidelines, guidance towards accreditation, and certification of clinical laboratory services. CDC, with partners, will support EHNRI to establish a national accreditation committee, using the WHO laboratory accreditation guidelines/checklist to support accreditation of national, regional, district and health center laboratories. The WHO accreditation system provides a cost effective approach for different levels of laboratories.

PEPFAR Ethiopia partners will support standard clinical laboratory services for HIV/AIDS at the site level. U.S. universities will work closely with laboratories at the regional level to 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 in implementation of the Maputo recommendations. They will work to integrate OI and STI diagnosis with the existing HIV/AIDS laboratory support. At the health center level, MSH will support laboratories in training, sample referral testing, implementing quality assurance based on national plans, minor renovation and furnishings, coordination of referral testing in collaboration with university partners, establishing simple diagnostic techniques for OIs at facilities, and providing comprehensive laboratory site-level support at health centers in major regions and Addis Ababa.

By the end of FY09, diagnosis of HIV/TB/OI/STI 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”. PEPFAR will support DNA-PCR based early virologic tests to approximately 48,800 infants. The revised national HIV rapid 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, monitoring and evaluation of services. With PEPFAR Ethiopia partners, CDC Ethiopia will coordinate and follow up integrated laboratory services including HIV/AIDS care, treatment, and prevention activities.

PEPFAR Ethiopia recognizes that sustainability of USG supported programs requires more than close collaboration with the GOE. It also requires the support of non-governmental, indigenous organizations. As part of local capacity development and sustainability, PEPFAR Ethiopia partners are required to work directly with such local organizations. 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 (EMLA) and laboratory schools. PSCMS will also work closely with the national supply chain management system and ensure that local capacity is developed to implement the supply chain services. These efforts will ensure the development of excellent laboratory capacity, including leadership, within the country.

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID:	673.09	**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 Budget Code:**	16
Activity ID:	10612.27972.09	**Planned Funds:**	$1,800,000
Activity System ID:	27972		

Activity Narrative: Specimen Management and Referral Services

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Ethiopia has four-tier public health laboratory system and has started implementation of Maputo consensus meeting recommendations. EHNRI will lead the coordinated effort of sample transfer in the tier system with emphasis on integration and capacity development for logistic system and smooth coordination and collaboration between the testing and referring sites

COP 08 NARRATIVE:

Ethiopia has four a tier public health laboratory system and has started implementing the Maputo consensus meeting recommendations. Even though it is weak, the laboratories across the tier have been linked with the specimen referral system. Most health facilities are in the process of being equipped with basic equipments. Hence referral-testing services are extremely important. In order to offer laboratory-monitoring services (CD4, and other basic tests) for PLWHA, including children and pregnant women, a sample referral system was established. Clinical samples are transported from outlying clinics to referral laboratories where equipment and human resources are available. 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 the capacity to support laboratory services.

The sample referral system in the interim period was supported by University partners. This activity later has been supported by Ethiopian Health and Nutrition Research Institute (EHNRI). EHNRI with the support of partners has developed Standard Operating Procedures (SOPs) and guidelines for the specimen transport and referral testing services nationwide. EHNRI with the Regional Health Bureau/Regional Reference laboratories has been leading the effort of referral services for peripheral hospitals and health centers. In addtion, EHNRI provided techncial assistance in quantification and purchasing of laboratory supplies, including diagnosis and monitoring reagents and distributed them to laboratories for diagnostic and monitoring tests requested through referral at the facility-based levels. Nonetheless, specimen management and referrals are still weak and require a reliable courier system as well as strengthened coordination and communication across the referring labs or sites and testing laboratories.

In FY09, EHNRI will lead the nationwide coordinated effort of specimen referral for CD4, chemistry, hematology, viral load, and DNA PCR-based early infant diagnosis. EHNRI, with the regional laboratories, will work to strengthen logistic system for improving TB diagnosis; to support EQA for hospital and health center laboratories and to ensure ownership and sustainability of the program. EHNRI will procure safety materials, cold boxes, thermometers and related supplies to address safety and quality for sample referral testing. As a continuation of COP08 activity, specific training on specimen management, transport, and storage, recording and reporting will be provided. The specimen management, transport, and referral system will be followed using the strict guidelines and Standard Operating Procedures (SOP) developed by EHNRI. Additional SOP and guides will be distributed to the laboratories that are newly initiating the referral testing services. The National HIV Laboratory will continue providing referral diagnostic services for HIV/TB/STI drug resistance and EQA including HIV DNA PCR for infant diagnosis, CD4, hematology, and chemistry tests.

The logistic support for referral testing will be supported through courier system. Within this system non-laboratory personnel will be trained on sample storage, transportation and safety during sample transportation. 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. PEPFAR 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 sites and back to the clinic will be 2-3 additional days. For better management of sample transfer and to deliver appropriate results timely, patient tracking numbers and tracking sheets will be used during receipt and delivery. Samples are collected in test-specific containers that already contain necessary preparation reagents. After the samples are collected, the laboratory request form are included in the collection container, sample placed in a cooler, and transported. All the regular samples are transported in cool gel packs. In order to maintain integrity of samples, the local samples are delivered within a day using cargo or courier mode.

The facilities that send the sample will work very closely and communicate regularly with the facilities testing the samples. Commonly agreed upon sample and result delivery schedule will be developed and coordinated regularly. More than 320 health centers and 25 peripheral hospitals will be linked to the nearby referral hospitals or regional laboratories for ART monitoring. More than 200 health centers and hospitals will provide early infant diagnosis through sample referrals to 7 testing sites including the national reference laboratory.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16653

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16653	10612.08	HHS/Centers for Disease Control & Prevention	Ethiopian Health and Nutrition Research Institute	7490	673.08	Expansion of HIV/AIDS/STI/TB Surveillance and Laboratory Activities in the FDRE	$1,900,000
10612	10612.07	HHS/Centers for Disease Control & Prevention	Ethiopian Health and Nutrition Research Institute	5493	673.07		$1,565,550

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 7609.09
Mechanism: Care and Support Project
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Budget Code: 16
Activity ID: 18099.27964.09
Planned Funds: $1,700,000
Activity System ID: 27964

Activity Narrative: HIV Care and Support Project

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The activity narrative will not be changed for COP09 and the activity will focus on pediatric laboratory services and early infant diagnosis (EID) at health center level and basic laboratory services at 240 health centers. This activity will be linked with the laboratory services at the hospital level and will provide back-stop support at the health center level including the specimen transport from health center to the testing sites.

COP08 ACTIVITY NARRATIVE

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 Primary Health Care Unit level, health center 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.

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 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 implement 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 include organizing training for lab staff at health center level in collaboration with EHNRI, RRL, Centers for Disease Control (CDC) and US universities on laboratory diagnosis of integrated diseases including common OI and STI diagnosis using the centrally developed and standardized training modules; making standard operational plans (SOPs) available at individual labs and providing the necessary mentorship and supportive supervision that staff abide by the SOPs; working with EHNRI, RRL, PfSCM and RPM Plus to have an uninterrupted supply of laboratory commodities including rapid test kits, reagents and equipment; work with EHNRI, RRL and relevant partners to have a functional recording and reporting system including establishing/strengthening tracking system for samples and results; facilitate at site 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. MSH/CSP is also expected to be engaged (with EHNRI and regional laboratories) 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 and STI diagnosis including improvement of TB microscopy.

The CSP laboratory component is part of CSP's overall health systems strengthening component. CSP will support the national strategic plan developed by EHNRI for integrated diseases and covers the tiered laboratory network in the country will be implemented and adhered to. Additionally, CSP will work with EHNRI and PEPFAR/Ethiopia to implement the "Maputo Declaration on strengthening laboratory systems" appropriate for level I or health center level laboratories. The CSP implementing partner, Management Sciences for Health (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 (SBM-PQI) for health centers called the Fully Functional Service Delivery Point (FFSDP). 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 WHB 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 implement 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, be they staff shortages, renovations, equipment, or other structural issues.

Activity Narrative: CSP will use existing sample referral documents for laboratory specimen handling in the facilities in which it works, for safe transport to the regional referral labs 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.
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, SPS, and 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18099

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18099	18099.08	U.S. Agency for International Development	Management Sciences for Health	7609	7609.08	Care and Support Project	$2,000,000

Emphasis Areas

Health-related Wraparound Programs

* Malaria (PMI)
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $1,000,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3785.09

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: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 10622.28222.09

Planned Funds: $400,000

Activity System ID: 28222

Activity Narrative: Site-Level Laboratory Support at Uniformed Service Health Facilities

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

University of California at San Diego (UCSD) in addition to the activities in FY08 will support the facilities to attain minimum standards set by EHNRI. UCSD will technically assist for the process improvement including accreditation of selected hospital laboratories. UCSD will address integrated laboratory system. UCSD will support the establishment of TB culture and viral load testing facilities at Armed Force General Hospital and will work to develop capacity of hospital laboratories for sustainability.

In FY08, University of California at San Diego (UCSD) has provided comprehensive high-quality HIV/AIDS services, including ART at 39 facilities in uniformed services (Armed force, Police and Prison services) nationwide. Comprehensive technical assistance and implementation support has strengthened essential elements of the laboratory system, and improved service quality and consistency. UCSD has helped to: conduct assessment of laboratory services, train laboratory staff (via offsite and onsite trainings on equipment operation, preventive maintenances, and HIV-related laboratory test procedures); establish and strengthen quality assurance (QA) programs via on-site mentorship and by developing and implementing SOPs, developing log books and improving documentation and recording; and provide technical and logistic support for specimen referral linkage between testing hospitals and referring hospitals and health centers. UCSD has been doing major infrastructure support to hospital laboratories. UCSD has been working on some selected sites to improve the TB diagnosis. UCSD supported early infant diagnosis through DBS sample referral to the testing sites.

In FY09, UCSD will provide its support to 39 facilities in uniformed services nationwide, enabling each to provide comprehensive high-quality HIV/AIDS services. Intensive site-level laboratory support is an essential component of UCSD'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 39 sites. UCSD will work directly with the facilities' personnel to implement and monitor the quality assurance programs at the 39 sites and will support the facilities to attain the minimum standards set by EHNRI. UCSD will provide technical support for process improvement including accreditation of some laboratories. UCSD will continue to provide technical assistance to the rollout of HIV-1 DNA PCR for infant diagnosis.

UCSD's laboratory support activities in FY09 will include:
(1) Strengthening of site-level laboratory quality systems, with emphasis on initiation and enhancement of quality assurance programs in partnership with CDC, EHNRI and other partners. These activities will include the preparation, revision and implementation of standard operational procedures (SOPs) for HIV disease monitoring (hematology, clinical chemistry, and CD4), specimen management, laboratory safety, and QA/QC program. UCSD will also support the preparation and provision of standard documentation and recording formats including QC forms, lab request forms and registers. UCSD 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 39 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 and regular equipment calibration capability, and supporting human resources by facilitating the availability of adequately trained laboratory personnel at all sites. These activities will be coordinated with supplies chain management and regional laboratories and UCSD regional laboratory advisors will work closely with the regional lab associates of SCMS

(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. The mentorship will address the integrated laboratory system with emphasis on HIV, TB, OIs and malaria. UCSD will also conduct periodic site assessments and will provide necessary and appropriate support including: minor renovations and refurbishment of site labs; laboratory accessories including computers and printers needed for the day-to-day delivery of integrated laboratory services. UCSD will support preventive maintenance of essential integrated laboratory service equipment and equipment care and management at the facilities and facilitate major equipment maintenance; and support for national laboratory reporting systems.

(4) UCSD will technically support standardized trainings using nationally approved curricula with special emphasis on onsite training and mentorship. These site-level and regional-level trainings will include: HIV rapid test (point of care HIV rapid test training), HIV disease monitoring (hematology, clinical chemistry, and CD4); laboratory training on integrated diseases including common OI diagnosis. UCSD will provide continued onsite training on the new HIV rapid testing algorithm and monitor and evaluate the utilization of the algorithm at facilities. UCSD will also support regional and onsite training on TB smear microscopy and support the implementation of TB smear microscopy EQA manual.

(5) UCSD will continue to provide technical assistance and implementation support to referral laboratory services. UCSD 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, patient sample tracking, reporting of results, and implementing and ensuring that standard guidelines and procedures are followed. UCSD will support the monitoring and evaluation activities in all laboratory program areas and will support the expansion of LIS in the regions

(6) UCSD will continue to provide key technical assistance to the early infant diagnosis program and viral load test establishment in the facility. Working at the regional, and site levels, UCSD will support not only

Activity Narrative: HIV DNA PCR testing capacity in the laboratory, but also the clinical systems, HMIS systems, and linkages needed to provide high-quality services to infants and families. Based on need assessment UCSD will support the establishment of HIV DNA PCR testing capacity at armed force general hospital. UCSD will also support the establishment of viral load testing capacity at selected facilities as planned by EHNRI. These will include minor renovation, epoxy painting of floor and furnishing with standard laboratory furniture.

(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 OIs and STIs diagnostics testing services at regional labs and hospitals. This includes training of lab personnel on common OIs and STI diagnosis, providing TA in setting up of the test services and providing some critical reagents and diagnostic kits.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16623

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16623	10622.08	HHS/Centers for Disease Control & Prevention	University of California at San Diego	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	$210,000
10622	10622.07	HHS/Centers for Disease Control & Prevention	University of California at San Diego	5481	3785.07		$75,000

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3786.09

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 Budget Code: 16

Activity ID: 10613.27920.09

Planned Funds: $850,000

Activity System ID: 27920

Activity Narrative: Site-level Laboratory Support

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

University of Washington I-TECH in addition to the activities in FY08 will support the facilities to attain minimum standards set by EHNRI. I-TECH will technically assist for the process improvement including accreditation of regional laboratories. I-TECH will address integrated laboratory system and will also provide support for establishment of regional laboratory in Afar, TB culture and viral load testing facilities in regional laboratories and will work to develop capacity of regional laboratories for sustainability.

In FY08, I-TECH (University of Washington) has provided comprehensive high-quality HIV/AIDS services, including ART, at 30 public and two private hospital networks in the Amhara, Tigray and Afar regions. Comprehensive technical assistance 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, train laboratory staff (via offsite and onsite trainings on equipment operation, preventive maintenances, and HIV-related laboratory test procedures); establish and strengthen quality assurance (QA) programs via on-site mentorship and by developing and implementing SOPs, developing log books and improving documentation and recording; and providing technical and logistic support for specimen referral linkage between testing hospitals and referring hospitals and health centers. I-TECH has been doing major infrastructure support to hospital laboratories including improvement of space in the rooms with in the existing footage, epoxy painting of floor and wall in the testing rooms, standard furnishing of the labs, and improving the electric line and drainage system. I-TECH renovated two regional laboratories for establishment of DNA PCR for early infant diagnosis. In collaboration with CU-ICAP, CDC and EHNRI, I-TECH has provided key technical and implementation support to Early Infant Diagnosis (EID) program at regional, and site levels.

In FY09, I-TECH will provide its support to 32 hospital networks (30 governments 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 continue supporting 6 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, hospital and health center laboratory personnel to implement and monitor the quality assurance programs at the 38 sites and will support facilities to attain minimum standards set by EHNRI. I-TECH will provide technical support for process improvement including accreditation of regional laboratories. I-TECH will continue to provide technical assistance to the rollout of HIV-1 DNA PCR for infant diagnosis at regional levels.

I-TECH's laboratory support activities in FY09 will include:
(1) Strengthening of site-level laboratory quality systems, with emphasis on initiation and enhancement of quality assurance programs in partnership with CDC, EHNRI and Amhara, Tigray and Afar regional reference laboratories. These activities will include the preparation, revision and implementation of standard operational procedures (SOPs) for HIV disease monitoring (hematology, clinical chemistry, and CD4), specimen management, laboratory safety, and QA/QC program. 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. I-TECH in collaboration with CDC, EHNRI and Afar Regional Health Bureau will support the establishment of the regional laboratory at Afar. In addition, I-TECH will work closely with the regional laboratories at Amhara and Tigray to build local capacity as this is the exit strategy for partners.

(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 supplies chain management 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. The mentorship will address the integrated laboratory system with emphasis on HIV, TB, OIs and malaria. I-TECH will conduct periodic site assessments and will provide necessary and appropriate support including: minor renovations and refurbishment of site labs; laboratory accessories needed for the day-to-day delivery of integrated laboratory services. I-TECH will also support preventive maintenance of essential integrated laboratory service equipment and equipment care and management at the facilities and will facilitate the major equipment maintenance; and support for national laboratory reporting systems.

(4) I-TECH will technically support standardized trainings using nationally approved curricula with special emphasis on onsite training and mentorship. These site-level and regional-level trainings will include: HIV rapid test (point of care HIV rapid test training), HIV disease monitoring (hematology, clinical chemistry, and CD4); laboratory training on integrated diseases including common OI diagnosis. I-TECH will provide continued onsite training on the new HIV rapid testing algorithm and monitor and evaluate the utilization of the algorithm at facilities. I-TECH will also support regional and onsite training on TB smear microscopy and support the implementation of TB smear microscopy EQA manual.

(5) I-TECH will continue to provide technical assistance and implementation support to referral laboratory

Activity Narrative: 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, patient sample tracking, reporting of results, and implementing and ensuring that standard guidelines and procedures are followed. I-TECH will support the monitoring and evaluation activities in all laboratory program areas and will support the expansion of LIS in the regions

(6) I-TECH will continue to provide key technical assistance to the early infant diagnosis program in the region. Working at the national, regional, and site levels, I-TECH will support not only HIV DNA PCR testing capacity in the laboratory, but the clinical systems, HMIS systems, and linkages needed to provide high-quality services to infants and families. Based on need assessment I-TECH will support the establishment of HIV DNA PCR testing capacity at two more I-TECH supported sub-regional and hospital laboratories (Dessie and Gondar University hospital laboratory). I-TECH will also support the establishment of viral load testing capacity at regional laboratories as planned by EHNRI. These will include minor renovation, epoxy painting of floor 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 OIs and STIs diagnostics testing services at regional labs and hospitals. This includes training of lab personnel on common OIs and STI diagnosis, providing TA in setting up of the test services and providing some critical reagents and diagnostic kits. I-TECH will provide technical support for the establishment and functionality of TB culture at regional laboratories.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16645

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16645	10613.08	HHS/Health Resources Services Administration	University of Washington	7487	3786.08	Rapid expansion of successful and innovative treatment programs	$1,000,000
10613	10613.07	HHS/Health Resources Services Administration	University of Washington	5488	3786.07		$300,000

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3787.09

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 Budget Code: 16

Activity ID: 10620.27933.09

Planned Funds: $750,000

Activity System ID: 27933

Activity Narrative: Site-level Laboratory Support

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

John Hopkins University (JHU) in addition to the activities in FY08 will support the facilities to attain minimum standards set by EHNRI. JHU will technically assist for the process improvement including accreditation of regional laboratories. JHU will address integrated laboratory system and will also provide support for establishment of regional laboratory in Gambela and Benshangul, TB culture and viral load facilities in regional laboratories and will work to develop capacity of regional laboratories for sustainability.

In FY08, John Hopkins University (JHU) has provided comprehensive high-quality HIV/AIDS services, including ART, at 50 hospital networks and health centers in Addis Ababa, SNNPR, Gambella and Benshangul Gumuz regions. Comprehensive technical assistance and implementation support has strengthened essential elements of the laboratory system, and improved service quality and consistency. JHU has helped to: conduct assessment of laboratory services, train laboratory staff (via offsite and onsite trainings on equipment operation, preventive maintenances, and HIV-related laboratory test procedures); establish and strengthen quality assurance (QA) programs via on-site mentorship and by developing and implementing SOPs, develop log books and improve documentation and recording; and provide technical and logistic support for specimen referral linkage between testing hospitals and referring hospitals and health centers. JHU has been doing major infrastructure support to hospital laboratories including improvement of space in the rooms within the existing footage, epoxy painting of floor and wall in the testing rooms, standard furnishing of the labs, and improving the electric line and drainage system. JHU renovated two regional laboratories for establishment of DNA PCR for early infant diagnosis. In collaboration with CDC and EHNRI, JHU has provided key technical and implementation support to Early Infant Diagnosis (EID) program at regional, and site levels.

In FY09, JHU will provide its support to 50 hospital networks in Addis Ababa, SNNPR, Gambella and Benshangul Gumuz regions, enabling each to provide comprehensive high-quality HIV/AIDS services. In addition, JHU will continue supporting 9 health centers in emerging regions. Intensive site-level laboratory support is an essential component of JHU'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 59 sites. JHU will work directly with the regional lab; hospital labs and health center personnel to implement and monitor the quality assurance programs at the 59 sites and will support the facilities to attain the minimum standards set by EHNRI. JHU will provide technical support for process improvement including accreditation of regional laboratories. JHU will continue to provide technical assistance to the rollout of HIV-1 DNA PCR for infant diagnosis at regional levels.

JHU's laboratory support activities in FY09 will include:
(1) Strengthening of site-level laboratory quality systems, with emphasis on initiation and enhancement of quality assurance programs in partnership with CDC, EHNRI and Addis Ababa, SNNPR, Gambella and Benshangul Gumuz regional reference laboratories. These activities will include the preparation, revision and implementation of standard operational procedures (SOPs) for HIV disease monitoring (hematology, clinical chemistry, and CD4), specimen management, laboratory safety, and QA/QC program. JHU will also support the preparation and provision of standard documentation and recording formats including QC forms, lab request forms and registers. JHU technical advisors will provide ongoing support supervision and mentorship at all sites, ensuring the delivery of high-quality laboratory services as well as systems strengthening, skills transfer, and capacity development. JHU in collaboration with CDC, EHNRI and Gambella and Benshangul Regional Health Bureau will support the establishment of the regional laboratory at Gambella and Benshangul Gumuz. In addition, JHU will work closely with the regional laboratories at Addis Ababa and SNNPR to build local capacity as this is the exit strategy for partners and for sustainability of programs.

(2) Technical support for uninterrupted laboratory services at all 59 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 supply chain management and regional laboratories. JHU regional laboratory advisors will work closely with the regional lab associates of SCMS

(3) Capacity building and minor renovation of facility level laboratories:
JHU 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. The mentorship will address the integrated laboratory system with emphasis on HIV, TB, OIs and malaria. JHU will also conduct periodic site assessments and will provide necessary and appropriate support including: minor renovations and refurbishment of site labs; laboratory accessories needed for the day-to-day delivery of integrated laboratory services. JHU will support preventive maintenance of essential integrated laboratory service equipment and equipment care and management at the facilities and facilitate the major equipment maintenance; and support for national laboratory reporting systems.

(4) JHU will technically support standardized trainings using nationally approved curricula with special emphasis on onsite training and mentorship. These site-level and regional-level trainings will include: HIV rapid test (point of care HIV rapid test training), HIV disease monitoring (hematology, clinical chemistry, and CD4); laboratory training on integrated diseases including common OI diagnosis. JHU will provide continued onsite training on the new HIV rapid testing algorithm and monitor and evaluate the utilization of the algorithm at facilities. JHU will also support regional and onsite training on TB smear microscopy and support the implementation of TB smear microscopy EQA manual.

Activity Narrative: (5) 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, patient sample tracking, reporting of results, and implementing and ensuring that standard guidelines and procedures are followed. JHU will support the monitoring and evaluation activities in all laboratory program areas and will support the expansion of LIS in the regions

(6) JHU will continue to provide key technical assistance to the early infant diagnosis program and viral load test establishment in the regions. Working at the regional, and site levels, JHU will support not only HIV DNA PCR testing capacity in the laboratory, but the clinical systems, HMIS systems, and linkages needed to provide high-quality services to infants and families. Based on need assessment JHU will support the establishment of HIV DNA PCR testing capacity at one sub-regional laboratory. JHU will also support the establishment of viral load testing capacity at regional laboratories as planned by EHNRI. These will include minor renovation, epoxy painting of floor and furnishing with standard laboratory furniture.

(7). Integration of OI diagnosis in the HIV/AIDS laboratory support: JHU in collaboration with other stakeholders working in the laboratory area will establish common OIs and STIs diagnostics testing services at regional labs and hospitals. This includes training of lab personnel on common OIs and STI diagnosis, providing TA in setting up of the test services and providing some critical reagents and diagnostic kits. JHU will provide technical support for the establishment and functionality of TB culture at regional laboratories.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16638

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16638	10620.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	7485	3787.08	Support for program implementation through US-based universities in the FDRE	$800,000
10620	10620.07	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	5484	3787.07	FMOH	$300,000

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 11763.09

Mechanism: Rapid expansion of successful and innovative treatment programs

Prime Partner: The American Society for Microbiology

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 28907.09

Planned Funds: $250,000

Activity System ID: 28907

Activity Narrative: Technical Support for Standardization of Clinical Microbiology Laboratory Services

ACTIVITY IS REPLACED ENTIRELY AS FOLLOWS:

In FY08, this activity was under CDC laboratory infrastructure support. In FY09, American Society for Microbiology (ASM) will provide technical support for standardization of clinical microbiology laboratory services

American Society of Microbiology (ASM) has made an assessment of clinical microbiology laboratories in Ethiopia in FY08 using the CDC-Ethiopia reprogrammed fund. Based on this assessment, ASM has identified gaps and work plan has been developed. Capacity of microbiology laboratories is critical for the optimum care of HIV/AIDS patients. This assessment therefore will be especially helpful for the improvement of diagnostic capacity for tuberculosis, malaria, sexually transmitted and opportunistic infections.

In FY09, ASM will provide technical assistance for the training of laboratory personnel on basic microbiology practices. This includes technical assistance in the development of standard operating procedures (SOPs), training materials, job aids and planning and rollout of microbiology trainings for central, regional and peripheral laboratories. Training and document production will focus on microbiological techniques, malaria, STIs and tuberculosis diagnosis.
The Ethiopian Health and Nutrition Research Institute (EHNRI) in collaboration with Foundation for Innovative New Diagnostics (FIND) and CDC are in process of establishing tuberculosis culture facilities in selected laboratories. ASM and FIND have a deep commitment to work in partnership for projects aimed at strengthening infectious diseases diagnosis and service integration in resource-poor countries. ASM will provide onsite technical assistance for the implementation of TB culture and drug susceptibility testing (DST). For this purpose, ASM will train laboratory technician/technologists in instrument operation and maintenance, specimen processing, decontamination, procedures for culture and sensitivity testing, quality control (QC) and general trouble shooting.

The national tuberculosis control program relies on the quality of acid fast bacilli (AFB) smear microscopy. ASM will work with the National Tuberculosis Control Program and the national tuberculosis reference laboratory to improve the quality of AFB smear microscopy. ASM will provide technical support for the implementation of the External Quality Assessment (EQA) manual for AFB smear microcopy and will assist the rollout and validation of the EQA program. In addition, ASM will provide technical support for the training of laboratory personnel on EQA, AFB smear microscopy and safety related to tuberculosis. In all those areas, ASM will provide onsite technical assistance to make sure that national standards for methods and laboratory techniques must comply with international standards.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 11723.09

Mechanism: Improving Laboratory Standards and Quality Control for Diagnosis of HIV/AIDS/STI

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 28770.09

Planned Funds: [redacted]

Activity System ID: 28770

Activity Narrative: Supporting Quality Control of Private HIV/AIDS Lab Services

THIS IS A NEW ACTIVITY FOR COP09

This program will support select private clinical laboratories in Addis Ababa that offer HIV/AIDS laboratory services to large volumes of Addis Ababa residents who access these services from the private sector. A total of 50 percent of HIV counseling and testing and 20 percent of TB diagnosis in Addis Ababa occur in the private sector. This is an important area for technical assistance given the variability of service quality and the limited capacity of the Federal and Regional government to regulate the sector. This activity will, through the provision of technical assistance, assist large laboratories providing service to private clients to: 1) to collaborate with EHNRI in supporting elements of the national laboratory strategic plan with a focus on improving quality laboratory services 2) strengthen dialogue between the local private clinical laboratories and the Ethiopian Health and Nutrition Research Institute (EHRNI) and 3) improve monitoring and quality control of private clinical laboratories and support standardization of quality assurance and control procedures.

The proposed laboratory activity at up to 15 private clinical laboratories in Addis Ababa, which PEPFAR indirectly utilizes in the Private Sector Program, will complement and strengthen the national External Quality Assurance work with the Addis Ababa Regional Reference Lab and EHNRI. Involvement in the program will be based on several factors including client volume and existing linkages to the Public Private Mix initiative supported by PEPFAR. Selection of sites will be determined through an assessment conducted by the USG and GOE.

The facility level activities include: 1) organizing training for lab staff in collaboration with EHNRI on laboratory diagnosis of communicable diseases and other conditions relevant to HIV programming, including common OI and STI diagnosis using the centrally developed and standardized training modules; 2) making standard operational procedures (SOPs) available at individual labs and providing the necessary mentorship and supportive supervision to ensure that staff abide by the SOPs; 3) working with EHNRI to establish a functional recording and reporting system including establishing/strengthening the tracking system for samples and results; 4) Monitoring and evaluation would be carried out to assess for quality improvements.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 11724.09

Mechanism: Improving Integrated Labaratory Service Delivery

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 28771.09

Planned Funds: [redacted]

Activity System ID: 28771

Activity Narrative: Integrated Support for Malaria/HIV Diagnostics

THIS IS A NEW ACTIVITY FOR COP 09

The Ethiopia Health and Nutrition Research Institute (EHNRI) has been given the mandate to oversee infectious disease diagnostic quality assurance / quality control (QA/QC) in the country. The institute has regional satellite centers, so-called Regional Reference Laboratories, of which there are 12 throughout the country. Currently no national, systematic evaluation of the quality of malaria diagnosis is fully operational. Thus, although three Regional Reference Laboratories exist in Oromia (Adama, Jimma, Nekemte), only one (in Adama) is currently fully operational and has been empowered with performing infectious disease diagnostic QA/QC for the districts within the region. Most of these activities in the Regional Reference Center in Adama have focused on HIV/AIDS and tuberculosis, and have been supported by the U.S. Centers for Disease Control (CDC) through PEPFAR support; the principal PEPFAR partner in this area has been Columbia University's ICAP. Thus, with CDC/PEPFAR and ICAP support EHNRI and Regional References Laboratories have strengthened hospital laboratory HIV/AIDS diagnosis, patient management and follow-up; laboratory curriculum and SOP development; training of clinical and laboratory health personnel; QA/QC and supervision of laboratory strengthening activities. At health center level, activities strengthening laboratory diagnosis of HIV/AIDS and tuberculosis are implemented by Management Sciences for Health (MSH) through their USAID/E-supported HIV Care and Support Project.

The FMOH's objective is to ensure, by 2010, universal access for malaria diagnosis and treatment within 24 hours of the onset of fever. Laboratory-based diagnostic services are currently available to approximately 34% of the population served at health centers and hospitals. The service is expected to increase with expanding health services (e.g. with the scale-up of the Health Extension Program). Although from 2001-2005 the annual average number of malaria cases reported was 9.4 million, only approximately 500,000 of these are confirmed parasitologically, primarily by microscopic examination of blood slides. Thus, laboratory confirmed malaria currently comprises less than 6% of all cases. An added complexity is the requirement to differentiate between the parasite species causing malaria (i.e. Plasmodium falciparum and P. vivax) as these require different treatment regimens. Similarly, the unstable nature of malaria transmission in the country (i.e. malaria is mostly seasonal with peak transmission occurring after the main rainy period) means that throughout the year the proportion of fever cases that are actually malaria may vary significantly, again demanding a special emphasis, and significant investment on improved diagnostics in the context of malaria patient case management. Thus, for malaria, health centers and hospitals should, in theory, be able to have microscopy diagnostic services available for diagnosis of malaria. In contrast, malaria diagnosis at the health post level is based on clinical assessment and/or results of rapid diagnostic tests (RDTs).

Since 2005, largely through Global Fund To Fight AIDS, Tuberculosis and Malaria (GFATM) support, the Government of Ethiopia (GOE) has significantly scaled-up malaria interventions in the country, including malaria diagnosis (e.g. millions of RDTs have been distributed to health facilities to support case management at peripheral level). However, with regards to diagnosis, the following knowledge, information and programmatic gaps following this scale-up have emerged:
• No data is available on health facility laboratory capacity, either in terms of the human resources or infrastructure needed to successfully implement quality laboratory diagnosis for malaria;
• National guidelines and training manuals for malaria (laboratory) diagnosis are outdated;
• A QA/QC system to comprehensively monitor malaria laboratory diagnosis at health facility level does not exist;

Additionally, no data exists on the importance or burden of co-infections of malaria (e.g. HIV) in the populations at risk. Thus, whilst not as important as the association between TB and HIV, there is now increasing evidence for an interaction between malaria and HIV, including increased susceptibility to either infection, greater parasitological load when co-infected, and reduced treatment response when co-infected. Whilst these interactions are at the biological level, other interactions at programmatic levels exist, including rational drug management in collaboration with Management Sciences for Health/Strengthening Pharmaceutical Systems (MSH/SPS) and integrated laboratory diagnosis and laboratory and drug QA/QC with the United States Pharmacopeia.

The Presidential Malaria Initiative (PMI) is supporting Columbia University's ICAP to strengthen laboratory diagnosis of malaria at health facilities in Oromia, in collaboration with EHNRI, Regional Reference Laboratories and other in-country partners. Activities include training laboratory and clinical health facility personnel; carrying out a laboratory baseline survey assessing health facility laboratory capacity; developing, piloting and establishing a malaria diagnosis QA/QC system as well as monitoring anti-malarial drug efficacy in selected sites. Inasmuch as possible activities under PMI support will be building onto systems developed by PEPFAR support for HIV and to a lesser extent TB; note, because of different at risk populations, most PEPFAR laboratory support has focused on hospitals, whereas the malaria activities will focus on health centers and health posts, extending quality laboratory support to those levels. The currently proposed PMI support will, however, not be sufficient to address the biological interactions between HIV and malaria or maximize the integration of malaria laboratory diagnosis activities into existing laboratory activities for HIV and TB.

In COP09, PMI funds will be leveraged to strengthen integrated laboratory diagnostic activities especially at health center levels. For that reason, PEPFAR and PMI will work together to integrate efforts on supporting laboratory diagnostics. This activity will help link these resources (e.g. laboratory curriculum and SOPs; QA/QC systems and supervision) to malaria laboratory diagnosis activities, thereby maximizing the U.S government investment under both Presidential initiatives.

Expected results

• Increased proportion of government health center facilities capable of laboratory diagnosis of malaria and Malaria diagnosis in HIV patients
• Health workers trained in laboratory diagnostics (RDTs and microscopy and Malaria/HIV diagnosis);

Activity Narrative: • Increased proportion of malaria cases confirmed with laboratory diagnostics in HIV positive patients.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 5499.09

Mechanism: PSCMS

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 5655.28183.09

Planned Funds: $14,437,102

Activity System ID: 28183

Activity Narrative: Laboratory Reagents, Supplies, Equipment and Logistics Management

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SCMS functioned effectively during the last year providing CD4, chemistry and hematology reagents and related supplies to antiretroviral treatment (ART) monitoring sites at hospitals in Ethiopia. Additionally, large amounts of rapid test kits (RTKs) were procured for the Ministry of Health (MOH), using both PEPFAR and Global Fund To Fight AIDS, Tuberculosis and Malaria (GFATM) funds. Additionally, staff from the Ethiopian Health and Nutrition Research Institute (EHNRI), the national reference laboratory, was trained in quantification of commodity needs, and a laboratory logistics management information system (LLMIS) was designed and implemented, with staff trained in its use. Regional Laboratory Logistics Associates (RLLAs) continued to be deployed at key ART facilities, helping ensure that stock-outs of key monitoring supplies were minimized at these sites. Close collaboration with the Centers for Disease Control and Prevention (CDC) and the Clinton HIV/AIDS Initiative (CHAI), under the leadership of EHNRI, helped ensure that multiple stakeholders were involved in quantification and other joint activities.

Substantially increased investments are required for COP09 support to hematology, chemistry and CD4 monitoring for HIV positive patients. The CD4 limit for patients to begin antiretroviral treatment has been raised to 350 per cubic millimeter, from the earlier national guideline of 200. Funding to cover the basic needs for all ART and pre-ART patients under Ethiopia's Road Map for universal access to HIV programs has increased to $12,135,000, with an additional $2.1 million needed for SCMS operations and technical assistance to ensure an effective supply chain for all laboratory commodities.

Given funding limitations under COP09, it will not be possible for SCMS to procure equipment or provide funding for preventative maintenance or repair of equipment, other than bundling arrangements with manufacturers which may supply maintenance support as part of reagent procurement agreements.

Distribution support will increase to 138 hospital networks and related health centers. RLLAs will increase from five to eight.

While SCMS provided strong support in procurement of rapid test kits under COP08, purchasing almost $6 million of these with PEPFAR funds as a stop-gap measure, funding decreases will not allow this support to continue under COP09. SCMS can continue its support for procurement using GFATM monies, if the MOH makes these funds available. Close coordination of procurement will be critical to the success of these efforts, given resource limitations.

Pharmid has been reorganized and renamed the Pharmaceutical Fund and Supply Agency (PFSA). SCMS will continue its work with PFSA and EHNRI to develop a strong distribution system for lab commodities, ultimately integrated in the overall national system covering all health commodities. With the exception of the adjustments described above, other activities will be as described in the COP08 Activity Narrative.

COP08 Activity Narrative

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 antiretroviral treatment or 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 To Fight AIDS, Tuberculosis and Malaria (GFATM) 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 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, to support storage, inventory, monitoring, and 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 centers laboratories throughout Ethiopia. While the Government of Ethiopia-U.S. Government Memorandum of Understanding on the use of PEPFAR and GFATM funds does not specify one party responsible for laboratory commodities, PEPFAR will support strongly in this area, although it is likely that PEPFAR resources are insufficient to provide all commodities needed for Ethiopia's ambitious goal of universal access for ART and other HIV services by 2010.

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 the Management Sciences for Health Rational Pharmaceutical Management Plus (RPM Plus) activity, the Clinton HIV/AIDS Initiative (CHAI), and other relevant USG and non-USG partners. SCMS supported a Senior Laboratory Logistics Advisor seconded to EHNRI and five Regional Laboratory Logistics Associates (RLLAs) seconded to Regional Laboratories, working closely with all relevant stakeholders to ensure that the laboratory logistics management system functioned smoothly. During FY07, SCMS worked with Pharmid to strengthen its central and regional hub capacity to handle the special logistics needs for laboratory supplies, including cold chain requirements. In FY08, SCMS will continue to support Pharmid in the integration of cutting-edge lab commodities logistics and distribution management practices and technologies in its standard logistics system, as well as EHNRI in its key oversight role.

Activity Narrative: In FY2007, 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. Additionally 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 FY2008 has allocated up to US$12,562,178 for the procurement of 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, 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. The RLLAs 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, regional laboratories, 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 Pharmaceutical Logistics Master Plan. Close integration with the SCMS and RPM Plus ART drug activities (ID 10532, ID 10534) as well as other PEPFAR laboratory support partners will be continued and strengthened. Other linkages include GFATM, CHAI and WHO.

PFSCM/SCMS will ensure consistent and timely delivery of laboratory commodities to public sector sites providing prevention, care and treatment services to patients who need them throughout Ethiopia. PLWHA will be among the beneficiaries.

The primary emphasis of this activity will be to ensure robust logistics systems 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 inputs to inform laboratory commodity procurement planning will also be strengthened.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16661

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16661	5655.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7493	5499.08	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

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$200,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 674.09

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 Budget Code: 16

Activity ID: 5612.27982.09

Planned Funds: $50,000

Activity System ID: 27982

Activity Narrative: Laboratory Capacity Development

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

EPHA will focus on the supporting local laboratory professionals, policy and advocacy. EPHA will provide assistance in pre-service training but not in in-service trainings.

This is a continuing activity whereby Ethiopian Public Health Association (EPHA) supports local capacity development in partnership with Ethiopian Public Health Laboratory Association (EPHLA).

In FY09, EPHA 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 Associations of Public Health Laboratories/USA, EPHA will continue supporting local professional associations through annual and review meetings related to related to laboratory services supporting HIV/AIDS prevention, care and treatment program

EPHA will also support continuing education of laboratory processionals to improve the clinical laboratory services with emphasis HIV/AIDS care and treatment program. EPHLA will provide technical support to National laboratory system in implementing national laboratory policy. This includes development of technical guidance and advocacy.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16650

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16650	5612.08	HHS/Centers for Disease Control & Prevention	Ethiopian Public Health Association	7489	674.08	Improving HIV/AIDS/STD/TB Related Public Health Practice and Service Delivery	$90,000
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

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 673.09

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 Budget Code: 16

Activity ID: 17828.27975.09

Planned Funds: $100,000

Activity System ID: 27975

Activity Narrative: Expansion of Laboratory Information System

ACTIVITY UNCHANGED FROM FY2008

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 is 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. There are a number of challenges as, piloting and implementing of LIS continues, some of which include the lack of network availability at different facilities and difficulty in finding facilities that can support the system.

Laboratory Information System (LIS) support has been piloted and the system is functioning at national and Regional reference laboratories and selected hospital laboratories. Prior to this several trainings were provided to laboratory technologists and IT managers who use and support the software, respectively. Strengthening and expansion of activities started in FY08 and will be continued in FY09 at EHNRI and 8 other facilities. Electronic-based LIS will be strengthened 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 will enable sites to have efficient data and report exchanges. To achieve this, the following activities will occur (1) procure additional LIS software site and accessories for 8 sites; (2) procure barcode printers, barcode readers, and barcode printer paper; (3) provide refresher training to laboratory technicians and receptionists in LIS; (4) procure computers and accessories; (5) support peer-to-peer network for regional and hospital laboratories including broadband internet, networking and cabling; (6); support operational cost (7) provide technical and logistic costs; and (8) local human capacity development.

The planned activities will also include strengthening the paper based LIS in all facilities especially in those sites where electronic LIS is not established. EHNRI will coordinate and closely work with regional laboratories, CDC and Association of Public Health Laboratories (APHL).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17828

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17828	17828.08	HHS/Centers for Disease Control & Prevention	Ethiopian Health and Nutrition Research Institute	7490	673.08	Expansion of HIV/AIDS/STI/TB Surveillance and Laboratory Activities in the FDRE	$350,000

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3784.09

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: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 10619.27905.09

Planned Funds: $900,000

Activity System ID: 27905

Activity Narrative: Site-level Laboratory Support

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: (insert a maximum of 5000 character narrative here):

Columbia University-ICAP in addition to the activities in FY08 will support the facilities to attain minimum standards set by EHNRI. CU-ICAP will technically assist for the process improvement including accreditation of regional laboratories. CU-ICAP will address integrated laboratory system and will also provide support for establishment of regional laboratory in Somali, TB culture and viral load facilities in regional laboratories and will work to develop capacity of regional laboratories for sustainability.

In FY08, International Center for AIDS Care and Treatment Programs, Columbia University (ICAP-CU) has provided comprehensive high-quality HIV/AIDS services, including ART at 50 public and two private hospital networks in the Oromia, Harari, Somali and Dire Dawa regions. Comprehensive technical assistance and implementation support has strengthened essential elements of the laboratory system and improved service quality and consistency. ICAP-CU has helped to: conduct assessment of laboratory services, train laboratory staff (via offsite and onsite trainings on equipment operation, preventive maintenances and HIV-related laboratory test procedures); establish and strengthen quality assurance (QA) programs via on-site mentorship and by developing and implementing SOPs, developing log books and improving documentation and recording; and provide technical and logistic support for specimen referral linkage between testing hospitals and referring hospitals and health centers. ICAP-CU has been doing major infrastructure support to hospital laboratories including improvement of space in the rooms with in the existing footage, epoxy painting of floor and wall in the testing rooms, standard furnishing of the labs, and improving the electric line and drainage system. ICAP-CU renovated two regional laboratories for establishment of DNA PCR for early infant diagnosis. In collaboration with CDC and EHNRI, ICAP-CU has provided key technical and implementation support to Early Infant Diagnosis (EID) program at national, regional, and site levels.

In FY09, ICAP-CU will provide its support to 52 hospital networks (50 government and two private) in the Oromia, Harari, Somali and Afar regions, enabling each to provide comprehensive high-quality HIV/AIDS services. In addition, ICAP-CU will continue supporting health centers in 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 lab, hospital labs and health center personnel to implement and monitor the quality assurance programs at the 52 sites so as to support the facilities to attain the minimum standards set by EHNRI. ICAP-CU will provide technical support for process improvement including accreditation of regional laboratories. ICAP-CU will continue to provide technical assistance to the rollout of HIV-1 DNA PCR for infant diagnosis at regional levels.

ICAP-CU's laboratory support activities in FY09 will include:
(1) Strengthening of site-level laboratory quality systems, with emphasis on initiation and enhancement of quality assurance programs in partnership with CDC, EHNRI and Oromia, Somali, Harari and Dire Dawa regional reference laboratories. These activities will include the preparation, revision and implementation of standard operational procedures (SOPs) for HIV disease monitoring (hematology, clinical chemistry, and CD4), specimen management, laboratory safety, and QA/QC program. 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. ICAP-CU in collaboration with CDC, EHNRI and Somali Regional Health Bureau will support the establishment of the regional laboratory at Somali. In addition, ICAP-CU will work closely with the regional laboratories at Oromia and Harari to build local capacity as this is the exit strategy for partners.

(2) Technical support for uninterrupted laboratory services at all 52 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 supplies chain management and regional laboratories. 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. The mentorship will address the integrated laboratory system with emphasis on HIV, TB, OIs and malaria. ICAP-CU will also conduct periodic site assessments and will provide necessary and appropriate support including: minor renovations and refurbishment of site labs; laboratory accessories needed for the day-to-day delivery of integrated laboratory services. ICAP-CU will support preventive maintenance of essential integrated laboratory service equipment and equipment care and management at the facilities and facilitate the major equipment maintenance; and support for national laboratory reporting systems.

(4) ICAP-CU will technically support standardized trainings using nationally approved curricula with special emphasis on onsite training and mentorship. These site-level and regional-level trainings will include: HIV rapid test (point of care HIV rapid test training), HIV disease monitoring (hematology, clinical chemistry, and CD4); laboratory training on integrated diseases including common OI diagnosis. ICAP-CU will provide continued onsite training on the new HIV rapid testing algorithm and monitor and evaluate the utilization of the algorithm at facilities. ICAP-CU will also support regional and onsite training on TB smear microscopy and support the implementation of TB smear microscopy EQA manual.

Activity Narrative: (5) ICAP-CU 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. ICAP-CU 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, patient sample tracking, reporting of results, and implementing and ensuring that standard guidelines and procedures are followed. ICAP-CU will support the monitoring and evaluation activities in all laboratory program areas and will support the expansion of LIS in the regions

(6) ICAP-CU will continue to provide key technical assistance to the early infant diagnosis program and viral load test establishment nationally and in the region. 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, HMIS systems, and linkages needed to provide high-quality services to infants and families. Based on need assessment, ICAP-CU will support the establishment of HIV DNA PCR testing capacity at two more ICAP-CU supported sub-regional and hospital laboratories (Nekemt regional laboratory and Jimma University hospital laboratory). ICAP-CU will also support the establishment of viral load testing capacity at regional laboratories as planned by EHNRI. These will include minor renovation, epoxy painting of floor and furnishing with standard laboratory furniture.

(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 OIs and STIs diagnostics testing services at regional labs and hospitals. This includes training of lab personnel on common OIs and STI diagnosis, providing TA in setting up of the test services and providing some critical reagents and diagnostic kits. ICAP -CU will provide technical support for the establishment and functionality of TB culture at regional laboratories.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16673

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16673	10619.08	HHS/Centers for Disease Control & Prevention	Columbia University	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	$1,100,000
10619	10619.07	HHS/Centers for Disease Control & Prevention	Columbia University	5506	3784.07		$400,000

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 8273.09

Mechanism: Laboratory Standards Improvement

Prime Partner: Clinical and Laboratory Standards Institute

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 18840.27896.09

Planned Funds: $200,000

Activity System ID: 27896

Activity Narrative: Technical Support for Clinical Laboratory Standards

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

CLSI will support development of guidelines and development of standards in the preparation for test panels, EQA data analysis and interpretation and evaluation of the program. CLSI will also provide technical assistance in the implementation of Maputo declaration

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; quality systems essentials and the reduction of errors. CLSI is based in the US, and has organizational members from over 35 countries in 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 continue implementing the activities initiated in FY08 in Ethiopia.

As a continuation of FY08, CLSI will provide technical assistance to Ethiopia in developing and harmonizing SOP and ensuring 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.

CLSI will support development of guidelines and development of standards in the preparation for test panels, EQA data analysis and interpretation and evaluation of the program. CLSI will also provide technical assistance in the implementation of Maputo declaration: standardization testing at different tiers, standardization of testing. CLSI will also support the preparation of clinical laboratories for accreditation; improve work flow, enhance recording and documentation, as well as management of laboratories

Training modules on bio-safety and implementation will be reviewed and training-of-trainers (TOT) programs will be provided. Twenty five laboratory persons will be trained and will be assessed on their acquired skills and knowledge from the trainings. CLSI will assist training of 25 laboratory persons on the development and use of SOPs, referral linkages, and competency assessments.

CLSI will support the establishment of laboratory mentorship and evaluation system. Competency assessments of laboratory personnel will be done to implement quality laboratory testing services at each clinical laboratory and meet basic standard requirements of each laboratory. Competency assessment tools will be used following the provision of training at different levels.

CLSI will provide technical assistance for the clinical laboratory accreditation process, and support for the establishment of national accreditation committee for long term suitability of the program. CLSI will work closely with EHNRI, Regional laboratories, CDC and PEPFAR implementing partners.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18840

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18840	18840.08	HHS/Centers for Disease Control & Prevention	Clinical and Laboratory Standards Institute	8273	8273.08	Laboratory Standards Improvement	$300,000

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 673.09

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 Budget Code: 16

Activity ID: 10607.27973.09

Planned Funds: $1,100,000

Activity System ID: 27973

Activity Narrative: Equipment Maintenance and Technical Support for Laboratory Services

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY09, EHNRI will implement the Maputo Declaration on strengthening of laboratory systems with emphasis on equipment standardization and service contracts for equipments at various levels of the tiered system. EHNRI will consolidate equipment preventative and curative maintenance mechanism of bundling with manufacturers. EHNRI will develop a sustainable national system of preventative and curative maintenance across the tiered laboratory network.

The Ethiopian Health and Nutrition Research Institute (EHNRI) is the technical arm of the Ministry of Health (MOH) responsible for providing guidance to laboratory services. EHNRI is the lead institution in coordinating laboratory programs in Ethiopia with a strategic national plan to support integrated disease laboratory services. Preventive and curative equipment maintenance constitutes a key component of the national laboratory strategic plan.

EHNRI provided technical assistance to strengthen laboratory quality service at all levels of the laboratory network: technical assistance including preventive and curative maintenance services of equipment, inventory laboratory management and on-site practical trainings, follow up and supportive supervision were provided to all ART hospital laboratories. Equipment preventative maintenance and curative maintenance play a critical role in ensuring quality laboratory testing and uninterrupted service delivery as ART services are rolled out.

In FY08, preventive and curative maintenance service was provided for major laboratory equipment at all expanded 131 hospitals, 240 health centers and ten regional laboratories. Preventive maintenance and calibration of major equipments including centrifuges, FACS counts, hematology and chemistry analyzers were provided quarterly at all sites where the equipments were installed. Broken machines repaired and spare parts changed to prevent/minimize service interruption. Technical assistance included maintenance and troubleshooting of laboratory equipments (fridges, freezers, microscopes, incubators, autoclaves, chemistry analyzers, hematology analyzers and FACS count machines) at all ART hospitals and health centers. PEPFAR also provided technical assistance in developing standard operating procedures for use during instrument operation, developing preventative maintenance and maintenance logs, training of laboratory personnel and monitoring them on how to perform preventative maintenance. There are challenges in the establishment and implementation of a sustainable preventive and curative maintenance system across the country. Some of these challenges include training, availability of spare parts and protracted negotiations with vendors on establishing maintenance contracts. The establishment of maintenance contract is imperative for major and sensitive equipment including thermocycler, centrifuges, ELISA washer, ELISA reader, centrifuges, chemistry and hematology analyzers, FACS count, FACS calibur, freezers, refrigerators, incubators, biosafety cabinet, microscopes, biosafety cabinets. EHNRI has encountered difficulties setting up curative maintenance contracts with major manufacturers of equipments resulting to a protracted process. EHNRI is pursuing a maintenance mechanism (through SCMS) termed “Bundling” with one of the manufacturers of an instrument routinely used in Ethiopia. Bundling is the agreement whereby prices of reagents are negotiated with a manufacturer of equipment to include the required maintenance of that equipment. Bundling has the added benefit in that it compels the vendor to maintain equipment in order to consume reagents supplied by vendor.

EHNRI is also committed to the implementation of the “Maputo Declaration on Strengthening of Laboratory Systems” which emphasizes list of supplies and tests needed at each level of an integrated laboratory network, standardization of laboratory equipment at each level of the tiered laboratory and considerations to guide maintenance and service contracts for equipment at various levels of the laboratory network.

During FY09, all the above mentioned activities will continue and be expanded to additional new sites with emphasis on developing a sustainable national system on preventive and curative maintenance. This will entail an equipment maintenance policy that addresses national reference, as well as regional, district and health centers laboratories. Such a policy will inform equipment maintenance which actually begins with the selection and acquisition of suitable testing platforms as well as equipment inventory. Support will be provided for purchase of critical spare parts for national and regional laboratories and establishment of the Equipment Maintenance Center at EHNRI. The technical support will continue and expand to new sites initiating ART services including health center laboratories. Technical assistance including curative and preventive maintenance of equipment, 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 will be provided in collaboration with other partners. Technical support includes inventory and laboratory management for maintenance of clinical laboratory services and ensures laboratory standards are implemented at all ART hospital, health center and VCT laboratories. Review of existing laboratory operating procedures, recording and reporting at facility levels will be performed. Training of required number of engineers for preventive and curative maintenance of equipment at the national reference as well as regional, district and health centers laboratories will be emphasized. Engineers will be trained such that they will be able to identify equipment fault for appropriate action to be taken as well as perform calibration of common laboratory equipment such as thermometers, timers, pipettes. Also ensuring proper mechanisms for reporting of damaged equipment to regional and reference laboratories with proper documentation is in place. Ensuring equipment maintenance contracts are in place with manufacturers or their local representatives with periodic evaluation of the service they provide. Support of the above activities will enable a sustainable preventative and curative maintenance system that addresses an integrated laboratory service for equipment maintenance, builds local capacity and ensure accurate, reliable and reproducible results are provided to client.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16655

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16655	10607.08	HHS/Centers for Disease Control & Prevention	Ethiopian Health and Nutrition Research Institute	7490	673.08	Expansion of HIV/AIDS/STI/TB Surveillance and Laboratory Activities in the FDRE	$1,500,000
10607	10607.07	HHS/Centers for Disease Control & Prevention	Ethiopian Health and Nutrition Research Institute	5493	673.07		$1,021,300

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 673.09

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 Budget Code: 16

Activity ID: 5610.27974.09

Planned Funds: $1,800,000

Activity System ID: 27974

Activity Narrative: Laboratory Quality Assurance Program

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: (insert a maximum of 5000 character narrative here):

EHNRI will make the QA program comprehensive and include TB and Malaria smear microcopy, DNA-PCR based early infant diagnosis and viral load assays for advanced clinical monitoring. In addition to the National External Quality Assessment Schemes (NEQAS), EHNRI will support and strengthen Regional Quality Assessment Schemes (REQAS). EHNRI will also ensure the implementation of Maputo declaration.

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 2008, EHNRI provided national leadership in strategic planning, laboratory policies, guidelines, standard operating procedures (SOPs), training, integrated services and testing. The activities are focused on quality assurance programs, training, referral diagnosis, establishing tiered laboratory services, and referral linkages. EHNRI supported improvement of laboratory services for the National HIV surveillance program, development of standard training curricula, training of laboratory personnel in HIV testing and treatment monitoring, and evaluating of diagnostic technologies. The DNA PCR-based early infant diagnosis of HIV is expanded to six regional reference laboratories. Regional reference testing services were initiated. EHNRI worked closely with CDC Ethiopia to maximize support, especially to implement the national quality assurance program, including training-of-trainers (TOT) program. EHNRI also implemented laboratory quality assurance process, including the expansion of National External Quality Assurance Scheme program. However, several challenges still exist in ensuring a sustainable laboratory quality assurance program including expansion of an integrated EQA programs to more testing sites, implementation of the WHO checklist or guidelines on accreditation for the different tiered laboratory levels and standardization of tests and testing platforms across the laboratory network.
The FY09 activity plan will focus mainly on the continuation and expansion of FY08 programmatic areas: quality assurance programs, training, diagnosis, and strengthening of tiered laboratory services. EHNRI will continue supporting the strengthening of laboratory standards and will work closely with the regional laboratories as sub-partners. EHNRI will ensure the implementation of quality-assured 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.

In FY09, the External Quality Assurance Program established in 52 regional and hospital sites will be strengthened and the program will be expanded to 131 health networks. In addition to the current tests (hematology, chemistry, CD4, HIV serology, and molecular diagnostics, DNA-PCR based early infant diagnosis and viral load), TB and malaria smear microscopy, STI and OI diagnosis will be included in order to make EQA program comprehensive. EHNRI in collaboration with the regional laboratories will support strengthening of the Regional External Quality Assessment Schemes (REQAS) including preparation of proficiency testing (PT) panels for rapid HIV testing. The dried tube spot (DTS) method will be implemented in all facilities that are enrolled in HIV serology EQA program.

Quality control materials (proficiency panel) will be distributed to the sites thrice annually. External quality assessment, including site visit reports and proficiency panel test results will be regularly communicated to sites. EHNRI will develop guidance and will put a sustainable system in place for logistic management of EQA including but not limited to panel distribution, collection of results and dissemination.

EHNRI, in partnership with CDC and PEPFAR implementing partners, will continue its training activities, place higher emphasis on TOT of laboratory personnel in: HIV rapid diagnosis; monitoring of ARV therapy; maintenance of laboratory equipment; laboratory quality management systems; tuberculosis (TB) and OI diagnosis; and HIV surveillance. EHNRI will ensure that standardized training modules are used for regional and site-level training programs supported by Regional Reference laboratories and implementing partners

As part of improving quality of services, EHNRI will strengthen the laboratory monitoring and evaluation activities. A monitoring and evaluation system will be implemented for the effectiveness of EQA, referral testing and in-service training and continuous quality improvement process in general. EHNRI, in collaboration with CDC, will strengthen the laboratory monitoring and evaluation activities including, revising and standardizing recording and reporting forms, registers/logbooks and reporting forms and ensuring implementation at all sites.

With technical assistance from PEFPAR Ethiopia, EHNRI will support and ensure that National Reference laboratory is accredited and will prepare regional and hospital laboratories for accreditation. EHNRI will ensure the implementation of the Maputo declaration: standardization of testing platforms; standardization of testing across the tier; and integration of laboratory services. EHNRI will closely work and coordinate activities with regional laboratories, CDC, and implementing partners to strengthen the laboratory system as per the national laboratory plan and to improve the standards of clinical laboratories. Additionally, EHNRI will work with partners to implement the WHO checklist/guidelines for accreditation of regional, district and health center laboratories.

EHNRI will continue supporting eight regional laboratories (Addis Ababa, Adama, Nekmet, Bahir-Dar, Dessie, Awassa, Mekele and Harar) and the regional hospital laboratories that serve as reference laboratories in emerging regional states to strengthen the overall quality of laboratory services. EHNRI will disburse up to 50% of the total budget to laboratories for regional implementation of EQA program regional training, site supervision and monitoring services and regional capacity development including program management support. Regional laboratories will continue reporting their activities to EHNRI quarterly.

Activity Narrative: EHNRI will monitor and evaluate the performance of the sub-partners and will ensure regional capacity developed for long term sustainability

New/Continuing Activity: Continuing Activity

Continuing Activity: 16654

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16654	5610.08	HHS/Centers for Disease Control & Prevention	Ethiopian Health and Nutrition Research Institute	7490	673.08	Expansion of HIV/AIDS/STI/TB Surveillance and Laboratory Activities in the FDRE	$2,100,000
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

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3792.09

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: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 5628.28006.09

Planned Funds: $1,545,000

Activity System ID: 28006

Activity Narrative: Laboratory infrastructure

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY09, CDC Ethiopia will support integrated laboratory services according to the national laboratory strategic plan. CDC-Ethiopia will support the establishment of viral load testing at regional laboratories that would serve as reference sites for their region. Support procurement of equipments and laboratory furnitures for newly renovated laboratories. Also CDC Ethiopia will support procurement of biosafety, diagnostics and monitoring equipments for medical laboratory technologist training schools. Furthermore, collaborate with EHNRI and international laboratory branch to leverage resources to set up a regional laboratory training center. Support expansion of DNA PCR for early infant diagnosis to 6 additional regional laboratories.

PEPFAR Ethiopia, in collaboration with 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 implementing partners including training, laboratory diagnosis and monitoring tests at hospital and health center level, referral diagnostic services (CD4, infant diagnosis, and viral load tests).

In FY08, CDC Ethiopia supported the establishment of a national HIV referral laboratory at EHNRI to meet National standards and in line with the national laboratory strategic plan. Furthermore, CDC Ethiopia will work closely with EHNRI to support an integrated laboratory approach as well as implementation of the “Maputo Declaration on Strengthening of Laboratory Systems” The national referral lab has been fully networked with IT 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 the referral lab was supporting the referral testing for ART program. Early infant diagnosis (EID) equipment was provided and assisted the referral laboratory to provide referral infant diagnosis of HIV. The new HIV rapid testing algorithm has been finalized for use and training of trainers on HIV rapid testing using the new algorithm has been conducted.

In FY08, technical assistance was provided for regional roll out and decentralization of laboratory training in HIV rapid testing, integrated laboratory training, laboratory management and lab quality system. A standardized HIV rapid test log book to capture rapid test results at testing facilities has been developed and piloted at five sites in Addis Ababa. DNA PCR testing for EID was successfully implemented at six regional laboratories including all the six regional laboratories, and each was successfully enrolled into external quality assurance programs for proficiency testing on DNA PCR. PEPFAR Ethiopia also supported the national referral laboratory to conduct the following targeted evaluations: Implementation of HIV-1 drug resistance genotyping assay including procurement of reagents, equipments and software; and implementation of Dried Tube Spot (DTS) to support quality assurance for rapid HIV testing, defining the reference ranges of hematology/chemistry profile.

All the activities started in FY08 will continue in FY09 with emphasis on sustainability and an integrated laboratory approach to include sexually transmitted infections (STI), opportunistic infections (OI), malaria and Avian influenza (AI). Collaboration with the President’s Malaria Initiative (PMI) to improve quality of malaria laboratory diagnosis has already started. The activities include to continuously support all laboratory trainings, and implementation of national quality assurance program at all levels. 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 national laboratory strategic plan. The National HIV laboratory will be supported to upgrade the facility to Biosafety level three (BSL3) to improve the containment for some specialized tests as referral center for country. Additionally, support will be provided for the upgrade of 6 regional laboratories to support TB culture and molecular diagnostics as well as evaluation of different filter papers for collection of infant specimens.

There will be support including furnishing with basic equipment provided to six additional regional laboratories that will serve as regional referral hubs; as well as safety and equipments for establishment of DNA PCR set ups at sub-regional or referral hospital laboratories renovated by University partners at different regions. Support for the development, printing of laboratory guidelines, standard operating procedures including standardization of logbooks and forms will continue.

CDC Ethiopia will facilitate and support national and regional laboratories review meeting for PEPFAR supported program, and will coordinate periodic site level supportive supervision, mentoring and monitoring. Furthermore, technical assistance will be provided to strengthen tiered laboratory services, referral networking and expansion of Laboratory information system to hospital and health center facilities through training and troubleshooting of difficulties experienced with the system.

There will also be support for the establishment of viral load testing for advanced clinical monitoring at regional laboratories that would serve as reference sites for their regions. This will entail the preparation of a standard training curriculum, training of trainers (TOT), purchase of reagents and other consumables for training, development of materials to follow up and assess TOT post training.

CDC Ethiopia will support procurement of equipments and other laboratory furniture for newly renovated regional laboratories that are expected to be completed in FY09 fiscal year.

CDC Ethiopia will support launching and implementation of laboratory management tools. This training manual or curriculum developed by CDC Atlanta and covers all level of the lab tiered system will equip lab directors, leaders or manager on how to properly direct, manage and supervise laboratory for quality laboratory services.

CDC Ethiopia will work with EHNRI in collaboration with CDC Atlanta international laboratory branch to leverage resources to set up a regional laboratory training center.

Activity Narrative: There will be support for strong monitoring and evaluation of laboratory service including standardization of lab forms, recording keeping, reporting support tools to including laboratory test request, referral forms, reporting forms and joint site supervision. Support the national and regional database system for laboratory reporting system for laboratory based surveillance and detection, typing and drug susceptibility surveys.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16615

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16615	5628.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7482	3792.08	Rapid expansion of successful and innovative treatment programs	$898,000
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

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 7887.09 **Mechanism:** CDC-M&S

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 Budget Code:** 16

Activity ID: 18744.28010.09 **Planned Funds:** $185,700

Activity System ID: 28010

Activity Narrative: CDC M&S

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

No change to activity. Budget has been adjusted to accommodate potential salary increase.

FY08 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18744

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18744	18744.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7887	7887.08	CDC-Management and Staffing	$181,400

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 677.09

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 Budget Code: 16

Activity ID: 5613.28327.09

Planned Funds: $125,000

Activity System ID: 28327

Activity Narrative: Clinical Laboratory Services Support

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Under FY07 to FY08, the American Society for Clinical Pathologists (ASCP) has successfully built sufficient local capacity on CD4, Chemistry and hematology training and curriculum development. In FY09 ASCP will focus only on accreditation of national reference laboratory and refinement of pre-service curriculum for laboratory schools

COP 08 NARRATIVE:

American Society for Clinical Pathology (ASCP) has supported development of in service training modules in chemistry, hematology, and CD4, provided technical assistance in training of trainers and in regional roll out trainings in partnership with Ethiopian Health and Nutrition Research Institute, CDC Ethiopia and US University partners. ASCP has built enough local capacity in these areas and the local trainers and experts are now able to conduct both the national and regional trainings. 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 pre-service work group facilitated a 5-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 FY09, ASCP will continue providing technical assistance in the pre-service education to strengthen local medical laboratory schools. ASCP trainers will provide a training of trainers' workshop for key faculty members and directors of schools of medical technology who have not been participants in FY08 training plan; for the total target of 60 participants. The training will be designed to provide the faculty with newly developed curriculum and exercises. This will allow them to practice new teaching methods and develop their discussion skills. The ASCP trainers will employ participatory methods for interactive learning and promotion of teamwork.

ASCP has been working with EHNRI and CDC Ethiopia to prepare the national reference laboratory for accreditation by Joint Commission International (JCI). Standard operating procedures (SOP), guidelines and different job aids have been prepared and the laboratory has been prepared for the initial site assessment by JCI in FY08. In COP09, ASCP will provide ongoing technical assistance for complete accreditation of the national reference laboratory. ASCP will also support the implementation of the laboratory management frame work for accreditation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16702

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16702	5613.08	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	7511	677.08	Supporting Laboratory Training and Quality Improvement for Diagnosis and Monitoring of HIV/AIDS Patients in Resource Limited Countries through Collaboration with ASCP	$350,000
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

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 678.09

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

Prime Partner: Association of Public Health Laboratories

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 5614.28328.09

Planned Funds: $200,000

Activity System ID: 28328

Activity Narrative: Technical Support for Public Health Laboratory System and Networking

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: (insert a maximum of 5000 character narrative here):

APHL will provide technical assistance in Laboratory quality assurance, and laboratory information and management system including training and mentoring. APHL will also focus on supporting local public health capacity development.

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. APHL 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. APHL has provided technical assistance to develop a national laboratory quality system plan and to implement External Quality Assurance (EQA) program administered for HIV serology, CD4, chemistry, and hematology.

In FY09, APHL will continue technical assistance to EHNRI and regional laboratories to strengthen the national external equality assurance program, national public health laboratory system, implement laboratory policies, and provide in-service training. APHL will continue to provide technical assistance in three major areas:

(1) Technical support in strengthening and expanding the National External Quality Assessment (EQA) Program, and laboratory management implementation. In FY09, APHL will continue the technical assistance and ensure the capacity is established for long-tern sustainability. Assistance will be provided in reviewing training modules in laboratory quality systems and lab management in partnership with CDC and EHNRI. 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 in collaboration with EHNRI, CDC and CLSI.

(2) Technical support in strengthening of LIS, referral linkages, and networking between clinical laboratories and regional and national reference laboratories.
Technical assistance will continue to expand LIS for the reference laboratory network in order to support the implementation of ART program. 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.

(3) Support for organizational capacity development, including twinning of regional laboratories with US state laboratories, and strengthening local public health laboratory associations. APHL will continue twining support between US state public health laboratories and Ethiopian regional reference laboratories to provide practical expertise and on-site training 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. APHL will continue to strengthen laboratory networks in Ethiopia with support for the local laboratory professional association. This will also assist in implementation of national 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.

APHL will assign technical experts for periods of up to three months to work with the national and regional reference laboratories on these tasks.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16703

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16703	5614.08	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	7512	678.08	HIV/AIDS ART prevention and TA collaboration for public health laboratory science	$600,000
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

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 5483.09

Mechanism: TBD/CDC

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 29761.09

Planned Funds: [redacted]

Activity System ID: 29761

Activity Narrative: April 2009 Reprogramming:
Involvement of selected regional, hospital and health center laboratories in a WHO step-wise accreditation process

Laboratory services are essential components in the diagnosis and treatment of persons infected with the human immunodeficiency virus (HIV), and other related diseases of public health significance including malaria and mycobacterium tuberculosis. A lot has been done in Ethiopia to improve laboratory infrastructure for HIV, malaria and TB diagnosis. Seven molecular laboratories for DNA PCR have been established in regional and national reference laboratories for expansion of early infant diagnosis services and all of these laboratories are linked with quality assurance program at CDC Atlanta, International Laboratory Branch. Biosafety level III laboratory has been established at St. Peter tuberculosis specialized hospital for TB culture and drug resistance detection. Similar laboratories will be established at regional laboratories. More than 200 laboratories have been equipped with automated anti-retroviral monitoring (ART) machines.

Despite all the achievements, the laboratory infrastructure remains poor in many facilities and therefore, there is an urgent need to strengthen the laboratory. The establishment of accreditation systems will help countries to improve, and to strengthen the capacity of their laboratories. Accreditation provides documentation that the laboratory has the capability and the capacity to detect, identify, and promptly report all diseases of public health significance that may be present in clinical and Research specimens. The accreditation process further provides a learning opportunity, a pathway for continuous improvement, a mechanism for identifying resource and training needs, and a measure of progress.

Ethiopia does not have any national accreditation system or accrediting board or agency for the laboratory services. There are no well defined standards or bench marks to be attained for all laboratories at different levels. However, more and more laboratories are being involved in international EQA programs. Based on EQA results, laboratories are undergoing continuous process improvement. This will be more effective if supported by some sort of national accreditation system. Accreditation has been initiated for the National Reference Laboratory (NRL) using Joint Commission International (JCI) standards. American Society for Clinical Pathology (ASCP) has been providing technical support for the full accreditation of the NRL. Even though much of the accreditation process has been achieved, the process took more than three years. The laboratory is not yet fully accredited and the requirements are very stringent.

Accreditation of all levels of laboratories through international accrediting agencies and international standards is quite expensive, time consuming and un-realistic especially for district hospital and health center laboratories. Cognizant of the challenges, WHO has come up with feasible and step-by-step accreditation system. Enrollment of laboratories in the step-wise accreditation system will be important for the quality of laboratory test results and credibility of laboratory in health services. At the end, laboratories will benefit from the process and WHO will involve the laboratories in this system in EQA program. Accreditation of laboratories is reviewed annually by the WHO Regional Office and is based on laboratory performance during the immediately proceeding 12 months relying on complete data, usually from the past 1-13 months to one month prior to evaluation and accreditation is given for the upcoming calendar year.

CDC-Ethiopia, in collaboration with Ethiopian Health and Nutrition Research Institute (EHNRI) and implementing partners will pilot the WHO accreditation process in nine selected regional and hospital laboratories. Selected laboratories will be enrolled in this process and this requires document preparation, training, improvement of the work flow and providing technical assistance for the selected laboratories to implement all internal quality assurance measures in preparation for step-by-step accreditation. With this budget, some 50 laboratory personnel will be trained on quality systems management, documentation, recording and reporting. The lessons from the pilot process will be helpful for the establishment and strengthening of the national accreditation system in Ethiopia.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 5483.09
Mechanism: TBD/CDC
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Budget Code: 16
Activity ID: 29762.09
Planned Funds: [redacted]
Activity System ID: 29762

Activity Narrative: April 2009 Reprogramming:

Strengthening STIs and OIs laboratory diagnosis as part of comprehensive and integrated laboratory services

Laboratory testing for HIV and related opportunistic infections plays a critical role in the effective implementation of prevention, care and treatment programs with regard to disease screening, clinical diagnosis, staging of disease, therapeutic monitoring, blood safety and surveillance. Because of this pivotal role, the overall goal of the laboratory program in a developing country should be to ensure sustainable, integrated laboratory capacity that can provide quality, rapid, accurate, affordable and reliable diagnostic tests for the effective implementation of lifesaving treatment and prevention programs. There are many opportunities, if utilized wisely that will be helpful to strengthen laboratory infrastructure.

Ethiopia has moved one step forward in this regard. Under strong commitment and leadership from the government, and concerted effort of partner agencies' available funds for HIV/AIDS services have been utilized to strengthen laboratory infrastructure. Physical infrastructure of many laboratories have been upgraded and equipped with anti-retroviral treatment (ART) monitoring machines, laboratory personnel have been trained not only in HIV related laboratory services but also in tuberculosis, malaria and other disease diagnosis. The initial laboratory strategic plan which focuses on HIV laboratory services has been revised to address laboratory services for integrated diseases prevention, care and treatment. The national quality assurance program has expanded to involve tuberculosis and malaria in addition to well-established systems for CD4, chemistry, hematology and HIV tests.

However, laboratory support services for diagnosis of STIs and OIs remains weak nationwide and even the available resources are not well utilized to address these important diseases in HIV prevention and control program. Therefore, strengthening of the laboratory capacity for STI and OIs diagnosis as part of integrated laboratory services will be important for HIV/AIDS, TB, STIs and OIs prevention, care and treatment activities. Even though STIs are treated based on syndromic management, tests like RPR, VDRL, gram stain, culture and sensitivity, KOH mount and other are being done. Strengthen those tests and addition of other feasible and simple OI and STIs diagnostic techniques will be critical. Strengthening laboratory capacity for OI and STI diagnosis has also been reflected in EHNRI's national laboratory strategic plan. CDC-Ethiopia in collaboration with EHNRI and implementing partners will work to strengthen laboratories to support STI and OI diagnosis. The budget will be allocated for baseline assessment, training of laboratory personnel (40 individuals who will be training lab personnel at facilities) on simple and quality diagnostic techniques, documentation of work (SOPs, protocols, training package), technical assistance for the laboratories to implement internal quality assurance measures and involvement in external quality assessment.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 8181.09

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: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 18741.28998.09

Planned Funds: $279,912

Activity System ID: 28998

Activity Narrative: CDC M&S

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

No change to activity. Budget has been adjusted to accommodate potential salary increase.

COP08 NARRATIVE

This activity represents the direct technical assistance which is provided to partners by CDC Staff. The amount represents the salary and benefit cost 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18741

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18741	18741.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8181	8181.08	CDC-M&S	$215,051

Program Budget Code: 17 - HVSI Strategic Information

Total Planned Funding for Program Budget Code: $17,853,500

Program Area Narrative:

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. Specifically, PEPFAR Ethiopia support has focused on surveillance, monitoring and evaluation, and Health Management Information System's (HMIS). PEPFAR has supported the establishment, strengthening and expansion of HIV/AIDS/STI/TB-HIV surveillance systems; provided significant support to the development and implementation of monitoring and evaluation systems related to HIV/AIDS/STI/TB-HIV prevention, treatment, and care interventions; supported the integration of available data capturing, reporting and dissemination systems; and strengthened the overall comprehensive HMIS master plan, currently being implemented in Ethiopia by the Federal Ministry of Health (MOH). As its goal of providing technical assistance to all SI programs and program implementing partners, PEPFAR SI has been designing and implementing SI programs that generate information and data to help them in target setting, program monitoring and evaluation and reporting including Semiannual and Annual program reports. PEPFAR Ethiopia SI has also been assisting its partners in the design and conduct of programs and public health evaluations

The Federal Ministry of Health (FMOH) is in charge of coordinating Ethiopia's evolution through one national health monitoring evaluation system. The Planning and Programs Department of the FMOH (PPD) determines the country's health information management systems' vision and set strategic plans to achieve this vision. The operation matters are shared by other FMOH entities. Notably HAPCO is in charge of the HIV/AIDS monitoring and evaluation systems for HIV/AIDS prevention care and treatment programs that are implemented by the non-health partners including community level interventions. The Ethiopian Health and Nutrition Research Institute (EHNRI) coordinates HIV/AIDS and related disease surveillance systems and the design and conduct of surveys.
Establishment, strengthening and expansion of national HIV/STI/TB Surveillance Systems: PEPFAR Ethiopia supported the design and piloting of surveillance systems related to TB/HIV and STI/HIV co-infections. Surveillance systems to monitor the prevalence of HIV among blood donors and commercial sex workers were designed and preparatory works for piloting and implementation started. PEPFAR support was provided for the implementation of and generation and utilization of quality data from the 2007 round of ANC based HIV surveillance. Surveys to look at the prevalence of HIV and risk behavior among most at risk populations (MARPS) were conducted. Strategic information generated from these activities was disseminated to and used by policy makers, program designers and managers, health service providers and the public at large.
Development and implementation of monitoring and evaluation systems: In past COP years, the M&E system was strengthened through M&E support provided to the Federal HAPCO, Regional Health Bureaus, Zonal and Wereda Health Departments and health facilities implementing HIV/AIDS/STI/TB-HIV prevention, treatment, and care interventions. PEPFAR Ethiopia support for the development and implementation of a sustainable Health Monitoring and Evaluation system included the MSc level training in M&E by Jimma University, short term trainings in M&E and surveillance programs, Leadership in Strategic Information (LSI) and Field Epidemiology and Laboratory training programs (FELTP) and a new HMIS certificate program. PEPFAR Ethiopia also supported HAPCO in the design and piloting of M&E systems that capture and generate strategic information related to HIV/AIDS interventions in the non-health sectors including Education and Women.
Integration of available data capturing, reporting and dissemination systems: PEPFAR supported the dissemination of general strategic information through different channels to a variety of users including to PEPFAR implementing partners to assist them in making evidence based decisions related to programs. The second national M&E report was published and the information was used by decision makers and partners. Through this support, program managers, data managers and clerks and health service providers at different levels of the health care system were able to capture, generate, analyze and interpret strategic information related to their programs.
Strengthening of the overall comprehensive HMIS master plan: PEPFAR Ethiopia, as one of the leading Government of Ethiopia's partners, provided technical and financial support for the development of the national HMIS. Support included development of health indicators, HMIS pre-service training curriculum, development and piloting of an integrated electronic medical record systems and the piloting of HMIS in different health facilities and regions. HIVQUAL, a service quality improvement program, has also been integrated into the electronic medical record (EMR). As part of PEFAR support to the HMIS, the design of a data warehouse that incorporates the Geographic Information Systems was completed. PEPFAR support for the development of the local area network (LAN) of the FMOH, EHNRI, RHBs and RHAPCOs was also one the successful achievements in previous COP years. As part of the government's initiative to deploy 8,000 health information specialists and to train 45,000 health workers

by 2010, to date PEPFAR has supported the training of 500 new health information technicians (HIT) and 2,000 health workers. To facilitate the provision of these trainings, PEPFAR supported the renovation of 11 technical educational and vocational training schools (TEVTs) so that they can serve as multi-functional training institutions.
However, numerous challenges remain, including ensuring the quality of data and its appropriate use, lack of capacity at regions and health facility level, high staff turn-over, delay in roll-out of HMIS and the different non-ANC based HIV surveillance systems and weak monitoring systems for HIV/AIDS intervention outside of the health system.
In COP09, PEPFAR Ethiopia's support will continue to the establishment, strengthening, expansion and implementation of SI programs that generate, analyze, disseminate and encourage the utilization of quality data and program management information from the different programs to accurately measure progress toward the in-country Emergency Plan's goals. Support will also continue to programs that help HIV/AIDS prevention, care, support and treatment program designers and managers, health and other social services providers at every level and the public at large to make evidence based decisions related to the design and implementation of HIV/AIDS policy/advocacy and prevention, care, support and treatment programs.
PEPFAR Ethiopia's support will continue to work towards the development and implementation of surveillance systems that focus on generating information related to the most at risk populations (MARPS) in the country. Support will be continued for expansion of the ANC based HIV surveillance system to include additional sites from the rural areas to improve the representativeness of the data. TB/HIV surveillance among TB and HIV patients will also be expanded by including more sites. PEPFAR support will be provided to the design and conduct of the 2010 round of the Ethiopian Demographic and Health Survey (EDHS+).
In FY 09, PEPFAR Ethiopia will maintain its support to the national HMIS, M&E and Surveillance systems. Support will be provided for implementation of the paper-based HMIS system in 500 health facilities. The HMIS system with the integrated Electronic Medical System and HIVQUAL will be implemented in 80 of the 500 health facilities serving as ART centers. As part of the roll-out of the HMIS system, the Government of Ethiopia has requested Tulane University to provide in-service training on HMIS to 45,000 health professionals and pre-service training to 8,000 new government-employed HITs by the end of 2010. However, due to funding constraints in FY09, PEPFAR Ethiopia will only be able to support the training of 3,500 instead of 5,000 health professionals, 700 instead of 1,000 new HITs, and 140 instead of 200 HMIS mentors as was originally planned. Unfortunately, this will further slow down the rollout and building the sustainability of the national HMIS in Ethiopia. Health care providers at facilities where PEPFAR partners are supporting the implementation of PEPFAR programs will be supported to generate, analyze, interpret and utilize data from the M&E/HMIS systems through technical assistance from the implementing partners. PEPFAR Ethiopia will also continue its support for the printing and dissemination of HMIS training materials in COP09. However, funding constraints will further limit the availability of TA from partners and HMIS materials.
PEPFAR will focus efforts to build local capacity for SI on public health and educational organizations. Efforts will include strengthening the capacity of local organizations including EHNRI, MOH, HAPCO, EPHA and regional health bureaus to provide short term in-service trainings on SI and strengthening the capacity of local universities to provide pre-service trainings to produce SI professionals for the health system, including continuation of the Masters level trainings in M&E at Jimma University and the Field Epidemiology and Laboratory Training Programs at Addis Ababa University the sustainability of these programs. PEPFAR support for the dissemination of strategic information generated by the trainees of these and other health-related training programs will also be continued in COP09.

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 8181.09
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: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 18745.28999.09
Planned Funds: $602,923
Activity System ID: 28999
Activity Narrative: CDC M&S

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

No change to activity. In COP'08 the budget of the canceled M&E position is not deducted. In FY'09 the planned budget reflects positions currently existing. Further note that some of the local benefits for USDH that are planned in last FY are excluded from this year's planned budget.

COP08 ACTIVITY NARRATIVE

This activity represents the direct technical assistance which is provided to partners by CDC Staff. The amount represents the salary and benefit cost 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.

New/Continuing Activity: Continuing Activity
Continuing Activity: 18745

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18745	18745.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8181	8181.08	CDC-M&S	$609,001

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 674.09

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: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 29763.09

Planned Funds: $238,125

Activity System ID: 29763

Activity Narrative: April 2009 Reprogramming:

Amhara MARPS size estimation and integration of Size estimation to other regions MARPS study
This is a new activity: Quantification/size estimation of Most At-Risk Populations (MARPS) has a paramount importance in the design of appropriate intervention programs as well as to monitor and evaluate the effectiveness of prevention and control programs targeting these populations. A recent survey done in selected hotspots of Amhara region on various MARPs has shown a consistently high prevalence (11.6% to 37%) of HIV infection. The result is 5-18 times higher compared to the national single-point HIV prevalence estimate of 2.1%; and 2 to 7 times higher than the 5.5% HIV prevalence documented for urban Ethiopia in the 2005 DHS. Moreover, these MARPS appear to have exhibited high-risk behaviors, as depicted by high sexual partner change, concurrent sexual partnerships, high exposure to STIs, and low and inconsistent condom use. These MARPS also showed a high sexual network among themselves and the general population acting as a bridging population for HIV transmission to the wider public. The Amhara region is planning a targeted intervention of HIV/AIDS control in the various MARPS identified in the region. Other regions will also follow the same action once the national MARPs study is done. However, there was no data on the size of these MARPs in the in Ethiopia so far. To effectively target appropriate HIV control prevention efforts to the MARPS, a detailed estimation of size of the various MARPs in the regions is a critical step.

Ethiopian Public Health Association (EPHA), with support from PEPFAR, has conducted a study on the magnitude of and risk factors for HIV infection among selected MARPs in Amhara region. This year similar studies will be conducted at national level.

In COP 09, EPHA will support the estimation of various MARPs groups including female sex workers, Daily Laborers, Students, Mobile Merchants, Long Distance Truck Drivers and other locally relevant MARPs in Amhara and other regions of the country. Data from this study will provide the Government of Ethiopia and its HIV/AIDS control partners including PEPFAR implementing partners with the necessary data to design appropriate control and prevention measures for HIV/AIDS in these populations.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 683.09

Mechanism: ***

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 29764.09

Planned Funds: [redacted]

Activity System ID: 29764

Activity Narrative: April 2009 Reprogramming:
Community Information Systems to support HIV/AIDS service delivery and referral service management implemented beyond health facilities.

This is a new activity.

An identified gap in the PEPFAR Ethiopia program is the dearth of standardized information systems implemented at the community level to support service delivery of non-clinical elements, adherence and patient management and referrals. Funds are being reprogrammed from multiple activities in HBHC to respond to fill the gap. A community information system will be collaboratively developed with the HIV/AIDS Prevention and Control Office and other HIV/AIDS donors.

The system will complement the Health Management Information System (HMIS) and its partial roll-out. At present the area of community information systems was not previously supported by PEPFAR.

The current tranche of funds will support framework design and implementation on a limited basis. A multi-year program will support broad-based implementation in COP10 and COP11.

This program will support PEPFAR Ethiopia's ability to report accurately on community-based service delivery of palliative care, HCT, ARV and TB adherence and OVC portions of the COP.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5483.09

Mechanism: TBD/CDC

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 28987.09

Planned Funds: [redacted]

Activity System ID: 28987

Activity Narrative: Production of HIV care, treatment & prevention related electronic materials

ACTIVITY WITH ONLY MINOR CHANGES FROM FY2008

In COP 09, Partner will continue to maintain and provide technical assistance to the existing Learning Management System (LMS) sites as well as expand the LMS to four ART hospitals (two university and two rural hospitals). Partner will also introduce the use of cell casting for training of health extension workers on maternal and neonatal health; utilize the existing laboratory information system for educational purpose, and support Higher Education Relevance and Quality Assurance (HERQA) in adapting e-learning course development standards.

In FY 08 this activity was being implemented by JHPEIGO under Mechanism ID: 3746 and Activity ID: 10482. In FY 09 the implementing partner is TBD.

FY 08 ACTIVITY NARRATIVE:

In FY07, Jhpeigo 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. Jhpeigo, 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 health science 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 Jhpeigo 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, Jhpeigo 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, Jhpeigo 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, Jhpeigo collected information on end-user comfort in using electronic materials for teaching and learning.

During FY08, Jhpeigo 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, Jhpeigo is analyzing scores obtained by the students using the LMS as well as other reporting indicators that were embedded in the LMS during FY07.

In FY08, Jhpeigo increased 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, Jhpeigo implemented the following activities:

1) Continued supporting and strengthening the use of LMS at Addis Ababa, Gondar, and Jimma universities for pre-service teaching, as well as explored possibilities of expanding the LMS into the university-affiliated teaching hospitals

2) Procured and upgraded 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) Worked with staff and students to improve their comfort level in teaching and learning via electronic tools

4) Developed downloadable lectures for students to save lectures on MP3 players to allow learning outside

Activity Narrative: of the computer lab, allowing more students to access lectures when they have available time

5) Procured MP3 players for students and personal digital assistants (PDA) for faculty to use for the e-learning project

6) Worked 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) Provided 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) Continued to upgrade and troubleshoot the HIV/AIDS LMS developed in FY07
9) Provided instructional design courses for key faculty at the universities

Based on lessons learned in FY07, Jhpeigo expanded the e-learning project in FY08 to two other major health teaching universities as well as two ART hospitals (one urban and one rural) and assessed the use. Jhpeigo also supported 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. Jhpeigo also trained faculty in Instructional design and provided them with a toolkit. 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, 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 talk line for HIV/AIDS service providers in Ethiopia. In FY08, Jhpeigo supported this talk line 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. Jhpeigo also supported a touchtone answering system, in collaboration with CCP and with support from appropriate Jhpeigo.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 8259.09

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: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 18894.28172.09

Planned Funds: $200,000

Activity System ID: 28172

Activity Narrative: Support for Community Information Systems

ACTIVITY WITH ONLY MINOR CHANGES FROM FY2008

MOH HAPCO is progressing with this activity. Based on results from the FY08 piloting, HAPCO will make any needed changes to the system and roll out in additional regions in FY09. Activities will include data collection, compilation, analysis and dissemination of information retrieved by the system to regional and national audiences.

COP08 NARRATIVE

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.

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.

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.

Capacity in monitoring and evaluation (M&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&E support provided by Tulane University.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18894

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18894	18894.08	HHS/Centers for Disease Control & Prevention	National HIV/AIDS Prevention and Control Office, Ethiopia	8259	8259.08	HAPCO-MOH	$200,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 7887.09
Mechanism: CDC-M&S
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 Budget Code: 17
Activity ID: 18747.28011.09
Planned Funds: $371,400
Activity System ID: 28011
Activity Narrative: CDC M&S

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

No change to activity. Budget has been adjusted to accommodate potential salary increase.

COP'08 Narrative
Activity Narrative: This activity represents the direct technical assistance which is provided to partners by CDC Staff. The amount represents the salary and benefit cost 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.

New/Continuing Activity: Continuing Activity
Continuing Activity: 18747

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18747	18747.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7887	7887.08	CDC-Management and Staffing	$362,800

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3792.09
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 Budget Code: 17
Activity ID: 10443.28007.09
Planned Funds: $469,600
Activity System ID: 28007

Activity Narrative: Strengthening National HIV/AIDS/STI Surveillance Systems

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

The Ethiopian Health and Nutrition Research Institute (EHNRI) will continue to serve as the national lead responsible for all HIV and related surveillance, and will continue to coordinate and finance the regional Health Bureau's to help them support the related activities. In COP08, EHNRI produced and disseminated the 7TH AIDS in Ethiopia report that was prepared mainly based on the results of the 2007 round of ANC based HIV surveillance that involved the participation of ANC providing centers located in 108 of the health facilities in the country. Support was also provided to all the preparatory works for the 2009 round of ANC based HIV surveillance including for the selection of additional sites, capacity assessment of existing sites and the conduct of national and regional review and planning meetings. Guidelines were developed, finalized, and piloted for TB/HIV and HIV surveillance among blood donors and among commercial sex workers. Sites for the conduct of TB/HIV and HIV surveillance among blood donors were selected by the close collaboration between and among EHNRI regional health bureaus and the Ethiopian Red Cross Society.
Data collection for the 2009 round ANC-based, sentinel- HIV surveillance activities will be supported in all 108 existing sites. Additional rural sites will be identified to increase the representativeness of the data and assist in producing more valid local HIV estimates and improve the data quality. Over 1000 health workers drawn from all sentinel sites for the ANC based HIV surveillance will be trained through regional trainers that will be trained as trainers of trainee (TOT) at the national level. Support will also be continued to other surveillance activities including: data collection, sample transport, provision of test kits, and other supplies/equipments to be used by sites. Support will also be provided for supervisory visits and national and regional review workshops. Dissemination of the ANC based HIV surveillance findings will also be supported by PEPFAR.

]Support for non ANC-based HIV surveillance systems including TB/HIV surveillance and HIV surveillance among blood donors will be continued. Activities related to review of the manuals; provision of relevant trainings, data collection, processing and dissemination will be supported.
Preliminary findings of a study that was conducted to look at the prevalence of HIV and STIs and associated risk behaviors among Most at Risk Population (MARPs) in Amhara region (official results to be released by Amhara Health Bureau and HAPCO soon) has shown that some locally relevant MARPs may be driving the HIV epidemic in the region. The importance of such surveillance programs/studies is now becoming increasingly important. This is so because the low level generalized HIV epidemic in Ethiopia is more likely to be driven by factors among locally relevant MARPs. The information currently available on MARPS is very limited. As the trends of infection and behaviors in these population groups need to be more reliably and consistently estimated, PEPFAR Ethiopia will continue its support for the design and implementation of surveillance systems that consistently generate, analyze, and disseminate information that can be used for making programmatic and policy decisions. In FY09, surveillance systems that monitor levels of HIV infection and risk behaviors among commercial sex workers will be strengthened and implemented. Moreover, surveillance systems that monitor levels of HIV infection and risk behaviors among mobile population and uniformed services will be developed and piloted.
EHNRI will also undertake an HIV surveillance activity (BED assay) to estimate the extent of new HIV infections in the country. Appropriate protocols related to this will be developed and stored blood samples collected in previous ANC based HIV surveillance rounds as well as those collected in the 2009 round will be used for the testing. The results of this assay will help to corroborate the data from other HIV surveillance sources and to identify trends in new HIV infections.

PEPFAR Ethiopia will also support EHNRI to build the capacity of regions for undertaking surveillance activities and enable them to better understand HIV surveillance data for decision making. Hence training of regional and central staff in electronic data processing using EPI info, GIS and other analysis softwares will be provided. Key surveillance staff will also participate in experience sharing workshops and trainings abroad and in country to address the challenges and share best practices and lessons learned. (Eight staff for abroad and 15-20 in country experience sharing events).

COP08 NARRATIVE

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/AID prevention, care, and treatment programs.

Activity Narrative: 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).

New/Continuing Activity: Continuing Activity

Continuing Activity: 16616

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16616	10443.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7482	3792.08	Rapid expansion of successful and innovative treatment programs	$587,800

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 496.09

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 Budget Code: 17

Activity ID: 18899.28033.09

Planned Funds: $2,300,000

Activity System ID: 28033

Activity Narrative: Improving HIV/AIDS Prevention and Control Activities in the FDRE MOH

ACTIVITY AREMAINS UNCHANGED FROM FY2008

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18899

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18899	18899.08	HHS/Centers for Disease Control & Prevention	Federal Ministry of Health, Ethiopia	7488	496.08	Improving HIV/AIDS Prevention and Control Activities in the FDRE MOH	$2,300,000

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$500,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 118.09
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: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 18749.27995.09
Planned Funds: $123,684
Activity System ID: 27995
Activity Narrative: Management and Staffing

THIS ACTIVITY REMAINS UNCHANGED IN FY09

Funding for USAID staff in the HVSI program area covers one HIV/AIDS SI Advisor and one HIV/AIDS Quality Assurance Program Specialist, a Locally Engaged Staff.

The Strategic Information (SI) Advisor provides technical, operational, and management support to USAID PEPFAR activities. He is involved in the planning, design, data management and reporting of project activities and results. He oversees data quality from all partners and is responsible for helping the PEPFAR Team achieve specific targets established by the Department of State/Office of the Global AIDS Coordinator, as well as for supporting office-wide monitoring and evaluation activities. He serves on the GOEs National HMIS Steering Committee and the PEPFAR SI Technical Working Group. As a certified CTO, he also manages several PEPFAR programs.

The HIV/AIDS Quality Assurance Program Specialist is the liaison to the USAID/PEPFAR technical working groups. The Quality Assurance Advisor collects and analyzes monitoring reports from field monitors and make recommendations to the technical teams on a biweekly basis. The Quality Assurance Specialist further contributes by providing leadership to improve program monitoring, evaluation and dissemination efforts by all relevant partners and stakeholders.

New/Continuing Activity: Continuing Activity
Continuing Activity: 18749

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18749	18749.08	U.S. Agency for International Development	US Agency for International Development	7479	118.08	USAID M&S	$25,935

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3790.09

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 Budget Code: 17

Activity ID: 18211.28213.09

Planned Funds: $68,480

Activity System ID: 28213

Activity Narrative: Strategic Information on HIV/AIDS in Refugee and Host Populations in Ethiopia
ACTIVITY REMAINS UNCHANGED FROM FY08

COP08 NARRATIVE

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18211

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18211	18211.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	7506	3790.08		$85,600

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$35,400
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5483.09
Mechanism: TBD/CDC
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 5582.28202.09
Planned Funds: [redacted]
Activity System ID: 28202

Activity Narrative: National Monitoring and Evaluation System Strengthening and Capacity-Building

This activity is a continued activity from FY08, Prime Partner University of Tulane (TUTAPE), under Activity Number 5582, and Mechanism Number 487.

In FY08 PEPFAR/CDC through its partner provided comprehensive support to FMOH through technical and logistic assistance in implementing the new M&E/HMIS and building M&E capacity through short-term trainings, pre-service trainings, institutional capacity building for Jimma University, integrated supportive supervision, and seconding of staff to MOH, HAPCO and other institutions.
• The partner linked HIVQUAL and the integrated supportive supervision (ISS) as part of the HMIS reform and implemented the package in 100 ART networks.
• The partner has expanded the MOH costing tool into a Woreda planning tool which will be integrated in the HMIS.
• As part of the government's initiative to deploy 8,000 new Health Information Technicians (HIT) by 2010, Tulane University has been designated as the lead international development partner by Federal Ministry of Health (FMOH) for the roll out the new Health Management Information system (HMIS). The partner developed a HMIS pre-service training curriculum and renovated 11 technical educational and vocational training schools (TEVTs) so that they can serve as multi-functional training institutions. The partner has been tasked with the training of all 45,000 health and support personnel nationwide. The partner has plans to contract 200 master mentors then train and deploy them to different health facilities for a period of 1-1½ years. The master mentors will undergo 3-4 weeks training before they are deployed to different facilities. To date, the partner has trained 5,000 of the 45,000 staff and successfully completed pilot testing of the new HMIS in Dire Dawa. Of the 200 planned mentors, 24 have been trained and deployed. A total of 500 Health Information Technicians of the 8,000 planned have been trained and Regional Health Offices have signed a MoU with FMOH to employ them as civil servants, thereby ensuring sustainability.
• The partner will train 1000 HITs and 200 HMIS mentors and will roll out the electronic HMIS to 80 sites. as planned.
• The partner continued support to Jimma University's master's program in M&E by providing teachers and training, and supporting course coordinators, and administrative staff. Forty students were enrolled in FY08. Jimma University also accepted four paying international students from Tanzania. The partner has designed a training course for biostatisticians.
• The partner provided TA to EHNRI to complete field data collection for the 2007 health facility survey. Analysis is currently under way.

In FY09 PEPFAR/CDC through its partner will:
1. Maintain support for the HMIS in the 100 ART networks through supervision, quality assurance, providing training materials, and facilitating communication and collaboration with other partners working at the site level
2. Support the training of an additional 1,000 HITs. PEPFAR partners will begin to migrate to the new HMIS at the HIV/AIDS service delivery level and non-PEPFAR USG health funds will be leveraged to support the HMIS at the primary health care level where there is less HIV/AIDS.
3. Plan, coordinate and provide technical assistance to the FMOH in developing guidelines for integrated supportive supervision (ISS)
4. Continue seconding staff to EHNRI and higher learning institutions to build the capacity of these institutions to utilize health data for decision-making.
5. Maintain support for Jimma University, with a focus on phasing out support and developing a mechanism to transfer this initiative wholly to the university and linking it to the university's other programs. The partner will facilitate the enrollment of 10 students in the new pre-service biostatistics course that it has developed
6. Collaborate with EPHA in implementing short term training programs and scientific writing workshops.
7. Continue support for the Woreda planning tool
8. Update the intervention mapping component of the National AIDS Spending Assessment (NASA) and upload to the MOH intranet
9. Continue to support MOH/HAPCO in the production of HIV M&E/HMIS updates and reports and include reports on TB/HIV and other HIV related areas
10. Conduct a process evaluation of the HMIS
11. Support EHNRI to become a center for evaluation
12. Provide TA to HAPCO for its community information system
13. Provide TA to MOH-PPD for the HMIS in-service training

COP08 NARRATIVE

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

Activity Narrative: 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-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.

Activity Narrative: 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 heath 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16563

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16563	5582.08	HHS/Centers for Disease Control & Prevention	Tulane University	7470	487.08	University Technical Assistance Projects in Support of the Global AIDS Program	$5,265,000
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

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 7606.09

Mechanism: GIS Support

Prime Partner: International Rescue Committee

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 18054.28101.09

Planned Funds: $120,000

Activity System ID: 28101

Activity Narrative: Spatial and Geographical Mapping to Improve HIV Programs

ACTIVITY REMAINS UNCHANGED IN FY09

COP08 NARRATIVE

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."

New/Continuing Activity: Continuing Activity

Continuing Activity: 18054

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18054	18054.08	U.S. Agency for International Development	International Rescue Committee	7606	7606.08	GIS Support	$120,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5483.09

Mechanism: TBD/CDC

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 28538.09

Planned Funds: [redacted]

Activity System ID: 28538

Activity Narrative: Local Institutional Capacity Building for Evidence-based Informed Decision and Dissemination of Scientific Information

THIS IS A NEW ACTIVITY

PEPFAR Programs are guided by Public Health Evaluation (PHE), Basic Program Evaluation (BPE), surveillance and other survey studies. These studies conducted by the different implementing agencies and partners, focus across different PEPFAR programs areas, assess the impact of the programs or the trend of the problem among individuals and communities infected and affected by HIV.

In order to successfully interpret and conduct evidence-based HIV/AIDS projects, public health workers, program managers and policymakers must understand basic research/ study methods related to surveillance, program monitoring, targeted evaluations, and similar efforts.

CDC Ethiopia has been supporting local institutional capacity through scientific writing skill and oral communication trainings for the last five years. In FY08, 20 public health professionals from different CDC partner institutions are being trained on Ethical issue in studies involving Human subjects, and scientific writing skills.

Among the many CDC Ethiopia local Institutional partners only three of them have established Institutional Review Board (IRB) having Federal Wide Assurance (FWA); thus only the three local partners could review protocols from their own the remaining partners have difficulty to get their protocols cleared with out delay. Therefore, CDC will be supporting the establishment of seven Local IRB with FWA in the Seven Ethiopian Universities.

In FY09, CDC will provide training for 40 Public health professionals from Implementing agency and partners in research methodology, successful scientific writing skill and effective oral communication including dissemination of scientific studies and ethical issue in Human subject researches.

The development and publication of 200 copies of research methodology and ethical guideline with in CDC handbooks will be covered.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3784.09

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: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 10437.27906.09

Planned Funds: $200,000

Activity System ID: 27906

Activity Narrative: Site-Level Data Support for Hospitals/Strengthen the HIV/AIDS Information System at Hospital level

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

In FY08, ICAP-CU supported 52 sites to collect, manage, analyze, and use HIV/AIDS-related data generated at the site level for decision-making. ICAP-CU trained 150 health professionals in ART monitoring, and data analysis and use, supported the documentation of pre-ART and ART patients by conducting regular quality assessment exercises, ensured availability of adequate supplies of national M&E forms for supported sites as well as availability of necessary equipment for the sites, and provided support to document best practices and share experiences with other organizations.
In FY09, ICAP-CU will collaborate with other partners in rolling out and integrating the national HMIS at the site level. Support to sites for the integration of the national HMIS will include:

• technical assistance with the collection, archiving, retrieval, and reporting of comprehensive HIV services data on the new forms and the flow of data through the new integrated data system
• technical assistance with the collection and documentation of data on other HIV services in addition to ART, such as paediatric ART, TB/HIV, PMTCT, VCT, PICT using the appropriate HMIS forms
• routine, data-quality assurance exercises to ensure completeness and accuracy of information on the HMIS forms
• training on basic monitoring and evaluation
• training on basic computer skills, data management skills, including data entry, data analysis, and tabulating and visualizing data using tables, charts, line and bar graphs and other standard methods, and in technical paper writing and presenting. An emphasis will be placed on analyzing and using data at the site level for local decision making and program improvement
• on-site supervision and mentorship to enhance the quality and use of data collected

In FY09, ICAP-CU will focus on building the capacity of sites to fully transition and integrate into the new HMIS. In accordance with government plans, certain site-level support activities provided in FY08, such as support for data technicians and managers and the printing and provision of the HMIS forms and tools, will be phased out in FY09. ICAP-CU will work with its sites to build their capacity to fully support the HMIS themselves.

COP08 NARRATIVE

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16674

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16674	10437.08	HHS/Centers for Disease Control & Prevention	Columbia University	7498	3784.08	Rapid Expansion of ART for HIV Infected Persons in Selected Countries	$300,000
10437	10437.07	HHS/Centers for Disease Control & Prevention	Columbia University	5506	3784.07		$150,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 673.09

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 Budget Code: 17

Activity ID: 18050.27977.09

Planned Funds: $1,200,000

Activity System ID: 27977

Activity Narrative: Supporting the National HIV/AIDS/STI Surveillance System

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Ethiopian Health and Nutrition Research Institute (EHNRI) will continue to serve as the national lead responsible for all HIV and related surveillance, and will continue to coordinate and finance the regional Health Bureau's to help them support the related activities. In COP08, EHNRI produced and disseminated the 7TH AIDS in Ethiopia report that was prepared mainly based on the results of the 2007 round of ANC based HIV surveillance that involved the participation of ANC providing centers located in 108 of the health facilities in the country. Support was also provided to all the preparatory works for the 2009 round of ANC based HIV surveillance including for the selection of additional sites, capacity assessment of existing sites and the conduct of national and regional review and planning meetings. Guidelines were developed, finalized, and piloted for TB/HIV and HIV surveillance among blood donors and among commercial sex workers. Sites for the conduct of TB/HIV and HIV surveillance among blood donors were selected by the close collaboration between and among EHNRI regional health bureaus and the Ethiopian Red Cross Society.
Data collection for the 2009 round ANC-based, sentinel- HIV surveillance activities will be supported in all 108 existing sites. Additional rural sites will be identified to increase the representativeness of the data and assist in producing more valid local HIV estimates and improve the data quality. Over 1000 health workers drawn from all sentinel sites for the ANC based HIV surveillance will be trained through regional trainers that will be trained as trainers of trainee (TOT) at the national level. Support will also be continued to other surveillance activities including: data collection, sample transport, provision of test kits, and other supplies/equipments to be used by sites. Support will also be provided for supervisory visits and national and regional review workshops. Dissemination of the ANC based HIV surveillance findings will also be supported by PEPFAR.

]Support for non ANC-based HIV surveillance systems including TB/HIV surveillance and HIV surveillance among blood donors will be continued. Activities related to review of the manuals; provision of relevant trainings, data collection, processing and dissemination will be supported.
Preliminary findings of a study that was conducted to look at the prevalence of HIV and STIs and associated risk behaviors among Most at Risk Population (MARPs) in Amhara region (official results to be released by Amhara Health Bureau and HAPCO soon) has shown that some locally relevant MARPs may be driving the HIV epidemic in the region. The importance of such surveillance programs/studies is now becoming increasingly important. This is so because the low level generalized HIV epidemic in Ethiopia is more likely to be driven by factors among locally relevant MARPs. The information currently available on MARPS is very limited. As the trends of infection and behaviors in these population groups need to be more reliably and consistently estimated, PEPFAR Ethiopia will continue its support for the design and implementation of surveillance systems that consistently generate, analyze, and disseminate information that can be used for making programmatic and policy decisions. In FY09, surveillance systems that monitor levels of HIV infection and risk behaviors among commercial sex workers will be strengthened and implemented. Moreover, surveillance systems that monitor levels of HIV infection and risk behaviors among mobile population and uniformed services will be developed and piloted.
EHNRI will also undertake an HIV surveillance activity (BED assay) to estimate the extent of new HIV infections in the country. Appropriate protocols related to this will be developed and stored blood samples collected in previous ANC based HIV surveillance rounds as well as those collected in the 2009 round will be used for the testing. The results of this assay will help to corroborate the data from other HIV surveillance sources and to identify trends in new HIV infections.

PEPFAR Ethiopia will also support EHNRI to build the capacity of regions for undertaking surveillance activities and enable them to better understand HIV surveillance data for decision making. Hence training of regional and central staff in electronic data processing using EPI info, GIS and other analysis softwares will be provided. Key surveillance staff will also participate in experience sharing workshops and trainings abroad and in country to address the challenges and share best practices and lessons learned. (Eight staff for abroad and 15-20 in country experience sharing events).

COP08 NARRATIVE

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18050

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18050	18050.08	HHS/Centers for Disease Control & Prevention	Ethiopian Health and Nutrition Research Institute	7490	673.08	Expansion of HIV/AIDS/STI/TB Surveillance and Laboratory Activities in the FDRE	$1,200,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 674.09

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:**	Strategic Information
Budget Code:	HVSI	**Program Budget Code:**	17
Activity ID:	5611.27983.09	**Planned Funds:**	$2,100,000
Activity System ID:	27983		

Activity Narrative: Capacity Building for Evidence-informed Decision Making, Generation and Dissemination of Strategic Information

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

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 supported the conduct of AIDS Mortality Surveillance activities in five demographic and health surveillance (DHS) sites run by local universities. The program was also expanded to include two more DHS sites run by Mekelle and Arbaminch Universities. This expansion helped the AIDS Mortality Surveillance program to produce more representative data to be used by the Federal Government of Ethiopia and other partners engaged in ART intervention efforts in reducing the impact of AIDS. EPHA had also provided technical assistance together with CDC that helped to 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, this local capacity building has created fertile ground that will ensure continuous and sustainable generation of information for decision-makers even after the phasing out of the fund.
In COP07, EPHA, in close collaboration with the Federal Ministry of Heath (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. In COP08, the program was evaluated and findings from the evaluation showed that the training had enabled program managers to critically evaluate and use data for decision-making and designing and implementing evidence-informed programs. Based on the identified needs of the government organizations that participated in the training and its evaluation, the LSI training program was expanded to Jimma University in FY08 and trainings were initiated for HIV/AIDS program managers at zonal and district levels. To increase the sustainability of trainings, human-resource capacity, and continuity of evidence-informed 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. The two-year training is based at Addis Ababa University and benefits from the full support of MOH. This activity continued in COP08, and support was extended to the students enrolled in COP07 while they were attached to regions and health facilities to gain field level experiences. The activity also supported the enrollment of 15 second batch trainees.
EPHA also supported the generation and dissemination of 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. PEPFAR support was also extended to efforts for strengthening the leadership, technical, and managerial capacity of EPHA. This support helped EPHA 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.
In COP09, EPHA will support the seven AIDS Mortality Surveillance system by collecting generating, analyzing, interpreting and disseminating relevant information.. Existing sites will be strengthened, and two additional universities (Awasa and Bahir Dar) will be added in the network of mortality surveillance. This will increase representation from corners of the country previously not involved in SAVVY (Sample Vital Registration with Verbal Autopsy) network sites. This will also provide capacity building trainings to project and scientific site staff and ensure appropriate timely use of mortality data. Experience sharing visits to networked mortality surveillance programs in Tanzania or other African countries will be supported.
Capacity Building for Evidence-Informed Decision making activity will continue with the training in Leadership in Strategic Information (LSI) in Addis Ababa University and Jimma Universities to 35 candidates. It will also support the Field Epidemiology and Training Program in Addis Ababa University for 13 students and support the program cost of the course. It will support the experience sharing travels of trainees and related staff to international field epidemiology training networks including the African Field Epidemiology Network (AFENET) and TOPHINET). Candidates for both programs will be selected from surveillance and lab officers currently servicing in related activities. The trainees will collect and make use of data related to their regions and will continue to serve in their respective regions after the completion of training.
Generation of Strategic Information and Institutional Capacity Building will continue to be supported. In addition, EPHA will also undertake a survey in Gambella region to understand the causes of high HIV Prevalence and heterogeneity of the epidemic in priority populations. Appropriate survey protocol related to this will be developed and implemented.

COP08 NARRATIVE

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

Activity Narrative: 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 Heath (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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16651

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16651	5611.08	HHS/Centers for Disease Control & Prevention	Ethiopian Public Health Association	7489	674.08	Improving HIV/AIDS/STD/TB Related Public Health Practice and Service Delivery	$2,430,000
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

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$600,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 8159.09
Mechanism: ENDF Surveillance Survey
Prime Partner: To Be Determined
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 18049.28260.09
Planned Funds: [redacted]
Activity System ID: 28260

Activity Narrative: Ethiopian National Defense Force HIV Bio-Behavioral Surveillance

ACTIVITY HAS BEEN CHANGED IN THE FOLLOWING WAYS

A database will be created and limited analysis will be completed.

COP08 NARRATIVE

Ethiopia's National HIV prevalence estimate has recently been updated with a national single-point prevalence estimate of 2.1%. This estimate is derived from prevalence data from recent antenatal clinic (ANC) surveillance (3.5%), the 2005 Ethiopian Demographic and Health Survey (1.4%), and other key data sources. The data reveals an epidemic that is far less generalized than previously believed, with prevalence concentrated in urban and peri-urban areas, as well as along major transport corridors. Although the data indicates that HIV is likely largely concentrated among key risk groups, there is little prevalence or risk behavior data on subpopulations in Ethiopia. Notably, though the military has long been considered a high-risk group in Ethiopia due to their means and mobility, HIV prevalence has not been estimated in the Ethiopian National Defense Forces (ENDF).

As prevalence and risk-factor data are critical to programming, planning, and tracking HIV rates, prevention programs, care, and treatment programming, the ENDF will undertake an HIV prevalence survey linked with a behavioral survey. Health services authorities will be able to assess the data for strategic planning purposes, and presentations on the data collected that is digestible to high-ranking ENDF officials will make the data more usable for military policymakers.

HIV testing will occur in counseling and testing environments, and referrals to care/treatment will be made for all testing positive. Participation in the survey will be voluntary and reviewed by an Institutional Review Board. The survey will use international indicators of HIV risk so that the military data may be compared to that of other militaries in the region, as well as to other subpopulations that may be the subject of surveillance in Ethiopia. In addition to international indicators and military-related risk factors, this survey expects to include questions regarding circumcision, women's risk in the military and male norms. The Department of Defense (DOD) will work with the ENDF to conduct all phases of the survey including survey adaptation, data collection, data analysis, and dissemination. A sample size of 1,500 will be sought.

New/Continuing Activity: Continuing Activity
Continuing Activity: 18049

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18049	18049.08	Department of Defense	To Be Determined	8159	8159.08	ENDF Surveillance Survey	[redacted]

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 11720.09

Mechanism: Demographic and Health Survey

Prime Partner: Macro International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 28773.09

Planned Funds: $1,500,000

Activity System ID: 28773

Activity Narrative: Macro International

THIS IS A NEW ACTIVITY

In the year 2000 and 2005 the first two rounds of Demographic and Health Survey (DHS) were conducted in Ethiopia. Since then, DHS has become an important source of health statistics in the country. The results of the two surveys have been used to measure the progresses of national programs, and set targets in major policy and planning documents such as the Health Service Development Program III.

The 2005 EDHS was unique in that it was the first in Ethiopia to provide national level HIV prevalence data. This and the behavioral data added to our understanding of the epidemic in Ethiopia, and helped program people to better focus interventions. Moreover, key data on reproductive health, service utilization, nutrition of children and women and other set of indicators made DHS a critical input to the multisectoral response to HIV/AIDS and overall development programming.

The next round of EDHS is in 2010 and preparations for the survey and data collections are expected to occur in late FY09. EHNRI and CSA are the coordinating bodies from the GOE side; however, most of the resources for the survey including technical assistance and funding will be solicited from different donor organizations including PEPFAR. The technical consideration for FY09 states that in the first five years of PEPFAR, countries are required to support at least two surveys to provide two data points to assess progress.

This activity will support the design and implementation of the EDHS 2010 and subsequent dissemination of its findings. It will leverage resources from other donor organizations including GOE, USAID Health, and UNFPA.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3787.09

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 Budget Code: 17

Activity ID: 10433.27934.09

Planned Funds: $200,000

Activity System ID: 27934

Activity Narrative: Site Level Data Support for Hospitals

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY08, JHU-BSPH supported 50 sites, trained two data personnel per site in basic computer skills, data tabulation, and management, implemented electronic ART data management system (RDB) in 33 of 38 public ART sites, 10 private sites, and five additional regional sites, and trained all data clerks in RDB use, continued to assess quality of ART care using Lot Quality Assurance Sampling, and facilitated sharing of best practices and experiences within and between regions.
In FY09, JHU-BSPH will collaborate with other partners in rolling out and integrating the national HMIS at the site level. Support to sites for the integration of the national HMIS will include:
• technical assistance with the collection, archiving, retrieval, and reporting of comprehensive HIV services data on the new forms and the flow of data through the new integrated data system
• technical assistance with the collection and documentation of data on other HIV services in addition to ART, such as pediatric ART, TB/HIV, PMTCT, VCT, PICT using the appropriate HMIS forms
• routine, data-quality assurance exercises to ensure completeness and accuracy of information on the HMIS forms
• training on basic monitoring and evaluation
• training on basic computer skills, data management skills, including data entry, data analysis, and on tabulating and visualizing data using tables, charts, line and bar graphs and other standard methods, and in technical paper writing and presenting. An emphasis will be placed on analyzing and using data at the site level for local decision making and program improvement
• on-site supervision and mentorship to enhance the quality and use of data collected

In FY09, JHU-BSPH will focus on building the capacity of sites to fully transition and integrate into the new HMIS. In accordance with government plans, certain site-level support activities provided in FY08, such as support for data technicians and managers, and the printing and provision of the HMIS forms and tools, will be phased out in FY09. JHU-BSPH will work with its sites to build their capacity to fully support the HMIS themselves.

COP08 NARRATIVE

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.

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16640

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16640	10433.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	7485	3787.08	Support for program implementation through US-based universities in the FDRE	$300,000
10433	10433.07	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

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3787.09

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 Budget Code: 17

Activity ID: 10489.27935.09

Planned Funds: $180,000

Activity System ID: 27935

Activity Narrative: Clinical Simulation Technology (TheraSim) to support training on ART

ACTIVITY UNCHANGED FROM FY2008

COP08 NARRATIVE

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

Activity Narrative: authentic case studies for diagnosis and treatment of HIV/AIDS and TB.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16639

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16639	10489.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Bloomberg School of Public Health	7485	3787.08	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

Estimated amount of funding that is planned for Human Capacity Development $80,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3786.09

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 Budget Code: 17

Activity ID: 10440.27921.09

Planned Funds: $200,000

Activity System ID: 27921

Activity Narrative: Support for Site-Level Use of Data

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY08, I-TECH provided technical support to 43 sites, including assignment of 1-4 data technicians/managers, distribution of computers, printers, accessories, and facilitating telephone and internet connections. In addition, I-TECH trained 67 data and health care workers in basic computer skills and in M&E.
In FY09, ITECH will collaborate with other partners in rolling out and integrating the national HMIS at the site level. Support to sites for the integration of the national HMIS will include:
• technical assistance with the collection, archiving, retrieval, and reporting of comprehensive HIV services data on the new forms and the flow of data through the new integrated data system
• technical assistance with the collection and documentation of data on other HIV services in addition to ART, such as pediatric ART, TB/HIV, PMTCT, VCT, PICT using the appropriate HMIS forms
• routine, data-quality assurance exercises to ensure completeness and accuracy of information on the HMIS forms
• training on basic monitoring and evaluation
• training on basic computer skills, data management skills, including data entry, data analysis, and on tabulating and visualizing data using tables, charts, line and bar graphs and other standard methods, and in technical paper writing and presenting. An emphasis will be placed on analyzing and using data at the site level for local decision making and program improvement
• on-site supervision and mentorship to enhance the quality and use of data collected

In FY09, I-TECH will focus on building the capacity of sites to fully transition and integrate into the new HMIS. In accordance with government plans, certain site-level support activities provided in FY08, such as support for data technicians and managers, and the printing and provision of the HMIS forms and tools, will be phased out in FY09. I-TECH will work with its sites to build their capacity to fully support the HMIS themselves.

COP08 NARRATIVE

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) 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16646

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16646	10440.08	HHS/Health Resources Services Administration	University of Washington	7487	3786.08	Rapid expansion of successful and innovative treatment programs	$300,000
10440	10440.07	HHS/Health Resources Services Administration	University of Washington	5488	3786.07		$150,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3785.09

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 Budget Code: 17

Activity ID: 10427.28223.09

Planned Funds: $200,000

Activity System ID: 28223

Activity Narrative: Site Level Data Support among Uniformed Services Health Facilities

ACTIVITY REMAINS THE SAME WITH FOLLOWING MINOR CHANGES FROM FY08

During FY08, the University of California San Diego (UCSD-E) expanded its program to support 91 uniformed services health facilities and supported their data recording and reporting activities, including the roll out of the reformed HMIS into these facilities. Three hundred and fifty health care workers were trained/updated on the newly developed recording and reporting forms by MOH/HAPCO as part of the HMIS reform. In addition, data personnel (newly recruited for 33 facilities), health care workers (90), and statistics officers (14) from commands, police and prison departments and health facilities were trained on basic computer skills to facilitate site level data use and maintain the quality of data. About 40 people drawn from the health facilities and teaching institutes were also trained on clinical research methodology. Thirty three new sites were provided with computers and accessories and office furniture to be used for data management and handling, and all sites received internet and telephone services, regular data, IT related supervision, and mentoring through the active participation of the data managers and site level data coordinators. 79 sites were able to utilize the database developed by UCSD-E to serve all HIV/AIDS programs and facilitate site level data use, patient management and maintain data quality across all levels of the uniformed services. A number of experience sharing events were organized where over 100 people exchanged information about challenges and successes.
In FY09, UCSD-E will collaborate with other partners in integrating and rolling out the reformed national HMIS within the uniformed services health facilities. Support will include site level capacity building in M&E to further improve quality data collection and maximize data use for continuous service quality improvements as described in the FY08 activity narrative. This will be accomplished mainly through well planned and better organized supportive supervision, ensuring sustainability of the SI related support by training relevant staff from within the system of the uniformed services, and creating a feeling of ownership in data utilization. Support will also expand to include other HIV services in addition to ART.
The new activities proposed in FY09 to achieve the above focus area are:
• Develop collaborative partnerships between the uniformed services and the Federal Ministry of Health (MOH) to facilitate integration of the national HMIS
• Ensure sustainability of the M&E related support by recruiting data personnel from within the system of the uniformed services, such as those working as statistics officers or primary health workers, capable of providing data-related support to the health facilities and commands/departments

COP08 NARRATIVE

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16624

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16624	10427.08	HHS/Centers for Disease Control & Prevention	University of California at San Diego	7483	3785.08	Twinning of US-based Universities with Institutions in the Federal Republic of Ethiopia	$300,000
10427	10427.07	HHS/Centers for Disease Control & Prevention	University of California at San Diego	5481	3785.07		$150,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 7609.09 **Mechanism:** Care and Support Project

Prime Partner: Management Sciences for Health **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 10442.27965.09

Activity System ID: 27965

Program Area: Strategic Information

Program Budget Code: 17

Planned Funds: $600,000

Activity Narrative: Care and Support Program

THE ACTIVITY HAS BEEN UPDATED IN THE FOLLOWING WAYS

Activity unchanged from FY2008 and this narrative will not be changed in COP 09. Since the HMIS rollout is expected to have progressed significantly by the beginning of FY2010, this activity will focus on data use in the context of the new HMIS. This program will provide technical support to enhance the successful implementation of the HMIS' data use processes including building health professional skills in data processing and presentation, data quality assessment (accuracy, completeness and timeliness), and the conduct of regular performance review. It will be linked with other SI activities providing support to the rollout of the HMIS.

In FY08, this activity provided orientation to health center staff on data collection, compilation, analysis and use for decision making in the regions where the program operates. Two hundred twenty eight data clerks were trained and deployed at health centers. HCSP is working towards incorporating HMIS data analysis and use into regular HIV/AIDS coordinating committee meetings at all levels through HCSP regional M & E advisors and clinical mentors.

COP08 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.

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16604

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16604	10442.08	U.S. Agency for International Development	Management Sciences for Health	7609	7609.08	Care and Support Project	$800,000
10442	10442.07	U.S. Agency for International Development	Management Sciences for Health	5516	3798.07		$500,000

Program Budget Code: 18 - OHSS Health Systems Strengthening

Total Planned Funding for Program Budget Code: $17,022,710

Program Area Narrative:

Health System Strengthening Program Area Narrative

Know Your Epidemic" is paramount to the success of the PEPFAR/Ethiopia Team. The 2007 estimate indicates a low-level generalized epidemic for Ethiopia with an overall HIV prevalence of 2.1%. The majority of infections occur in urban settings. The 2007 single point prevalence study estimates urban prevalence is 7.7% (602,740 persons living with HIV and AIDS (PLWH)) and rural prevalence is 0.9% (374,654 PLWH). PEPFAR Ethiopia focuses on urban and peri-urban programming for HIV/AIDS prevention, care and treatment activities. In addition PEPFAR invests in several key health system platforms on a national scale.

Health system strengthening is an important foundation for ensuring the sustainability of health services and other interventions. Ethiopia's Third Health Sector Development Program outlines Ministry of Health priorities related to health service coverage, expansion and human resource targets. PEPFAR works as one of many bilateral/multilateral donors to Ethiopia's health sector. With this recognition PEPFAR support aligns itself within national programs and leverages non-PEPFAR and non-USG resources to achieve more with less. Activities include 1) assistance to the host country on policy reform and national strategic planning; 2) investments in critical health system platforms such as the Human Resources for Health Strategy, Health Sector Finance Reform, Health Management Information System, National Logistics and Pharmaceutical Master Plan, Tiered Laboratory Structure, Federal Project Management Unit for Construction and Renovation and Public Private Mix Framework for TB/HIV; and 3) strengthening governmental and non-governmental capacity to do financial and program management.

Strengthening the capacity of host government institutions to implement national HIV/AIDS and health programs

In COP04 PEPFAR initiated support to the Ministry of Health, the HIV/AIDS Prevention and Control Office, the Ethiopian Health and Nutrition Research Institute, the Drug Administration and Control Authority and the Pharmaceutical Administration and Supply Service to address policy and standards, clinical and laboratory service delivery, pharmaceutical and logistics management and information systems. Since COP07 PEPFAR supported Ethiopia's Federal Parliament to improve their understanding and advocacy of HIV/AIDS policies. This work continues and supports correct and consistent messaging and advocacy by parliamentarians.

In COP08, recognizing the growing complexity of PEPFAR and GFATM interactions the USG team initiated activities to 1) provide technical assistance to the RHBs in GFATM implementation and 2) supported greater integration of PEPFAR partners into District planning cycles led by local authorities. PEPFAR is actively engaging the MOH and RHBs in addressing capacity gaps and will continue to strengthen key offices and systems to support the MOH and RHBs manage the Health Sector Development Program III and the national HIV/AIDS response.

Strengthening the capacity of local non-governmental organizations and the private sector

Current programs engage local non-governmental organizations including civil society and faith-based organizations to implement HIV/AIDS programs at the grass-roots. Over 600 local groups oversee community orphan care programs. In addition partners provided key capacity building initiatives to the Ethiopian Supreme Islamic Council, the Ethiopian Orthodox Church and Mekane Yesus Church. The US Embassy's Small Grants Program remains an important facility for proposals received requesting under $30,000. A Grants, Solicitation and Management mechanism is established for local NGOs to access fund with and provide organizational capacity development. Professional associations such as the Ethiopian Public Health Association (EPHA), the Ethiopian Nurse Midwife Association, the Ethiopian Pharmaceuticals Association and the Ethiopian Medical Association receive support through PEPFAR partners to improve professional practices and standards. These partners are receiving valuable technical assistance from international partners such as JHPIEGO/ACCESS. EPHA, a direct recipient of PEPFAR funds, sub grants on behalf of CDC to local and international partners given the capacity built since PEPFAR's inception.

"The Government of Ethiopia has pending legislation governing the registration and operation of Civil Society Organizations (CSO) which is expected to pass in 2008. This legislation will restrict CSO activities in a number of areas, but the full impact of its implementation on PEPFAR-related activities remains unclear. In any case, the USG must continue to support multi-sectoral HIV/AIDS programming which promotes country ownership by engaging both civil society and governmental institutions in the national response. In COP09, the USG proposes to increase support to local civil society programs in Orphans and Vulnerable Children, as well as Care and Support services, by increasing both the number of local partners receiving direct funding and the level of technical and organizational capacity development provided, to promote sound and efficient utilization of USG and non-USG foreign assistance for HIV/AIDS.

Address gender disparities and reduce stigma and discrimination of persons living with HIV/AIDS

Since COP06 the USG supported activities including Men as Partners and Preventing Early Marriage in Amhara to address social norms that contributed to the vulnerability of girls and women. In COP09 the USG proposes to support the Network of Ethiopian Women's Associations to build organizational capacity to effectively address gender equity and access to primary health care including HIV/AIDS and education, discussing gender-based violence and coercion. In addition several other key USG programs including Small Scale Dairy program, Accelerated Trade and Export program and the Urban Gardens program will mainstream gender to improve access of women to income and productive resources. Additional mainstreaming work will be conducted with the Ethiopian Orthodox Church to address social norms and behaviors.

Improve donor coordination and strengthen Global Fund for AIDS, Tuberculosis and Malaria management structures

The USG was actively involved in the Donor Assistance Group preceding PEPFAR which allowed US agencies to communicate and align donor programs to address key public health needs. In COP05 PEPFAR Ethiopia and the GOE signed a Memorandum of Understanding (MOU) establishing a division of labor between GFATM and PEPFAR resources. This effectively focused PEPFAR on technical assistance to address clinical requirements of the ART program and utilized GFATM resources to address commodity and capacity building needs. In addition PEPFAR supported UNICEF to accelerate PMTCT expansion. In COP06 and COP07 the GOE continued to revise the MOU to reflect the growing GFATM grant resources available. The Clinton HIV/AIDS Initiative and PEPFAR Ethiopia initiated coordination on Pediatric and Second Line Antiretroviral Therapy and Therapeutic Feeding for HIV exposed children.

Responding to multiple requests for technical assistance the USG in COP08 allocated funds to strengthen GOE and regional government capacity to manage and implement GFATM resources. Through the Leadership, Management and Sustainability global mechanism the USG placed management specialists in the Federal HAPCO and Regional Health Bureaus to better facilitate utilization of GFATM resources. In FY2009 the USG and UK/DFID will collaborate on Human Resources for Health initiatives.

Support to Health System Platforms

Health Management Information Systems

In 2006 the HPN Donor group, including the USG, supported JSI to design and pilot tested a Health Management Information System. In 2007 the HMIS system was evaluated by the Ministry of Health and PEPFAR invested in Tulane University to implement the revised system. In 2008 there was limited ability to scale up HMIS due to financial constraints of the Ministry of Health – at a costed price of over $100,000,000 – donors were unable to adequately fill the resource gap. Several gaps were identified during USG planning sessions related to HMIS implementation including the limited capacity of federal and regional authorities to scale up HMIS and the requirement of USG to provide additional system and site level HMIS support to health facilities and administrative offices throughout the country. Community-based information such as OVC and palliative care performance remain unaddressed by the GOE or PEPFAR. In FY2009 the USG will support HMIS with limited investments in technical assistance and training.

Human Resources for Health

The USG has long supported several pre-service training initiatives in Ethiopia including 1) Health Extension Program; 2) Health Officer Training; and 3) M&E Postgraduate training. In addition the USG supported in-service trainings for key health providers to initiate HIV/AIDS and TB services in public and private health facilities throughout Ethiopia.

In FY2009 the USG proposes several pre-service training activities to support the implementation of the Urban Health Extension Program, the scale up of production of Medical Doctors, Nutritionists and Social Workers as well as a continuation of support to

Health Officer and Nurse training. Additional assistance is required to support regional health bureaus adequately plan and manage workforce.

Construction and Renovation

Starting in COP06 and continuing in COP07 PEPFAR Ethiopia initiated the renovation of hospitals and health centers through the Regional Procurement and Supply Office (RPSO) and Crown Agents USA with approximately $16,525,064. Approximately 47 Health Centers were partially renovated to support both basic and chronic care services. PEPFAR supported standardization and synchronization of renovations at health centers throughout the country.

In COP08 PEPFAR committed approximately $19,000,000 to hospital, regional laboratory and health center renovations and the conversion of health stations to health centers in peri-urban areas of high HIV prevalence. Key assessments and evaluations were conducted: Energy systems, FMOH construction management capabilities and an evaluation of health center renovation supported USG programming decisions.

In FY2009 proposes to continue renovation worth approximately $14,450,000 for existing hospitals, regional labs and health centers while scaling back support of the national conversion of health stations to $5,000,000 given ongoing capacity issues and constraints on materials, equipment and human resources to support the operation of these facilities. Programming structures, including Fixed Acquisition Reimbursement and technical assistance in Architectural and Engineering services will ensure progress in health center construction activities.

Health Sector Finance Reform (HSFR)

The USG and PEPFAR support Health Sector Finance Reform (HSFR) program started by the Ministry of Health and USAID in 1998. The program supports the revision of government financing policies at the Federal and Regional level to support revenue retention, management and utilization at health facilities throughout the country. In COP08 PEPFAR initiated support to the HSFR program and supported activities to develop a Framework for Performance Based Contracting (PBC) by Ministry of Health to structure pay for performance agreements signed between the Federal, Regional, Districts. Current PBC designs incorporate all primary health care services but firmly address and build incentives to support quality service delivery of HIV/AIDS related services throughout Ethiopia.

In FY2009 HSFR and PBC will continue to be supported in addition to a pilot implementation of Social Health Insurance and Community Based Health Insurance following on from successful experiences in other PEPFAR Focus Countries including Rwanda.

National Pharmaceutical Logistics Master Plan (PLMP)

PEPFAR continues its efforts to strengthen national logistics systems for HIV commodities, with major investments in support of the Pharmaceutical Logistics Master Plan. Support to date has included technical staff, training, vehicles, distribution system design, and procurement training. These efforts will be strengthened in FY2009, with design of the logistics management information system and the roll-out of the critical inventory control system as major elements of the nascent system. Training and TA at all levels, from national to facilities, will be emphasized. Development of effective procurement capacity will be a major benchmark, as reduced PEPFAR funds mean the MOH must be able to procure effectively using GFATM monies.

Public Private Mix Framework

The local private sector, maintaining over 3,000 private clinics nationwide, attracts 40 percent of total health expenditure. A majority of urban clinical sessions occur in private sector clinics despite ongoing problems with quality and affordability. The majority of private clinics and pharmacies are highly accessible to urban and peri-urban populations. Given the nature of Ethiopia's HIV epidemic the USG engaged 180 private health clinics and 13 private hospitals to expand access to safer health services including HIV/AIDS and TB. In addition the USG supported management, accounting and human resource training workshops for over 100 clinic owners to improve the management routines of clinics. Building on a viable local commercial sector the USG subcontracted mobile HCT activities to three local private companies to expand their role in the national HIV /AIDS response and to grow the competitive market. Because of market forces the price of mobile HCT to the USG decreased from $7.50 to $3.00 per HCT session with sustained quality and additional competent implementing partners.

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID:	655.09	**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:**	Health Systems Strengthening
Budget Code:	OHSS	**Program Budget Code:**	18

Activity ID: 10422.27946.09

Activity System ID: 27946

Planned Funds: $240,000

Activity Narrative: IT Clearinghouse Systems Strengthening

ACTIVITY WITH ONLY MINOR CHANGES FROM FY2008

This is a continuation of activity from FY08.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) 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.

In FY07, CCP/ARC continued to strengthen and maintain the www.etharc.org website as well as the ARC listserv. This included conducting continuous updates to the website’s news, vacancy, and publications postings as well as circulation of news digest via the listserv. Specifically, 670 news items, 153 vacancy listings and 76 new HIV/AIDS related publications were posted to the website. Thirty-six news digests were send out weekly via etharc.org’s listserv and the website experienced a total of 3,391,840 hits. Other updates include ART updates and uploading of Betengna Radio Diaries programs which continue to contribute to the high number of website hits and visitors. Additionally, results from a usability study conducted in the first and second quarter of this reporting period were used to inform the restructuring and redesign of www.etharc.org that is currently underway. Furthermore, CCP/ARC designed information sharing website for CDC partner’s activities; developed content for a youth website, and initiated design of websites for CCP/ARC’s Betengna Radio Diaries and Fitun Warmline service center.

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 are also hosted on the ARC website, enabling regions to disseminate region-specific information.

In FY09, JHU/CCP will expand the technical assistance and training to different regional HAPCOs in addition to the existing ones. This includes providing maintenance and configuration support and training on how to manage and use new applications and services. In FY09, JHU/CCP will also improve the quality of services that ARC offers by structuring a manageable and hierarchical network by replacing the old network switches with new intelligent switches, replacing the cascaded old network topology with hierarchical standard network which will have core, distribution and access layer and establishing a redundant core for the network for high availability and performance. Further, an effort will be made to establish a full fledged datacenter with a capacity of supporting central and regional resource centers. This will be done by establishing air conditioned datacenter with enough space for the available servers, adding new servers to split roles between servers and upgrading server operating systems to latest operating systems for security and compatibility; upgrading the IT structure such as the storage servers, internet connection and bandwidth to comply with the growing file sizes, number of employees and heavy traffic of data.

In this activity, the ARC website will also be modified in terms of content and look to include WebPages for the Fitun Warmline, Betengna Radio Diaries, MARCH and ABY programs. In order to strengthen the distribution of IE/BCC materials, CCP/ARC will acquire a new medium-sized heavy duty printing machine to facilitate the reprinting of various ARC produced and all HIV surveillance materials and guidelines issued by HAPCO and Ministry of Health. This will also support the need to establish mini-resource centers in high schools, universities and development agencies.

In FY09, CCP/ARC will also continue maintaining the clearinghouse database. It will deploy to the main database server and make resources available by posting them on CCP/ARC website. This will allow materials to be searched for distribution through an online material ordering system. In order to reach people with visual impairment, CCP/ARC will also acquire an embosser and other related hardware & software to produce Braille materials on HIV/AIDS that will enable ARC to reach marginalized populations especially visually impaired.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16585

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16585	10422.08	HHS/Centers for Disease Control & Prevention	Johns Hopkins University Center for Communication Programs	7474	655.08	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

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 7613.09

Mechanism: GFATM Technical Support

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 18536.27953.09

Planned Funds: $2,000,000

Activity System ID: 27953

Activity Narrative: Support to National HIV/AIDS Program Management and Sustainability

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity has been updated to reflect August 2008 reprogramming and the inclusion of USG regional planning activities.

Building Systems Capacity of Regional, Zonal and District Health Offices for HIV/AIDS Program Management

Summary:
This is a continuing activity from COP08 and reflects the growing complexity required to management the National HIV/AIDS Response in Ethiopia. This activity is a compilation of two system strengthening activities which include:

1) Support to Regional Bureaus, Zonal and District Health Offices to plan and manage HIV/AIDS activities in key prevention, care and treatment areas of identified high prevalence and where a diversity of partners including PEPFAR, Global Fund and private foundation activities are present ($1,300,000); and
2) Support to Federal Ministry of Health and Regional Health Bureaus in Global Fund technical assistance ($700,000).

Activity 1)
In COP08, funds for this activity have been reprogrammed from CDC to USAID in August 2008. It will continue in COP09.

There are multiple indigenous, bi-lateral and multi-lateral donors and implementers conducting HIV/AIDS-related activities at regional and local levels. The combination of partners often presents local authorities with challenges including coordination, monitoring, oversight and reporting.

This activity will support Regional, Zonal and District Health Offices through engagement, placement of specialists and training to assist local authorities in planning, coordination and management of the National HIV/AIDS Response in specific localities where PEPFAR and GFATM resources are being utilized. Initial plans are to place approximately 30 public health management specialists in Regional and Zonal Health Offices for a three year term, in addition to minimal equipment grants to support an enabling environment for planning and coordination in light of chronic under financing of Zonal and District Health Offices. PEPFAR efforts will integrate with existing MOH planning efforts, strengthening joint planning mechanisms for 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.

In response to the growing complexity of PEPFAR Ethiopia, the USG proposes to place public health and management specialists at regional and sub-regional HAPCO/Health Offices in all regions, focusing on regions of high HIV prevalence and density of HIV/AIDS services supported by USG. Specialists, seconded through LMS would support Regional, Zonal and District level planning activities alongside GOE colleagues and facilitate engagement with PEPFAR and community partners that may not be fully engaged in these planning activities.

Despite active decentralization from the Federal government to Regions and ultimately Districts there are serious capacity constraints that do not permit District Health Offices to adequately coordinate and plan HIV/AIDS and Health activities. A CDC implementing partner identified several key interventions to be completed when addressing sub-regional authorities:

Institutionalize sub-regional level comprehensive plans of action by Zonal Health Offices and District Administrators using participatory processes involving USG and other partners working in the region. Enhance 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. Standardized monitoring and evaluation protocols.

This activity intends to enable Regions, Zones and Districts to enhance their capacity to communicate and coordinate civil society including PEPFAR partners focusing on joint planning of Plans of Action, routine communications, standardization of materials and referral and networking between prevention, and care and treatment providers, as well as between facility and community based partners.

Finally, this activity will support improved internal planning and coordination of activities by PEPFAR partners ensuring links between the community and facility-based pathways of care across the care continuum of prevention, care and treatment.

Activity 2)

PEPFAR Ethiopia faces multiple requests for support in the development and review of Ministry of Health processes and documents. These requests result in USG deploying significant technical specialists 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's USG team and its partners -- particularly individuals with these skill sets -- make responding to these requests difficult. While PEPFAR has discussed supporting the national HAPCO with placement of a GFATM – PEPFAR Liaison Officer, the need for technical assistance to HAPCO and Regional Health Bureaus (RHB) has increased as the two programs become more interdependent.

The main focus of this activity is to ensure that PEPFAR has sufficient capacity to adequately support MOH and RHB implementation of GFATM resources, and to provide needed technical support to supplement

Activity Narrative: PEPFAR staff that are frequently called to contribute to MOH and GFATM-related technical processes. The activity will provide support to national and regional level HAPCOs and health bureaus as GFATM block grants are received from the Federal government. The Regional Health Bureaus and Regional HAPCOS continue to experience serious capacity constraints and require leadership and management support. Additionally, this activity will support GFATM proposal development, management and costing exercises supporting the national HIV/AIDS effort.

Building upon the approaches and participatory approaches developed by Management Sciences for Health, the Leadership, Management and Sustainability (LMS) project is a cooperative international partnership that strengthens the leadership, management and systems of public health administration 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 mobilization and implementation of GFATM resources, critical for achievement of PEPFAR goals. Close integration with USG support to the Global Fund Country Coordinating Mechanism activities through the World Health Organization, 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 HIV Donors Forum partners including Italian Cooperation and the Department for International Development.

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 the CCM and GFATM resource management by the Principal Recipient);
Program and Financial Management;
Monitoring and Evaluation.

The primary emphasis of this activity will be to strengthen management systems for Ethiopian public sector and civil society 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. PEPFAR Ethiopia's ability to respond to MOH requests for management and technical support, particularly related to GFATM and national processes, will be substantially enhanced.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18536

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18536	18536.08	U.S. Agency for International Development	Management Sciences for Health	7613	7613.08	GFATM Technical Support	$2,028,884

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 683.09

Mechanism: ***

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 5768.28038.09

Planned Funds: [redacted]

Activity System ID: 28038

Activity Narrative: Strengthening the HIV/AIDS Component of the Health Extension Package

COP09 ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY2008 this activity provided direct support to the Ministry of Health to design and implement the initial activities of the Urban Health Extension Program. In FY2009 this activity will leverage non-USG funds from the Bill and Melinda Gates Foundation to support expansion of the Urban Health Extension Program. This is a continuing activity with narrative changes as follows:

COP08 ACTIVITY WITH MINOR UPDATES:
This continuing activity from COP 2008 supports the MoH to expand health extension worker program into more densely populated urban areas. The Urban-Health Extension Worker Program (UHEP) is an essential component of the USAID PEPFAR portfolio response to family centered approaches to HIV/AIDS epidemic in major cities and towns in Ethiopia. USAID/E will increase funding for this successful activity from $600,000 in COP 2008 to $1,500,000 in COP 2009. Since 2008, the UHEP has been implemented in partnership with the Bill and Melinda Gates Foundation leveraging a $14.7 million foundation resources to implement “the Last 10k” health extension worker program in Ethiopia.

The organizing principle of the UHEP is provision of “household-centered” promotive, preventive, chronic care and limited curative services with strong referral linkages to health facilities. Given that the health center is the lowest level service delivery point in cities, Urban HEWs, nurses, will be placed at health centers to bridge households, communities and clinical services in urban areas. The Urban HEWs will be recruited from the pool of nurses that have already graduated from colleges (mainly private colleges) and will be given three month refresher (emersion) training. The newly designed urban health system states that each health center will serve 40,000 people with one Urban HEP serving 500 households and hence 16 urban HEWs placed within a Health Center. The Urban HEWs in the health center will be supervised by a Health Officer. In terms of the expected role of the urban HEW, the newly designed system asserts that, as in the case of the rural HEW, most of their time to be dedicated at household, community, workplace, marketplace providing promotive, prevention and selected curative services.

This is a continuing activity from COP07.

This activity supports the Federal Ministry of Health’s Health Extension Program (HEP) and represents a bilateral capacity building activity between the Federal Ministry of Health and PEPFAR Ethiopia. This activity leverages approximately seven million dollars in non-PEPFAR USG resources from the Health, Population and Nutrition funding of USAID/Ethiopia.

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. In addition, the MOH plans to deploy a similar formal cadre in urban health offices. A total of 17,000 HEW were deployed to communities in most of the regions in the country by June 2007. An additional 13,000 HEW are expected to be trained and deployed through 2010. The HEW is the first point of contact to the community for the formal health care system. The HEW report to public health officers at the health center and district health office and are responsible for a full range of primary and preventive services to the community, including provision of basic communicable disease prevention and control activities.

HEW function as a significant and new link in the referral system and will be able to, through community counseling and mobilization, move vulnerable and underserved populations into the formal health system. The HEW promotes essential interventions and services by encouraging community education and dialogue around health issues, and participation at the community and household level in health care. During COP07, HEW functioned as the lead at health posts and in the community to provide social mobilization activities in HIV prevention.

HEW will provide preventive services to community members. This activity will continue to support pre-service and in-service training of HEW in key HIV/AIDS messages and information, the provision of counseling to community members on numerous issues such as stigma, symptomatic screening of patients with opportunistic infections, including active TB, for referral to health facilities for further diagnostic work-up and management, adherence counseling for ART and TB treatment. In addition, several models have been developed to support HEW provision of PMTCT services and HCT services at the health post level. This will continue to be expanded in appropriate areas. HEW are trained to facilitate the referral of clients to inpatient facilities and to community care services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16641

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16641	5768.08	U.S. Agency for International Development	Federal Ministry of Health, Ethiopia	7486	5486.08	MOH-USAID	$600,000
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

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 116.09
Mechanism: N/A
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 19562.28055.09
Planned Funds: $300,000
Activity System ID: 28055

Activity Narrative: PEPFAR Ethiopia US Embassy Small Grants Program

This is a continuing activity whose implementation will revert to the activities detailed in COP07 and COP05. COP08 proposed that the administration of the Small Grants Program be transferred from the Embassy's Small Projects Office (SPO) to a PEPFAR Ethiopia New Partners Initiative partner, which would assume responsibility for overseeing and providing capacity-building technical assistance to grantees. However, this plan was never implemented and the SPO retained management of the Small Grants Program.

The Small Grants Program will continue providing financial support that enables community- and faith-based organizations, as well as groups of People Living
With HIV (PLWH), to implement HIV/AIDS prevention and care and support activities that are aligned with the programming and priorities detailed in PEPFAR Ethiopia's
COP09.

Launched in February 2007, the Small Grants Program has provided financial support to 14 projects – ten Care and Support and four Prevention – totaling $343,609.74. The grantees are dispersed across five regions with most in urban centers and large towns. Supported projects have: 1) provided educational, medical, housing and psycho-social support to OVC; 2) generated sustainable income for PLWH, OVC, OVC guardians, and those at high risk for HIV/AIDS; 3) raised public awareness of HIV/AIDS with special attention devoted to the unique needs of people with disabilities; and 4) established linkages between clinical VCT and PMTCT and community-based RH/FP programs to increase access to and uptake of HIV/AIDS services.

The program's challenges center on the limited capacity of indigenous Ethiopian NGOs, whose program designs, implementation plans and technical proficiency often are inadequate. In response, in COP09 SPO staff will identify and engage prospective applicants and grantees in capacity strengthening opportunities available through PEPFAR Ethiopia (e.g., partners' retreats and meetings).

Selection criteria and program parameters for the COP09 Small Grants Program will ensure compliance with USG procurement regulations. SPO staff will work closely with the Prevention and Care and Support TWGs to identify and assess funding proposals in accordance with program guidelines. Funding requests will be reviewed by the relevant TWGs for technical concurrence and approval. For those proposals deemed to be technically sound, Small Projects Office staff will conduct organizational assessments to determine the applicants' capacity to implement the proposed activities. Grants will be awarded to those applicant organizations that demonstrate sound program and fiscal management.

Placing emphasis on sustainable programming, in COP09 the Small Grants

Program will strategically solicit new community- and faith-based partners whose HIV/AIDS prevention and care and support activities will contribute to the achievement of PEPFAR Ethiopia targets. Special attention will be given to Most At Risk Populations (MARPs) and to identified geographic "hotspots" (e.g., small towns, market centers and the Gambela Region). With an allocation of $300,000 and a funding range of between $5,000 and $30,000, the Small Grants Program will award no fewer than 10 and no more than 60 grants.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19562

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19562	19562.08	Department of State / African Affairs	US Department of State	7480	116.08		$300,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 683.09

Mechanism: ***

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 28780.09

Planned Funds: [redacted]

Activity System ID: 28780

Activity Narrative: Development Credit Authority

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity. This activity has been refocused from leveraging commercial credit to health providers to build incentives to offer HIV/AIDS services. In COP09 this activity will leverage commercial credit to address micro credit and micro financing requirements of programs targeting vulnerable women and HIV-impacted households in urban and peri-urban areas. This activity will improve access to income and productive resources for women.

There is growing consensus among development and public-health practitioners on the need to bridge medical treatment and care for families affected by HIV and AIDS with efforts to secure basic subsistence, promote livelihoods, and increase investments in education and health. Families and households generally serve as the front-line response to HIV and AIDS and shoulder much of the burden of the epidemic, such as costly medical and funeral expenses, loss of productive labor or care for extended families. Access to financial services can help families to cope with the economic repercussions of HIV and AIDS by preventing the loss of their assets, diversifying their income streams and strengthening their longer term resilience to crises. Access to financial services, however, is a major constraint for poor families in Ethiopia and especially for households affected by HIV and AIDS.

Banks and microfinance institutions in Ethiopia face shortfalls in commercial credit and are restricted in their ability to meet demand for financing. The Development Credit Authority (DCA) guarantee mechanism can be instrumental in such a context to facilitate lending by financial institutions to poor families – who tend to be harder hit with the financial impacts of the HIV/AIDS epidemic and are more vulnerable to contracting the virus in the first place. The DCA's partial guarantee is a proven model to build capacity of the financial sector and introduce incentives for local financial institutions to lend to communities that traditionally have limited access to financial services. Given an HIV prevalence rate of over 6 percent, efforts to increase broader access to financial services among the poor in Ethiopia can have a strong impact in supporting households who are directly or indirectly affected by HIV and AIDS.

In FY 09, the activity will support the capital requirements for the implementation of a modest DCA between the USG and two private banks and/or microfinance institutions to lend to poor communities. Banks will consider taking deposits from households as a step to accessing financial services and building their confidence to engage in productive enterprises. USAID/Ethiopia will also aim to leverage support from civil society organizations and health-service providers to offer complementary health prevention information with the delivery of financial services.

The PEPFAR contribution for FY 09 is valued at $500,000. Analysis by the USG identified that an Ethiopia-based DCA would achieve a 12:1 leverage private capital ratio (i.e. a $1,000,000 DCA would enable the banking sector to mobilize $12,000,000 in private non–USG resources to on-lend to poor target communities, as agreed to by the USG and the bank participants). USAID/Ethiopia anticipates leveraging funds from USAID/Ethiopia's BEAT Office in addition to the commercial credit leverage. Therefore for each $1 PEPFAR provides under this activity there is $9 - $15 of non-PEPFAR funded resources.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening [redacted]

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID:	683.09	**Mechanism:**	***
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Health Systems Strengthening
Budget Code:	OHSS	**Program Budget Code:**	18
Activity ID:	28783.09	**Planned Funds:**	[redacted]
Activity System ID:	28783		

Activity Narrative: Supporting Pre-Service Social Worker Training Institutions

This is a new activity responding to growing needs by PEPFAR Ethiopia to support Human Resources for Health activities. This activity will provide USG support to pre-service social work education and training to ensure persons living with HIV, those vulnerable to HIV infection and orphans and vulnerable children in Ethiopia have better access to comprehensive social support services. There is a shortage of trained professionals in Ethiopia and pre-service institutions have limited organizational or technical capacity to adequately implement academic and professional programs in their current state of under finance.

Ethiopia adopted decentralized health management and prioritized human resources development with an emphasis on the expansion of the number of frontline and middle level health cadres including social workers with community based and task oriented training.
Production and retention of community oriented health cadres including social workers support Ethiopia's growing population requiring public health services including chronic care. The use of social workers may improve the accessibility and cost effectiveness of health care services by reaching potentially underserved communities including those vulnerable to HIV infection and persons receiving HIV/AIDS services. However, Ethiopia's this requires substantial support for training, management, supervision and logistics.

Addis Ababa University, until recently, was the only higher learning institution providing courses related to applied sociology. Only 77 individuals have graduated from the school with a Masters in Social Work. In 2006, Addis Ababa University, in collaboration with the University of Illinois, initiated a three-year project to develop a Doctorate program in Social Development. This innovative PhD program maintains 15 doctoral students in social development. At present there is no undergraduate program producing bachelors level graduates ready for social service work including social work in Ethiopia. In addition there is limited ability for paraprofessionals to receive formal education in the area.

In response to this gap in cadre production the Addis Ababa University School of Social Work is finalizing preparations to initiate an undergraduate program starting in 2008/2009 with a plan to enroll 50 annually with the potential to scale this enrollment as the academic program matures. In addition Jimma University is developing a bachelors program in social work in 2009/2010. Addis Ababa University is receiving requests from the Government of Ethiopia and local non-governmental organizations to respond to the shortage of social work cadres given the current absence of this cadre.

Addis Ababa University's newly established program, as any nascent academic program would experience, has serious obstacles concerning instructors, infrastructure, educational materials and networking for practicum attachments.

The upcoming implementation of this academic program offers several opportunities for the USG. By engaging early in the development process the USG can upgrade educational formats and instructor skills resulting in an immediate improvement in the skills of graduates. Given the strong commitment of the Addis Ababa University to launch this program the USG is achieving a significant leveraging of domestic expenditure against its technical assistance funds. The USG's network of international implementing partners experience significant gaps in capacity in the areas of linking individuals to effective family and community services for several reasons of which most significantly a lack of technical and management capacity on the part of local social service organizations to adequately address the needs of orphans and vulnerable children or persons living with HIV/AIDS.

PEPFAR Ethiopia proposes to solicit a multi-year competitive technical assistance program to support Addis Ababa University and possibly other local institutions to assist in the development of the Bachelors in Social Work programs with emphasis on addressing the needs of orphans and vulnerable children and persons living with HIV/AIDS in the community. PEPFAR is well positioned to provide this support and to immediately link current students and graduates into the broader network of urban-based prevention, care and treatment services being provided to beneficiaries through attachment programs.

The initial strategic objectives of this program are noted below. These will be modified through the design of a competitive solicitation.

Objective #1: To strengthen the institutional capacity of Ethiopian academic institutions to deliver quality pre -service social work education, with an emphasis on increasing local capacity to delivery social and psychosocial care services for PLWHA and OVC.
Objective #2: To strengthen the capacity of Ethiopian social work institutions to provide quality in-service education to community workers and volunteers providing risk reduction or adherence counseling to at risk populations, persons living with HIV and OVC.
Objective #3: To increase the capacity of social work students to respond to the needs of OVC through domestic fellowships.
Objective #4: To expose faculty at Ethiopian institutions to different models of delivery of community social work training.

In FY09, the major activities to meet these objectives are:
1 - Assess the needs of local social work institutions in strengthening instruction and evaluation of social work programs to support multisectoral HIV/AIDS and other chronic care services
2 - Support pre-service training programs effectively conduct instruction through the instructor upgrading, support to infrastructure such as educational materials and facilitating attachments to local USG-supported civil society organizations.

This activity supports the development of effective cadres for addressing HIV/AIDS in Ethiopia where constraints on the public health system ensure the majority of public health services are delivered outside of health facilities by family members or through self-care. Ethiopia's current Human Resources for Health plans, although incomplete and not officially released, do not address the multi-sectoral approaches required for HIV/AIDS. Social Work and Community Service cadres beyond government employed Health

Activity Narrative: Extension Workers are not adequately addressed by the Ministry of Health's plans to produce thousands of health science professions. Therefore it is critical for the USG to invest in important cadres not currently receiving support by the Ministry of Health or other bilateral donors to strengthen the capacity of Ethiopia's civil society to deliver critical social services.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$476,250
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 7612.09
Mechanism: Health Care Financing
Prime Partner: Abt Associates
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 28782.09
Planned Funds: $1,143,000
Activity System ID: 28782

Activity Narrative: Piloting Ethiopia's National and Community Health Insurance for Sustainability

The Ministry of Health (MOH) released a draft Strategic Framework for National Health Insurance in August 2007. This framework outlines the MOH's intention and commitment to institute national health insurance in Ethiopia with broader coverage that parallels the Rwanda's Mutuelles and Ghana's National Insurance approach.

Per the MOH's implementation plan in 2007/2008, National Health Insurance will be piloted in 15 districts to address informal urban/peri-urban and rural populations. The desired results of this pilot will be 1) increased service utilization of all members of the community by reducing cost barriers to primary care services; 2) increased quality service in health facilities through greater resources; and 3) protection of family units from catastrophic out-of-pocket expenditures which exacerbate poverty and barriers to HIV/AIDS care and treatment.

PEPFAR Ethiopia noted three priority pillars for COP09: Quality, Targeting and Sustainability with a cross cutting theme of Human Resources. National Health Insurance, a MOH priority, addresses sustainability of health service delivery through demanded-driven approaches and addresses quality at the health facility through strengthened systems.

PEPFAR Ethiopia's financial assistance would provide 1) technical support for the design and implementation of the pilot; 2) assist in financing a quantity of insurance premiums for those receiving chronic care services, specifically HIV/AIDS care and treatment and OVC services in areas collocated with PEPFAR supported networks; and 3) assessment of the pilot for program performance and model evaluation.

Supporting National Health Insurance will result in
1) Increased service utilization in key PEPFAR implementation areas that co-locate with the pilot districts. At present, national service utilization is approximately 30 percent;
2) Cost barriers for HIV/AIDS affected family members will be covered in the pilot districts and will be fully served by health facilities including infection prevention, laboratory and pharmaceuticals; and
3) Assessment of technical feasibility of community health insurance in Ethiopia.

Sustainable programming has emerged as a major OGAC priority in COP08. This technical approach supports piloting of National Health Insurance to address the demand side characteristics of health service delivery in hospitals and health centers. This complements existing clinical activities in HIV/AIDS care and treatment by reducing socio-economic barriers to accessing services. USAID's bilateral HPN provides financial support for technical assistance for implementation of this activity. The activity poses an opportunity for PEPFAR to leverage non-PEPFAR and non-USG resources as other bi-lateral and multi-lateral donors support this technical approach during broader implementation. Furthermore, the activity demonstrates USG commitment to aspects of host country system strengthening and program sustainability.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 683.09

Mechanism: ***

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 28784.09

Planned Funds: [redacted]

Activity System ID: 28784

Activity Narrative: Supporting Human Resource Development of Health Officers and Clinical Nurses

This is a new activity in COP09.

This activity will leverage approximately $1,500,000 in non-PEPFAR funds from the Presidential Malaria Initiative and Office of Health annually to address the critical pre-service requirements nursing training programs at national and private nursing colleges. These human capacity interventions are designed to train the Ethiopian workforce to sustain the expanded HIV/AIDS program.

Ethiopia has widely adopted task shifting activities which has led nurses to be heavily involved in performing HIV/AIDS services in addition to their rotations at primary and tertiary health facilities. PEPFAR continues to support ongoing in-service training to address PMTCT, HCT, STI, TB/HIV and ART services. In addition there are dramatic retention issues of experienced clinical nurses in Ethiopia's public and private health system. Many teaching institutions face under-resourced infrastructure, variable quality of teaching with few classroom instructors prepared to educate, and few clinical instructors and sites available for clinical skills practice. Graduates often must do much of their learning on-the-job during their rotations, under limited supervision.

Objective #1: To strengthen the institutional capacity of Ethiopian academic institutions to deliver quality a broad pre-service nursing education whilst specifically integrating HIV, TB and Malaria modules originating from national and international guidelines.
Objective #2: To strengthen the capacity of Ethiopian nursing institutions to provide quality in-service education to clinical nurses on outreach activities to adequately serve at risk populations, persons living with HIV and OVC.
Objective #3: To increase the capacity of nursing students to respond to the broad needs of persons living with HIV/AIDS, with emphasis on reproductive health, TB and Malaria co-infection through domestic fellowships and placements.
Objective #4: To expose faculty at Ethiopian institutions to different models of delivery of nurse training.

The activity, depending on the allocated budget, will support multiple public institutions alongside selected private institutions that produce large volumes of nursing graduates that lead into careers in the public health system. The activity will provide equipment and personnel grants to improve the quality of teaching institutions alongside supporting curriculum adaptation.

In FY09, the major activities to meet these objectives are:
Build upon the transition from Carter Center's program to strengthen instruction and evaluation of clinical health officer programs to support multisectoral HIV/AIDS and other chronic care services
Support pre-service training programs effectively conduct instruction with the donation of basic materials to strengthen training.
Provide technical and financial support to local institutions for upgrading infrastructure, instruction and materials
Monitor and evaluate the progress in the implementation of the health officers and clinical nursing education/training programs

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11727.09
Mechanism: Health Systems 2020
Prime Partner: Abt Associates
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 28787.09
Planned Funds: $200,000
Activity System ID: 28787
Activity Narrative: Sustainability Assessment

This is a new activity.

This activity represents a sustainability assessment of Ethiopia's HIV/AIDS program and limited technical assistance. OGAC provided core funds for several countries to conduct sustainability assessments including Zambia. These reports assisted the Government and HPN donors address gaps and prioritize funding allocations to improve overall efficiency of the Zambia HIV/AIDS program.

PEPFAR Ethiopia proposes to conduct a Sustainability Assessment using comparable methodology by the same technical assistance provider.

Ethiopia's policymakers need tools to weigh the implications of current policy decisions on the sustainability of HIV/AIDS. The technical assistance partner developed the HIV/AIDS Program Sustainability Analysis Tool (HAPSAT), a computer-based tool for forecasting and analyzing the sustainability of HIV/AIDS programs. HAPSAT uses detailed epidemiological, demographic, and economic data to estimate the financial and human resources required to sustain and/or scale up a portfolio of HIV/AIDS programs. HAPSAT has been implemented in Zambia, where Ministry of Health officials developed scenarios based on how services are delivered to project the impact of changes in policy, prices, and human resources.

Funding of this activity will provide important information for COP10 and beyond with policy analysis, costing of service delivery prices (coupled with new Performance based Contracting efforts) and additional information on Human Resources for Health costs that account, but are not dependent upon, a Federal Human Resource Information System which currently has not been implemented.

New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID:	5483.09	**Mechanism:**	TBD/CDC
Prime Partner:	To Be Determined	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Health Systems Strengthening
Budget Code:	OHSS	**Program Budget Code:**	18
Activity ID:	28788.09	**Planned Funds:**	[redacted]
Activity System ID:	28788		

Activity Narrative: Strengthening Pre-Service Training for Medical Doctors

This is a new activity in response to the critical need and one of the highest priorities of the Ethiopian Federal Ministry of Health (FMOH) to scale up the training of medical doctors. Due to the low production of physicians and a high attrition rate both internally and externally, Ethiopia is one of the sub-Saharan countries that is severely affected from the shortage of medical doctors.

Problem statement

Recent assessments suggest that the shortage of medical doctors and other health professionals, poor performance, inequitable distribution of the available health workforce among regions and health facilities are root causes for poor service delivery of health care.
Ethiopia is committed to the global initiative of Universal Access to HIV/AIDS by 2010 and the reach the Millennium Development Goals (MDG) by 2015. To meet these targets, the Ethiopian FMOH is currently implementing a massive ART scale up of which the most prominent challenge is the human resource shortage

The physician-to-population ratio has worsened over the last two decades due to an increase in the annual attrition rate of medical doctors, fast population growth, governmental and nongovernmental health institution expansion, and low production of doctors.

The densities of health workers in particular medical doctors per population remain among the lowest in the world, and are by far inadequate to reach the goals of Ethiopia's Health Sector Strategic Plan. With 0.3 physicians (and 2.05 nurses) per 10,000 population, Ethiopia ranks in the lowest HRH (Human Resources for Health) density quintile of African nations and far below the World Health Organization estimate of 2.1 minimum workforce required per 10,000 population.

The Ethiopian FMOH, the Ministry of Education and medical schools have limited technical capacity to coordinate, supervise and evaluate basic health training programs resulting in poor quality of training for medical doctors. 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 and quality of in-service training programs (mostly donor driven training activities).

The FMOH intends to scale up preservice training of doctors is in over 20 medical schools and transition from a six-year to a four-year curriculum. PEPFAR implementing partners who will be working with medical schools in the scale up will be challenged if they fail to effectively coordinate their activities.

The FMOH recognizes that with the existing levels of outputs of medical doctors and other medical professionals it will have difficulties reaching its MDGs by 2020.

Recognizing the shortcoming of the system the FMOH has embarked on a Civil Service reform to overhaul 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).

While the FMOH recognizes the rapid need of medical specialties, it stated that the existing level of output for health extension workers, health officers, nurses, pharmacists and paramedics is sufficient and thus no major scale up is required.

In summary, high annual attrition rate of medical doctors, fast population growth, rapid expansion of governmental and nongovernmental health institutions, and low production of MDs have contributed to an extremely low physician-to-population ratio in Ethiopia. Retention as a strategy and scale up of the production of medical doctors' as a program are seen as viable long term solutions by the Government of Ethiopia. The goal, as stated in the HRH strategy, is to achieve physician-to-population ratios of 1:10,000 and 1:5,000 by the year 2015 and 2020, respectively, thus meeting WHO's recommended ratio of 1:10,000.

What does the FMOH intend to do?

The FMOH recognizes that with the existing levels of outputs from medical schools of medical doctors, surgical specialists, anesthesia professionals, midwives, dentists and mental health professionals it will have difficulties reaching the MDGs by 2020.

While the FMOH recognizes the rapid need of medical specialties, it stated that the existing level of output for health extension workers, health officers, nurses, pharmacists and paramedics is sufficient and thus no major scale up is required.

The FMOH intends to scale up the number of medical doctors from the current 1,806 to 9,000 doctors in public service thru a number of ambitious interventions. These are as follows:

1. To expand medical training by increasing the number of medical schools to twenty-one. Up to five teaching facilities such as hospitals or other medical teaching centers will be attached to each new medical school. Each of these teaching facilities will have an annual intake of 100 students. Thus, each new medical school is expected to have an annual intake of up to 500 new students.

2. To introduce a 4 year medical training program (for BSc holders) in addition to the existing six year program without compromising quality.

3. To identify hospitals with adequate patient flow to be upgraded as teaching centers.

Activity Narrative: 4. Utilize appropriate Information Communication and Technology (ICT) to enhance the quality and efficiency of medical education.

Why is PEPFAR Ethiopia assisting the FMOH?
The MOH has repeatedly requested, both informally and formally, PEPFAR Ethiopia's assistance to scale up the training of medical doctors. The scale up of medical doctor training is an important part of the FMOH strategy to meet the MDGs. PEPFAR II, as part of the US/UK Partnership to strengthen human resources in health, intends to invest over 1.2 billion USD over a period of 5 years. Ethiopia is one out of four countries besides Kenya, Mozambique, and Zambia as part of this PEPFAR and USG-funded initiative. PEPFAR has been involved since FY07 in assisting the Ethiopian FMOH to address HRH issues, in particular supporting the FMOH to develop the HRD strategy and the implementation plan up to 2020. Tulane University has been a central partner with the FMOH on development of the HRH plan and distance learning methods. Tulane University has also provided an experienced technical advisor to the FMOH to coordinate the implementation of the four-year medical school curriculum and approach.

Objective #1:

To strengthen the institutional capacity of Ethiopian public and private medical education institutions to deliver comprehensive quality and broad pre-service medical education whilst specifically integrating HIV, TB and Malaria modules originating from national and international guidelines into the national syllabi and curricular materials.

Objective #2:

To increase the capacity of medical students to provide comprehensive, secondary and tertiary level clinical services with particular emphasis on HIV/AIDS, reproductive health, TB and Malaria co-infection management through knowledge and skills gained from didactic and practical attachments.

Objective #3:

To strengthen educational planning, coordination and management roles of the FMOH, Federal Ministry of Education- Higher Education Department, Higher Education Relevance and Quality Agency (HERQA), Universities, National Medical Curriculum Review Panel etc. in the process of curriculum development/review, subject benchmarks development, school management, student assessment, licensure and accreditation activities.

Objective #4:

To expose faculty at Ethiopian public and private medical education institutions to different models of delivery of medical doctors' training.

Objective #5:

To assist and support the FMOH to meet its HRH requirements for medical doctors as articulated in the HRH strategy and the HRH implementation plan and the new FMOH BPR documents.

FY09 major activities to meet these objectives are:

The following US-based universities (implementing partners) are currently working on PEPFAR-funded projects in most regions of Ethiopia where medical schools already are or will be located:
1. I-TECH (International Training & Education Center on HIV, University of Washington)
2. ICAP (Information Center for AIDS Care and Treatment Programs, Mailman School of Public Health at Columbia University)
3. JHPIEGO
4. John Hopkins University (JHU)
5. University of California –San Diego
6. Tulane University (TUTAPE)

These implementing partners will:

A:- On regional level in collaboration with medical schools:

• Conduct needs assessment of Ethiopian public and private medical education institutions for implementing the accelerated medical doctors training program.
• Provide technical, material and financial support to the FMOH, MOE, HERQA, and Universities in teaching materials development, review, publication and distribution activities as well as in supply of essential teaching/training materials for medical education, in licensure and accreditation procedures.
• Provide limited support where feasible to infrastructure development based on needs assessment.
• Monitor and evaluate the progress in the implementation of the medical doctors' education/training programs.
• Assist in the development, adaptation and review of curricular/training materials and modules for pre-service education.
• Provide technical, material and financial support to the training of medical doctors.
• Assist faculty and program managers in teaching and research, coordination, communication and networking for medical education in the existing and new public/private universities providing medical

Activity Narrative: education in Ethiopia.
• Assist Ethiopian medical education institutions in the development and effective application of different models of education and training, including community-based team training and information technology for distance learning–assisted approaches, standards-based education management and recognition, student assessment and evaluation procedures, faculty development, establishment and/or reinforcement of academic development centers in the universities/faculties.
• Will coordinate their activities with all PEPFAR implementing partners on regional and central levels including FMOH and HAPCO.

B:- On central level a lead partner in collaboration with the FMOH and FHAPCO will:

• Provide technical assistance to the FMOH and FMOE in various aspects of human resources development including experts in health policy, law, costing, workforce forecasting, management and medical education.
• Coordinate other PEPFAR partners working on training for medical doctors with Ethiopian medical schools.
• Monitor and evaluate the progress in the implementation of the medical doctors' education/training programs.
• Support development of ICT infrastructure for facilities and training centers where feasible.
Other activities are:
• Support activities will include the institutionalization of the estimation of detailed densities of health workforce to the woreda level.
• Support the activities of the FMOH in education, training and skill development of health professionals including curriculum review and development and development and dissemination of manuals and guidelines (CME/CPD, registration and licensing and other legal documents).
• Analyze policy, legal and financial frameworks necessary to implement the HRH strategy and conduct an assessment of the feasibility of different possible reform options and assess the sequencing of investment options in HRH and develop monitoring and evaluation activities needed to support the above areas.
• Develop human resource management capacity of the FMOH by seconding experts, training as well as develop the necessary tools including software and other applications.
• Support the FMOH to deploy the designed Human Resource Information System (HRIS) at the FMOH and other federal agencies including FHAPCO, EHNRI, DACA etc. Support will include training; ICT infrastructure linked to other funded activities for maximum leverage and may include secondment of short term and long term technical experts were feasible.

• Assist in the development, adaptation and review of curricular/training materials and modules for pre-service education.

• Assist updating the HRH data base.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 7608.09 **Mechanism:** Media Training

Prime Partner: Internews **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Health Systems Strengthening

Budget Code: OHSS **Program Budget Code:** 18

Activity ID: 18714.28259.09 **Planned Funds:** $240,000

Activity System ID: 28259

Activity Narrative: Media Programming for HIV/AIDS

Many studies have proved that the news media can be a powerful force for raising awareness, building knowledge, and influencing public opinion about HIV/AIDS issues. The media play a critical role in helping to create an enabling environment for social change. The media is also instrumental in re-enforcing HIV/AIDS messages communicated through other channels.

In FY07, the Local Voices Project trained journalists on basic journalism and digital audio editing skills, conducted media roundtables on key HIV/AIDS topics, hosted feature-writing workshops, provided technical assistance to radio stations and nongovernmental organizations (NGO), and supplied basic equipments to radio stations based on identified critical needs. The project was particularly successful in coordinating a media roundtable on ART and Holy Water, which was attended by key stakeholders, including representatives from the Ethiopian Orthodox Church. Following the media roundtable, the Patriarch of the Ethiopian Orthodox Church held a press conference that clarified some of the confusions on the topic.

In FY08, this program will build on previous media activities in-country and focus on local capacity-building in areas that directly contribute to meeting the national PEPFAR targets and objectives for prevention, care, and treatment. The project will reach out to print and radio journalists in Ethiopia, with the goal of increasing the frequency of locally produced radio reporting and programming on HIV/AIDS issues and improving quality. The project will foster access to vital information on HIV/AIDS services, which, in turn, will contribute to an increase in the uptake of these services. Though recent data from the 2005 demograhic health survey (DHS) has revealed the overall low access to media in Ethiopia is much better, especially in urban areas where most of the HIV burden is currently found.

This activity will support training/retraining of junior and senior correspondents in six major cities with high HIV prevalence: Addis Ababa, Adama, Bahir Dar, Dire Dawa, Harari, Gambella, and Mekele. The program will focus in urban areas where recent data has shown higher HIV prevalence. Journalists will receive practical training in technical radio-production skills, script writing, and research activities. Participants will learn how to create and improve reports on HIV/AIDS. Subsequent follow-up and mentoring will take place in the cities where the journalists are based.

Experience has shown that without the cooperation of all key stakeholders, including government health facilities/bureaus and NGO officials, the media cannot be effective in reporting on HIV and related services. The project will therefore train government officials, NGO, groups composed of people living with HIV/AIDS, and healthcare providers in effective media relations. In this way, the news media and program implementers will be able to partner in distributing information about HIV.

In most cases, the cost of reaching mass populations through properly structured media activities is lower per capita than is possible using non-media communications options. This activity will work with the local media to increase and improve coverage of HIV/AIDS issues, while also demonstrating to local media that enhanced attention to HIV/AIDS-related issues often represents a sound business development and economic sustainability strategy.

Where possible, this activity will work together with media development programs to raise the level of professionalism in HIV/AIDS reporting, and improve management capacities and/or business development of media outlets. As a result, these media outlets will enhance their coverage and increase the quality and quantity of their HIV/AIDS topics and programming, as well as other communication objectives. This will ensure sustainability of the program through media that will be providing such coverage on a routine, self-sustained basis. Radio stations, NGO, civil society organizations, as well as relevant host government offices, will receive support under this activity.

Regular technical assistance on HIV/AIDS feature writing, and digital sound editing will be provided to journalists in particular, and to radio stations in general. The program will collaborate with other HIV/AIDS projects to identify topics for media coverage. This activity will also apply alternative content delivery systems (i.e., other than radios and newspapers) to better target relevant materials to high-risk groups (e.g., cassette tapes for drivers).

This activity will also involve procurement of basic equipments for journalists, including sound recorders and headsets. Visits to individual radio stations will help identify needs and determine priorities for this support.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18714

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18714	18714.08	U.S. Agency for International Development	Internews	12030	12030.08		$480,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 683.09
Mechanism: ***
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 28785.09
Planned Funds: [redacted]
Activity System ID: 28785
Activity Narrative: Quality Assurance Program

This is a new activity.

This activity addressing ongoing issues related to health facility efficiency and quality of care provided to HIV/AIDS clients. In many health facilities a growing queue of HIV positive clients eligible for ART threatens the ability to effectively maintain and grow the national ART program.

This activity will bring experiences from other PEPFAR focus countries to address efficiency and quality of care through the use of treatment and care collaboratives with health workers at key health facilities having a large population of ART and pre-ART clients.

The Improvement Collaborative approach, adapted from the Institute of Healthcare Improvement in the U.S., integrates many of the basic elements of traditional health programming (standards, training, job aids, inputs) with classic QI elements (team work, process examination, monitoring of results, client satisfaction), resulting in a dynamic modern QI approach in which multiple teams from different sites work together intensively to share and rapidly scale up strategies for improving quality and efficiency of health services in a targeted technical area. It empowers local participants to reflect, test, and measure realistic solutions to their local health care problems that can in turn be shared with fellow collaborative participants and Ministry of Health (MOH) officials for scale-up. All collaborative activities emphasize developing capacity for basic quality improvement at the local level with a focus on team-building skills for continuous improvement through monitoring and analysis of shared indicators. Since local actors themselves develop local solutions, their ownership of innovative solutions is higher, increasing the likelihood of sustainability and spread to other sites.

This approach brings systems thinking, a focus on sustainability, understanding the determinants to scale up and maintaining a focus on equity and inclusion of health providers, administrators and clients.

New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 683.09
Mechanism: ***
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 28779.09
Planned Funds: [redacted]
Activity System ID: 28779

Activity Narrative: Assistance to the Network of Ethiopian Womens Associations

This is a new activity in COP09.

The Network of Ethiopian Women's Associations (NEWA) plays a vital role in serving as an umbrella organization of women's associations in Ethiopia. NEWA does not currently receiving PEPFAR Ethiopia capacity building support nor is it actively engaged by the US government or USG implementing partners to assist in advocacy, addressing strategic areas and mainstreaming gender.

NEWA is a constituent membership organization of 42 civil society and non government organizations (CSOs and NGOs). Its goal includes synchronizing individual activities of women associations into an integrated collective effort and synergy to realize their common goal for gender equity and equality through vigorous campaign, advocacy and lobbying for women's rights. It is engaged in capacity building through training and funding of its members secured from international and bilateral organizations. The majority of its members work exclusively on gender issues which are also the USAID's priority areas identified in PEPFAR program as gender related drivers of the epidemic of HIV/AIDS. These include:

Human and reproductive rights of women
Gender based violence
Female genital mutilation (FGM)
Various Income generation activities for commercial sex workers in many regions
HIV/AIDS clinical services and family planning
Early marriage

This proposed activity addresses priorities of OGAC and the PEPFAR Ethiopia team to improve current programs in gender mainstreaming. This activity will provide capacity building support and technical assistance through an international NGO grant management facility to NEWA and its members in policy and advocacy, organizational capacity development interventions and technical assistance in mainstreaming gender initiatives in the US government's diverse PEPFAR program with the support of existing implementing partners. NEWA will receive activity, equipment and personnel grants to engage the Ministry of Health/HAPCO, USG implementing partners and other bilateral donors.

PEPFAR Ethiopia anticipates that NEWA will address the following issues during the implementation of this activity:

Initiate dialogue on the equitable access of women and children to HIV/AIDS services;
Provide technical leadership to the Ministry of Health/HAPCO, Regional Health Bureaus and USG implementing partners in gender mainstreaming activities;
Advocate for greater access by women to legal protection against gender based violence; and
Alongside USG implementing partners improve access to income and productive resources for women living with HIV/AIDS.

This support marks a commitment by the US government to extend capacity building support to NEWA for up to three years.

New/Continuing Activity: New Activity

Continuing Activity:

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

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID:	7612.09	**Mechanism:**	Health Care Financing
Prime Partner:	Abt Associates	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Health Systems Strengthening
Budget Code:	OHSS	**Program Budget Code:**	18
Activity ID:	18066.28293.09	**Planned Funds:**	$1,500,000
Activity System ID:	28293		

Activity Narrative: Assistance to the Ministry of Health's Health Care Finance Reform Program

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity will leverage $1,500,000 in non-PEPFAR USAID resources. PEPFAR supports Health Sector Finance Reform to improve quality and management in the public health system. This activity has a significant impact on sustainability and quality of service delivery, health worker retention and the availability of commodities at facilities. During COP08 this activity transitioned from a bilateral award to a five year competitive contract awarded to Abt Associates leveraging $10,000,000 in USAID bilateral funds. Progress to date includes regional legal reforms permitting health facilities to retain and utilize local revenue, large training programs and establishment of facility boards to enabling professional management of health resources at district and facility level. Net outcome of the reforms include improvements in quality and sustainability of health services through the use of retained user fees. This included recruitment and retention of health professionals and improvements in infrastructure. This activity will expand in COP09 to meet growing requirements of the Ministry of Health and Regional Health Bureaus fully implement legislative requirements of Health Sector Finance Reform and scale up training and implementation of Health Care Financing at hospitals and health centers on a national basis.

COP08 Narrative:
This is a new activity leveraging $800,000 in bilateral Child Survival and Health (CSH) funds.

The third round National Health Accounts (NHA) in Ethiopia showed that with per capita spending of US$7.14, the Ethiopian health sector is highly underfinanced as compared to the WHO/Commission for Macroeconomics and Health's recommendation of per capita spending of US$34 for delivering essential health care services. It is also less than the Sub-Saharan Africa average of US$13 in 2005. The per capita spending in health is not commensurate with the wide range of health problems which are further complicated with emerging health problems such as the HIV/AIDS epidemic and associated opportunistic infections. Public hospitals and health centers cannot provide quality HIV/AIDS care services with extremely low non-salary operating budget that they get from the government. If PEPFAR's technical systems strengthening efforts are to be sustained over time, there must be increased and focused attention to financial systems as well.

The Government of Ethiopia (GOE) has embarked on a Health Sector Financing Reform program that is instituting policy changes intended to increase resources for the health sector, improve the efficiency of resource use, and increase the quality of health care services at public hospitals and health centers. One of the major recent health finance innovations supported is the Reform Proclamation to build a sustainable health system that accommodates alternative financing and management mechanisms. The Reform Proclamation encourages retention of user fees by the collecting facilities (hospitals and health centers) for use at those facilities (managed by autonomous boards) to improve quality of health services. This will result in a net increase in resources available to these health care facilities as the user fees are additive to the budget they receive from existing federal and regional block grants. USG bilateral CSH assistance has been instrumental for initiation of policy dialogue and consultation, for designing of the Strategic Framework, development and eventual ratification of the legal frameworks in Oromiya, Amhara, Southern Nations, Nationalities and Peoples' Regions (SNNPR) and Tigray as well as Addis Ababa City Administration.

The reform components include revenue retention and use, systematizing and standardizing fee-waiver and exemption systems, ensuring health facility autonomy (provisions for establishment of hospital boards and hiring of hospital general managers), and outsourcing of non-clinical services. These reform components are fundamental and ground breaking to make change in the health care delivery in the country. The implementation of the reforms is also progressing very well in the three big regions (e.g. Amhara, Oromiya, and SNNPR) and encouraging results are being seen in terms of the amount of revenue generated and its use for improving the quality of health services in more financially sustainable way.

However, the various reform initiatives and the achievements gained need to be further strengthened through capacity building in financial management and to ensure that resources are used for quality improvement. There is also strong need to expand the implementation of the reform packages to other Regions.

In FY08, this activity will focus on providing guidance and technical assistance to federal government policy makers and regional health officials. Introduction of the health care financing reforms to new regions requires dialogue and consultation and active participation of different stakeholders and regional officials. Thus, there is a need to organize various consultative workshops and review meetings at district level, and similar forums need to be organized at regional and federal levels in coordination with current implementing partners operating at regional and site levels. Through this activity technical assistance will be provided to prepare directives and guidelines on health revenue retention, and utilizations, on outsourcing of non-clinical activities, management of the waiver system and hospital and health center board management. The directives and guidelines will be disseminated and training-of-trainers provided in coordination with current implementing partners on the applications.

Health facility autonomy and financial management is a very new venture introduced by the health care financing reform. The activity will provide direct support in the provision of training to the health center board members and managers in the area of planning, budgeting, procurement and financial management to improve quality of services. There is a strong need for regular supportive supervision, and putting in place of appropriate M&E system. This also implies institutionalization of financial management at the regional and district and health center levels.

PEPFAR Ethiopia partners working at the hospital level who meet regularly with hospital management teams will strengthen and expand the health care financing component of their work plans to include how best to standardize fees and exemptions, how best to invest funds collected through fees, overall better budgeting. Guidance and support will be provided by the national health care financing project.

Activity Narrative: With the ever increasing demand for comprehensive services and rapid expansion of service sites, adequate mechanisms should be in place so that quality of services is not overwhelmed by volume and speed. Improved availability of finance and efficient utilization of resources at the facility and district/zonal/regional office levels will enhance quality of services and its sustainability.

This activity will leverage other USG resources from USAID health funding. This activity will also leverage existing US university hospital/health center site level support to scale-up HIV services and strengthen quality of care. It will strengthen ongoing efforts on health care financing in three regions and also expand the program implementation to additional regions.

Current implementing partners, health centers board members, administrators and financial managers play a major role in this activity. They will be introduced to the concepts of health care financing and be trained on practical implementation mechanisms. The support and buy-in from officials at the regional, zonal, and district levels is very critical for the smooth adoption and implementation of this program. In general, the design and roll out of this activity will be participatory that will involve key stakeholders throughout. Using the national implementation manual, relevant staff from health centers and administrative offices will be trained on health care financing. This will ensure immediate implementation of program as well as long-term capacity building of local organizations.

USG will support provision of training to the health center board members and managers in the area of planning, budgeting, procurement and financial management to improve quality of services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18066

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18066	18066.08	U.S. Agency for International Development	Abt Associates	7471	645.08	Private Sector Program	$1,000,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 2534.09

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: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 10424.28170.09

Planned Funds: $370,000

Activity System ID: 28170

Activity Narrative: Capacity Building for National Social Mobilization Strategy

ACTIVITY WITH ONLY MINOR CHANGES FROM FY2008

This is a continuation of activity from FY08. In FY08, in collaboration with Federal and Regional HAPCO/RHB, NASTAD worked to enhance the capacity of more than 220 HIV/AIDS program coordinators and officers in woredas and kebeles to operationalize the country's HIV/AIDS Social Mobilization Strategy Guidelines.

According to the “Ethiopian Strategic Plan for Intensifying Multi-Sectoral HIV/AIDS Response, 2004” the district (woreda) health office, is assigned to work with kebeles to coordinate all the stakeholders and the community to make access to basic HIV/AIDS health services, improve the quality of services and also increase the service demand using different mechanisms. Community capacity enhancement through Community Conversation is the core strategy of this Social Mobilization Strategy. NASTAD has worked to strengthen the community capacity enhancement process by developing and conducting training on program management in 7 regions (Oromiya, Amhara, SNNPR, Somali, Dire Dawa, Harar, and Addis Ababa) with the objective of quality assurance of Community Conversation and promotion of ART adherence through the ongoing Community Conversation activities.

In FY07 NASTAD initiated twinning relationships between three regional HAPCOs (Oromia, Amhara, and SNNPR) and three U.S. State Health Department HIV/AIDS programs (Minnesota, Michigan, and Maryland respectively). Twinning expanded in FY08 to include relationships between Dire Dawa and San Diego, and Addis Ababa and Texas. Twinning provides the opportunity for one-on-one, ongoing, and tailored technical assistance in support of Social Mobilization Strategy implementation and program management, with a focus on institutional capacity building and community mobilization for ART treatment adherence.

In FY09, NASTAD will build upon the progress made so far and will continue to implement the following major activities:-

1. Provide refresher training on program management for zonal and woreda staffs in the 7 regions (Ormiya, Amhara, SNNPR, Somali, Dire Dawa, Harar and Addis Ababa) on Community Conversation;
2. Provide one-on-one ongoing support and technical assistance to regional health bureau/HAPCO, zonal and woreda staffs of the seven regions mentioned above through site visits and joint field observation and feedback;
3. Collaborate with Federal HAPCO to design national TOT on Monitoring and Evaluation of Social Mobilization activities for regional HAPCOs in accordance with National Monitoring and Evaluation Guidelines and the Social Mobilization Strategy. Accordingly, deliver one central and four cascade trainings to assure participation by all regional HAPCOs;
4. Support refresher trainings for Community Conversation both technically and financially in the seven regions mentioned above and supporting the seven regional HAPCOs (both technically and financially) for monitoring, documentation and dissemination of best practices as a result of community conversation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16588

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16588	10424.08	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	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	$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

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 8557.09

Mechanism: HHS/CDC/Ethiopian Medical Association/GHAI

Prime Partner: Ethiopian Medical Association

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 10431.27978.09

Planned Funds: $200,000

Activity System ID: 27978

Activity Narrative: Human Resource capacity building for ART program Implementation.

ACTIVITY WITH ONLY MINOR CHANGES FROM FY2008

This is a continuing activity from COP08. The partner has received funds and has started implementing its program.

In spite of the multifaceted efforts to increase access to and utilization and availability of ART services, the number of ART eligible patients receiving treatment is still limited to less than 40%. The Government of Ethiopia has set very ambitious targets for scaling up ART and intends to deliver ART services to over 341,884 patients (currently on treatment) by 2010. The scale and complexity of ART program implementation in Ethiopia will exert huge pressure on the already fragile health care delivery system.

Establishing and maintaining minimum standards for safe and quality ART services will be a top priority for PEPFAR Ethiopia. This and other priorities, such as the need to scale up ART services in different geographical settings across different age groups, and to consider other socio-demographic determinants will continue to pose major challenges to the health system. Severe capacity limitations, particularly the chronic shortage of skilled human resources, have been a constant problem. Innovative ways of addressing capacity issues is therefore another priority for PEPFAR Ethiopia's ART program. There is a need to fully mobilize and exploit indigenous resources to achieve ambitious targets for treatment and care. Local partners will have major roles in ART program implementation, but much of the existing potential has not yet been utilized.

Indigenous health professional associations, some of which are well established, are partners that have not been given due attention in the fight against HIV/AIDS in general and the implementation of ART in particular. These associations collectively have a significant number of professionals working in various types of facilities and at different levels of the health system throughout Ethiopia. Health professionals can be reached through their respective professional associations and subsequently, their contributions to program implementation coordinated by these associations to achieve maximum affect. HIV/AIDS related activities at hospitals and health centers can be strengthened through these associations, as can be facility management. The possibility of addressing the causes of disconnection between hospitals and health centers and mending the rift between public, private and military HIV/AIDS programs lies with the consortium of these associations.

With support from PEPFAR Ethiopia, several associations will join together in a Consortium to address pressing HIV/AIDS issues. The consortium will be led by the Ethiopian Medical Association, the oldest health professionals' association in Ethiopia. Additional members will include the Association of Physicians in Private Practice, the Ethiopian Nurses Association, (ENA), the Ethiopian Pharmaceutical Association (EPA) and the Association of Medical Laboratory Technologists. The consortium will, for example, lead efforts to establish national ethical standards for care and ART services, coordinate PEP services for care providers, certify and promote infection prevention in facilities, strengthen multidisciplinary team approaches, establish chronic care models for HIV/AIDS activities, and ultimately, to integrate ART into primary care services. The consortium will link its activities with those of various specialty societies and with the Ethiopian Public Health Association. The consortium will command a very large membership of health professionals directly involved in clinical, pharmacy and laboratory services related to ART, VCT and other HIV/AIDS related activities.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16629

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16629	10431.08	HHS/Centers for Disease Control & Prevention	Ethiopian Medical Association	8557	8557.08	HHS/CDC/Ethiopian Medical Association/GHAI	$202,569
10431	10431.07	HHS/Centers for Disease Control & Prevention	Ethiopian Medical Association	8368	8368.07	EMA	$200,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11727.09 **Mechanism:** Health Systems 2020

Prime Partner: Abt Associates **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Health Systems Strengthening

Budget Code: OHSS **Program Budget Code:** 18

Activity ID: 28786.09 **Planned Funds:** $120,000

Activity System ID: 28786

Activity Narrative: Sector Wide Effects of the Global Fund

The SWEF Network is a collaborative research network that seeks to understand how monies disbursed by the Global Fund and other global health initiatives affect broader health systems of recipient countries.

With support from OGAC and USAID, the Partners for Health Reformplus Project conducted the System-wide Effects of the Funds (SWEF) study in Ethiopia to assess the effect of the Global Fight (GFATM) on the broader health system. Using qualitative and quantitative data at both baseline (2003/4) and follow-up (2006), the study investigated system-wide effects under four themes: the policy environment, human resources, the private sector, and procurement and logistics. Overall, the research findings suggest that GFATM has played a significant role in Ethiopia's health system and has stimulated several positive developments. For example, the study results indicate that GFATM-related processes have helped address policy and program constraints, human resource issues, management systems within the health sector, and logistics and supply systems while fostering a positive relationship between the public and private sectors.

As the expansion of HIV/AIDS, tuberculosis, and malaria services proceeds at a rapid pace, further evidence of system-wide effects of the scale-up is needed by policymakers and program managers 1) to help inform the effective implementation of the initiatives in Ethiopia, 2) to document and strengthen positive spin-off effects on the health system, and 3) to mitigate any unintended negative effects on the health system. Of particular interest are the effects on human resources and other health care priorities, including maternal and child health care and family planning services. Because health care services in Ethiopia are provided in a decentralized context, understanding the system-wide effects at the sub-national level is particularly important. Such analyses will account for the increased complexity of the international aid architecture supporting the scale up of HIV/AIDS, Tuberculosis, and Malaria, which includes not only GFATM, but also PEPFAR, PMI, and the World Bank's MAP.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 118.09 **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:** Health Systems Strengthening

Budget Code: OHSS **Program Budget Code:** 18

Activity ID: 18751.27996.09 **Planned Funds:** $1,392,487

Activity System ID: 27996

Activity Narrative: There have been changes in staffing from COP 08 – Regional positions have been removed.

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); one Private Sector Specialist (LES); one Gender Specialist (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 Health Resource Capacity Advisors (US/TCN), and short-term technical assistance as required. Position summaries follow.

Senior Private-Sector Advisor (US/TCN PSC)

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 Labor and Social Affairs, and other government officials and nongovernmental organizations, particularly the commercial sector.

Private-Sector Advisor (LES)
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 (LES)
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 (US/TCN PSC)
The Advisor assists the USG country team to analyze and monitor healthcare financing reforms supported by the USG. The advisor also supports and ensures 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, and 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 (LES)
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 PSC):
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

Activity Narrative: 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 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.

Organizational Capacity Advisor (LES)
The Organizational Development Specialist carries out a range of responsibilities for planning, implementing, monitoring and overseeing capacity building initiatives related to PEPFAR activities. The Specialist supports PEPFAR Ethiopia goals to increase the number of indigenous organizations receiving USG support and to ensure that adequate capacity is built to strengthen their ability to manage technical and financial elements of their programs. The incumbent focuses on supporting indigenous organizations to ensure sustainability of HIV/AIDS activities post-donor support. The incumbent is responsible for addressing administrative, managerial, and programmatic and technical capacities at federal and regional levels, including at regional health bureaus, non-governmental organizations (NGOs), community-based organizations (CBOs), and faith-based organizations (FBOs).

The Human Resource Capacity Advisor (US/TCN PSC)
The Human Resource Capacity Advisor works in the USAID Capacity Development and Policy Cluster, which is part of the HIV/AIDS Team in the Health, Population, AIDS and Nutrition (HAPN) Office. The Advisor liaises with USG partners, multilateral and bilateral donors on issues related to the implementation of Ethiopia's Human Resources for Health Strategy. In addition, at the national level, facilitate regional and district planning activities to ensure appropriate involvement of all relevant partners including PEPFAR partners promote integration of human capacity development initiatives supported by partners, including in-service and pre-service training. Further activities are focused on strengthening pre initiatives to strengthen health policy, human resources for health, donor coordination, health financing, organizational capacity, public/private partnerships and governance of the health sector.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18751

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18751	18751.08	U.S. Agency for International Development	US Agency for International Development	7479	118.08	USAID M&S	$1,409,420

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 496.09

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: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 18059.28035.09

Planned Funds: $100,000

Activity System ID: 28035

Activity Narrative: Involvement of Ethiopian Parliament in HIV/AIDS Activities

ACTIVITY WITH ONLY MINOR CHANGES FROM FY2008

This is a continuation of activity from FY08. The Federal Democratic Republic of Ethiopia has two Houses: the House of Peoples' Representatives and the House of the Federation. The House of Peoples' Representatives is the highest governing body of the land. The House has legislative powers in all matters referred to by the constitution to federal jurisdiction. According to the constitution, the House has some 550 members who are accountable to the people who elected them. The 550 members are from both the ruling and opposition parties elected during election of May 2005. Involving Parliamentarians as peoples' representatives in HIV/AIDS prevention, care, and treatment can have a major impact.

Parliamentarians have a crucial role to play in the fight against the HIV/AIDS pandemic. They can influence and oversight the executive body to address HIV/AIDS issues in their respective organizations and to urge them to plan and implement programs by mainstreaming as part of their organizational duties and responsibilities. Parliamentarians can not only be advocates for their respective constituencies, but also address HIV prevention, care and treatment while conducting their representational duties in their respective localities and influence national legislation and activities including through mainstreaming HIV/AIDS in all legislation, making it regular agenda in Social Affairs Standing Committee and other relevant Caucuses using other opportunities at governmental or non-governmental functions and with Zonal, Woreda and Kebele administrations to enhance their focus and attention to HIV/AIDS programs.

Being close to the people, they are also in a unique position to influence public opinion and confront the stigma and discrimination. By virtue of the elevated positions of Parliamentarians, they can effectively mobilize, motivate, and encourage the public in preventing the spread of the disease. It is encouraging to note the increasing commitment in HIV/AIDS awareness, prevention, support and treatment with current parliamentarians which provides prime opportunity for this activity. These include the Speaker of the House who was the former Minister of Sports and Youth and Chair of the HIV/AIDS Management Board for the country and the First Lady who is Chair of the Social Affairs Standing Committee and Women's Coalition against HIV/AIDS. 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 the pandemic. There is now a demand for further increased political commitment. Parliamentarians need to speak out more openly and frequently about HIV/AIDS. The Parliament is also expected to begin debating a law that aims to protect the rights of people living with HIV/AIDS and address related stigma and discrimination.

The major objective of this activity is to build the capacity of members of the parliament with regard to the current HIV/AIDS epidemiology and responses in the country and strengthening workplace HIV/AIDS responses in the parliament. This will enable members of the parliament to make an oversight and follow up of HIV/AIDS mainstreaming across all the sectors, and Provide supportive oversight to constituency.

In FY09, HAPCO will build upon the progress made so far and will continue the effort to mainstream HIV/AIDS in the two Houses to enforce effective HIV/AIDS mainstreaming across all sectors. HAPCO will implement the following major activities:-
1. Review the achievements of 08, and build o the lesson learned and successes achieved;
2. Training and orientation program for the parliamentarians will be organized to update on prevention care & treatment and other HIV/AIDS services;
3. Support the development and distribution of appropriate IEC/BCC materials specific to the parliamentarians;
4. Support and Strengthen HIV/AIDS committee in the parliament;
5. Continue HIV/AIDS campaign in promoting prevention, care and treatment activities in their localities during closing of the parliament and in also during their representational duties;
6. build the capacity of parliamentarians to play a leadership roles in mobilizing community for utilization of HIV/AIDS services;
7. Strengthen HIV/AIDS activity of the parliament in general and social affairs and relevant Caucuses in particular;
8. Support outreach activities of parliamentarian to their respective constituency to educate their communities on the prevention of HIV, community support to PLWH and play a role in stigma reduction;
9. Enhance the role of parliamentarians in the promotion of care, support, and treatment services;
10. Enhance the role of parliamentarians to advocate for and legislate rights-based and gender sensitive non -discriminatory HIV/AIDS policies;
11. Support the established AIDS Resource Center in the Ethiopian parliament in order to assist and support MPs in legislative activities of HIV/AIDS and other health related issues, and ;
12. Organize experience sharing visit to members of the parliamentarians to have better understanding of the involvement of the parliamentarians in other countries in the fight against HIV/AIDS.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18059

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18059	18059.08	HHS/Centers for Disease Control & Prevention	Federal Ministry of Health, Ethiopia	7488	496.08	Improving HIV/AIDS Prevention and Control Activities in the FDRE MOH	$100,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3792.09

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: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 18884.28008.09

Planned Funds: $120,000

Activity System ID: 28008

Activity Narrative: Sustainable Management Development Program

ACTIVITY WITH ONLY MINOR CHANGES FROM FY2008

This is a continuation of activity from FY08. 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 HIV/AIDS program.

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 prevention, care and treatment services at health facilities in support of the scale-up of antiretroviral treatment (ART) in Ethiopia. Based on the result of the assessment, the first training was conducted in March 2008 for 25 laboratory mangers from all regions on laboratory process improvement. The participant will apply to their respective work to improve specific activities of laboratory management. The result will be assessed in six months time.

In FY09, further trainings will be designed and provided for 60 public health management professionals drawn from PEPFAR-supported hospitals, RHB, and HAPCO. 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. In FY09, the focus will be on the regional HAPCO and Health Bureau capacity building. In addition to health professionals trained in FY06 and FY07, in FY08, 3 professionals received training on SMDP in Atlanta and this has increased the numbers of trainers' work force to scale up the training.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18884

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18884	18884.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7482	3792.08	Rapid expansion of successful and innovative treatment programs	$120,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 7887.09
Mechanism: CDC-M&S
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 18755.28012.09
Planned Funds: $356,000
Activity System ID: 28012
Activity Narrative: CDC M&S

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

COP'08 budget includes one Direct Hire and one PSC. COP'09 budget proposal includes two Direct Hire positions, using existing FTE position to convert one PSC into one Direct Hire position. In COP'08 the though the position of the one PSC is approved, the budget was not reflected. This activity reflects the salary cost involved for the proposed DH conversion.

COP'08 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.

New/Continuing Activity: Continuing Activity
Continuing Activity: 18755

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18755	18755.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7887	7887.08	CDC-Management and Staffing	$166,500

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 683.09
Mechanism: ***
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 21855.28003.09
Planned Funds: [redacted]
Activity System ID: 28003

Activity Narrative: 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 addresse 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21855

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21855	21855.08	U.S. Agency for International Development	US Agency for International Development	7594	7594.08	Central Commodities Procurement	$900,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3819.09 **Mechanism:** EPHTI

Prime Partner: Carter Center **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Health Systems Strengthening

Budget Code: OHSS **Program Budget Code:** 18

Activity ID: 5763.28311.09 **Planned Funds:** $700,000

Activity System ID: 28311

Activity Narrative: Ethiopian Public Health Training Institute: Health Officer Training

ACTIVITY UNCHANGED FROM FY2008.

COP08 UPDATE ON PERFORMANCE:
Activities related to the Ethiopia Public Health Training Initiative (EPHTI) are similar to those described in COP08 narrative. This activity narrative will not be updated in COP09. Performance related to APR08 includes 2,900 Health Officers trained at seven Ethiopian universities and hospital attachment sites. The EPHTI agreement between USAID and the Carter Center has been extended on additional year to complete pre-service training requirements for current students.

COP 08

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16571

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16571	5763.08	U.S. Agency for International Development	Carter Center	7472	3819.08	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

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 1264.09
Mechanism: IMAI
Prime Partner: World Health Organization
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 5620.28089.09
Planned Funds: $150,000
Activity System ID: 28089

Activity Narrative: Support to the GFATM Country Coordinating Mechanism

ACTIVITY UNCHANGED FROM FY2008

COP08 Narrative:
The Government of Ethiopia has secured $713,053,234 million from the Global Fund for five years to address HIV/AIDS (66%), Malaria (26%), and 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 (MOH, 4 members including Chair); HIV/AIDS Prevention and Control Office (HAPCO) (1); Ethiopian Health and Nutrition Research Institute (EHNRI) (1); WHO (1); Joint United Nation Program on HIV/AIDS (UNAIDS) (1); Health, Population and Nutrition (HPN) Donors' Group (2); PEPFAR Ethiopia (1); Department for International Development (DfID) (1); Christian Relief and Development Association (CRDA) (1); Vice Chair Dawn of Hope (Association of PLWHAA) (1); Ethiopian Chamber of Commerce (ECC) (1); Ethiopian Public Health Association (EPHA) (1); and the Ethiopia Inter-Faith Forum for Development Dialog for Action (1).

PEPFAR Ethiopia has made major contributions towards implementation of the Global Fund. 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 tasked to prepare the mechanism's Terms of Reference (TOR). 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 in HIV/AIDS, Malaria, and TB.

The performance of the four Global Fund grants is of concern within the donor community. Recognizing the Global Fund's operating principle of performance, the CCM's TOR state that it is to submit high-quality proposals and provide oversight of the proper use of the Global Fund through regular monitoring. The TOR explicitly states: ". . . the CCM/E will provide a monitoring report on fund status, including its progress, results and organizations with approved funding and their expected total level of funding." The report will be made available through a wide variety of communication channels. 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16614

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16614	5620.08	U.S. Agency for International Development	World Health Organization	7481	1264.08	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

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5483.09

Mechanism: TBD/CDC

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 29003.09

Planned Funds: [redacted]

Activity System ID: 29003

Activity Narrative: Training Information Management System

This was an activity previously conducted by JHPIEGO under activity number 5735 and Mechanism Number 5483

COP 08 ACTIVITY NARRATIVE
This is a continuation of activity from FY08. 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 September 2008, 39 PEPFAR-supported organizations have shared data on 2276 training events and 69,074 trainees.

Beginning with FY07 resources and continuing into FY08, JHPIEGO is working on a redesigning of TIMS to expand its functionality, including a web data-entry application and improved ability to manage large amounts of data. In FY08, JHPIEGO transferred 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) depending on progress in this area.

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. 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.

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 regularly invites 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 FY09.

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. 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 semi-annually. 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 service delivery partners submitting training forms for TIMS. The data will be collected and analyzed on a semi-annual 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. Geographic information System (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.

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. However, given the slow pace and lack of availability of EHNRI staff, the plan is to wait for the re-designed TIMS before proceeding further. JHPIEGO will continue to support existing partners and host government institutions including RHB and regional HAPCOs to develop their own TIMS.

Discussions have been held with FHAPCO at their request where the Monitoring and Evaluation unit has expressed the desire for the data management of TIMS to be co-located at FHAPCO. As part of the implementation of the re-designed TIMS, JHPIEGO will explore collocation of its TIMS team with FHAPCO and gradually building capacity for FHAPCO to both use the TIMS data for decision-making and perhaps take over oversight of TIMS. In a web-designed format where implementing partner enter their own reports, the data entry component of the program would be reduced, but the oversight, monitoring and technical capacity needed to continually improve the software side of the system will grow. In this regard, discussions with FHAPCO will continue to strengthen the system.

Activity Narrative: 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.

As in previous years, JHPIEGO will also organize periodic meetings with key PEPFAR stakeholders to discuss TIMS and present trends and comparisons of service providers trained on HIV/AIDS and follow-up information. JHPIEGO will support travel to conferences and/or other PEPFAR countries to present the successes of the Ethiopia TIMS program If need arises. In FY08, at the initiative of FHAPCO, JHPIEGO has been one of the partners supporting the development of a National Training Implementation and Coordination Guidelines. In FY09, JHPIEGO will continue to support the process not only through its finalization, but monitor its implementation.

The partners targeted for training include international organizations, local PEPFAR-supported organizations, professional associations, and government agencies.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5483.09

Mechanism: TBD/CDC

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 29745.09

Planned Funds: [redacted]

Activity System ID: 29745

Activity Narrative: April 2009 Reprogramming:
Strengthening Pre-Service Training for Medical Doctors This is a new activity in response to the critical need and one of the highest priorities of the Ethiopian Federal Ministry of Health (FMOH) to scale up the training of medical doctors. Problem statement Recent assessments suggest that the shortage of medical doctors and other health professionals, poor performance, inequitable distribution of the available health workforce among regions and health facilities are root causes for poor service delivery of health care. The FMOH recognizes that with the existing levels of outputs from medical schools of medical doctors, surgical specialists, anesthesia professionals, midwives, dentists and mental health professionals it will have difficulties reaching the MDGs by 2020. While the FMOH recognizes the rapid need of medical specialties, it stated that the existing level of output for health extension workers, health officers, nurses, pharmacists and paramedics is sufficient and thus no major scale up is required.
The FMOH intends to scale up the number of medical doctors from the current 1,806 to 9,000 doctors in public service thru a number of ambitious interventions. These are as follows: 1. To expand medical training by increasing the number of medical schools from currently seven to twenty-one. Up to five teaching facilities such as hospitals or other medical teaching centers will be attached to each new medical school. Each of these teaching facilities will have an annual intake of 100 students. Thus, each new medical school is expected to have an annual intake of up to 500 new students. 2. To introduce a 4 year medical training program (for BSc holders) in addition to the existing six year program without compromising quality. 3. To identify hospitals with adequate patient flow to be upgraded as teaching centers. 4. Utilize appropriate Information Communication and Technology (ICT) to enhance the quality and efficiency of medical education.
The FMOH has repeatedly requested PEPFAR Ethiopia, both informally and formally, to assist, thru US-based universities, to scale up the training of medical doctors.
The scale up of medical doctor training is an important part of the FMOH strategy to meet the MDGs. PEPFAR II, as part of the US/UK Partnership to strengthen human resources in health, intends to invest over 1.2 billion USD over a period of 5 years. Ethiopia is one out of four countries besides Kenya, Mozambique, and Zambia as part of this PEPFAR and USG-funded initiative. PEPFAR has been involved since FY07 in assisting the Ethiopian FMOH to address HRH issues, in particular supporting the FMOH to develop the HRD strategy and the implementation plan up to 2020. Tulane University has been a central partner with the FMOH on development of the HRH plan and distance learning methods. Tulane University has also provided an experienced technical advisor to the FMOH to coordinate the implementation of the four-year medical school curriculum and approach. Objective #1: To strengthen the institutional capacity of Ethiopian public and private medical education institutions to deliver comprehensive quality and broad pre-service medical education whilst specifically integrating HIV, TB and Malaria modules originating from national and international guidelines into the national syllabi and curricular materials. Objective #2: To increase the capacity of medical students to provide comprehensive, secondary and tertiary level clinical services with particular emphasis on HIV/AIDS, reproductive health, TB and Malaria co-infection management through knowledge and skills gained from didactic and practical attachments. Objective #3: To strengthen educational planning, coordination and management roles of the FMOH, Federal Ministry of Education- Higher Education Department, Higher Education Relevance and Quality Agency (HERQA), Universities, National Medical Curriculum Review Panel etc. in the process of curriculum development/review, subject benchmarks development, school management, student assessment, licensure and accreditation activities. Objective #4: To expose faculty at Ethiopian public and private medical education institutions to different models of delivery of medical doctors' training. Objective #5: To assist and support the FMOH to meet its HRH requirements for medical doctors as articulated in the HRH strategy and the HRH implementation plan and the new FMOH BPR documents. FY09 major activities for Tulane University to meet these objectives are:
Tulane University is a major US-based university partner for PEPFAR-Ethiopia.
Thus, in FY09, major activities for Tulane University are to: Provide technical assistance at the national level to the FMOH and FMOE in various aspects of human resources development including experts in health policy, education, costing, workforce forecasting, management and retention.
• From the national level, coordinate with other PEPFAR partners and other donors working on training for medical doctors with Ethiopian medical schools.
• Monitor and evaluate the progress in the national implementation of the medical doctors' education/training programs.
• Support development of ICT infrastructure for facilities and training centers where feasible.
• Coordinate all activities with all PEPFAR implementing partners on regional and central levels including FMOH and HAPCO thru established mechanisms.
• Other activities for Tulane:
• Support activities will include the institutionalization of the estimation of detailed densities of health workforce to the woreda level.
• Support the activities of the FMOH in education, training and skill development of health professionals including national curriculum review and development and development and dissemination of manuals and guidelines (CME/CPD, registration and licensing and other legal documents).
• Analyze policy, legal and financial frameworks necessary to implement the HRH strategy and conduct an assessment of the feasibility of different possible reform options and assess the sequencing of investment options in HRH and develop monitoring and evaluation activities needed to support the above areas.
• Develop human resource management capacity of the FMOH by seconding experts, training as well as develop the necessary tools including software and other applications.
• Support the FMOH to deploy the designed Human Resource Information System (HRIS) at the FMOH and other federal agencies including FHAPCO, EHNRI, DACA etc. Support will include training; ICT infrastructure linked to other funded activities for maximum leverage and may include secondment of short term and long term technical experts were feasible.
• Assist in the development, adaptation and review of curricular/training materials and modules for pre-service education, especially as is related to medical education.
• Assist updating the HRH data base.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3786.09

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: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 29748.09

Planned Funds: $334,000

Activity System ID: 29748

Activity Narrative: April 2009 Reprogramming:
Strengthening Pre-Service Training for Medical Doctors This is a new activity in response to the critical need and one of the highest priorities of the Ethiopian Federal Ministry of Health (FMOH) to scale up the training of medical doctors. Problem statement Recent assessments suggest that the shortage of medical doctors and other health professionals, poor performance, inequitable distribution of the available health workforce among regions and health facilities are root causes for poor service delivery of health care. The FMOH recognizes that with the existing levels of outputs from medical schools of medical doctors, surgical specialists, anesthesia professionals, midwives, dentists and mental health professionals it will have difficulties reaching the MDGs by 2020. While the FMOH recognizes the rapid need of medical specialties, it stated that the existing level of output for health extension workers, health officers, nurses, pharmacists and paramedics is sufficient and thus no major scale up is required.
The FMOH intends to scale up the number of medical doctors from the current 1,806 to 9,000 doctors in public service thru a number of ambitious interventions. These are as follows: 1. To expand medical training by increasing the number of medical schools from currently seven to twenty-one. Up to five teaching facilities such as hospitals or other medical teaching centers will be attached to each new medical school. Each of these teaching facilities will have an annual intake of 100 students. Thus, each new medical school is expected to have an annual intake of up to 500 new students. 2. To introduce a 4 year medical training program (for BSc holders) in addition to the existing six year program without compromising quality. 3. To identify hospitals with adequate patient flow to be upgraded as teaching centers. 4. Utilize appropriate Information Communication and Technology (ICT) to enhance the quality and efficiency of medical education.
The FMOH has repeatedly requested PEPFAR Ethiopia, both informally and formally, to assist, thru US-based universities, to scale up the training of medical doctors.
I-TECH (International Training & Education Center on HIV, University of Washington) is a major US-based university partner for PEPFAR-Ethiopia. The regions in which I-TECH is operational with PEPFAR funding have currently two medical schools located in the cities of Gondar and Mekele.
Thus, in FY09, major activities for I-TECH are to:
• Conduct needs assessment of Ethiopian public medical education institutions for implementing the accelerated medical doctors training program.
• Provide technical, material and financial support to the FMOH, MOE, HERQA, and Universities at the educational facility level in teaching materials development, review, publication and distribution activities as well as in supply of essential teaching/training materials for medical education.
• Provide, based on needs assessment, limited support where feasible to faculty and infrastructure development i.e. support to the establishment of training laboratories and learning centers, libraries and the procurement of teaching materials to accommodate the large scale intake of new medical students.
• Monitor and evaluate the progress in the implementation of the medical doctors' education/training programs.
• Assist in the development, local adaptation and review of curricular/training materials and modules for pre-service education.
• Assist faculty and program managers in teaching and research, coordination, communication and networking for medical education in the existing and upcoming public universities providing medical education in Ethiopia.
• Assist Ethiopian medical education institutions in the development and effective application of different models of education and training, including community-based team training and information technology for distance learning–assisted approaches, standards-based education management and recognition, student assessment and evaluation procedures, faculty development, establishment and/or reinforcement of academic development centers in the universities/faculties.
• Coordinate all activities with all PEPFAR implementing partners on regional and central levels including FMOH and HAPCO thru established mechanisms.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 8181.09
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: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 18752.29000.09
Planned Funds: $369,223
Activity System ID: 29000
Activity Narrative: CDC M&S

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

No change to activity. In COP'08 the budget of the canceled M&E position is not deducted. In FY'09 the planned budget reflects positions currently existing. Further note that some of the local benefits for USDH that are planned in last FY are excluded from this year's planned budget.

COP08 NARRATIVE

This activity represents the direct technical assistance which is provided to partners by CDC Staff. The amount represents the salary and benefit cost 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.

New/Continuing Activity: Continuing Activity
Continuing Activity: 18752

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18752	18752.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8181	8181.08	CDC-M&S	$181,251

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3784.09
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: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 29746.09
Planned Funds: $333,000
Activity System ID: 29746

Activity Narrative: April 2009 Reprogramming:

Strengthening Pre-Service Training for Medical Doctors This is a new activity in response to the critical need and one of the highest priorities of the Ethiopian Federal Ministry of Health (FMOH) to scale up the training of medical doctors. Problem statement Recent assessments suggest that the shortage of medical doctors and other health professionals, poor performance, inequitable distribution of the available health workforce among regions and health facilities are root causes for poor service delivery of health care. The FMOH recognizes that with the existing levels of outputs from medical schools of medical doctors, surgical specialists, anesthesia professionals, midwives, dentists and mental health professionals it will have difficulties reaching the MDGs by 2020. While the FMOH recognizes the rapid need of medical specialties, it stated that the existing level of output for health extension workers, health officers, nurses, pharmacists and paramedics is sufficient and thus no major scale up is required.
The FMOH intends to scale up the number of medical doctors from the current 1,806 to 9,000 doctors in public service thru a number of ambitious interventions. These are as follows: 1. To expand medical training by increasing the number of medical schools from currently seven to twenty-one. Up to five teaching facilities such as hospitals or other medical teaching centers will be attached to each new medical school. Each of these teaching facilities will have an annual intake of 100 students. Thus, each new medical school is expected to have an annual intake of up to 500 new students. 2. To introduce a 4 year medical training program (for BSc holders) in addition to the existing six year program without compromising quality. 3. To identify hospitals with adequate patient flow to be upgraded as teaching centers. 4. Utilize appropriate Information Communication and Technology (ICT) to enhance the quality and efficiency of medical education.
The FMOH has repeatedly requested PEPFAR Ethiopia, both informally and formally, to assist, thru US-based universities, to scale up the training of medical doctors.
ICAP (Information Center for AIDS Care and Treatment Programs, Mailman School of Public Health at Columbia University) is a major US-based university partner for PEPFAR-Ethiopia. The regions in which ICAP is operational with PEPFAR funding have currently two medical schools located in the cities of Jimma and Harayama.
Thus, in FY09, major activities for ICAP are to:
• Conduct needs assessment of Ethiopian public medical education institutions for implementing the accelerated medical doctors training program.
• Provide technical, material and financial support to the FMOH, MOE, HERQA, and Universities at the educational facility level in teaching materials development, review, publication and distribution activities as well as in supply of essential teaching/training materials for medical education.
• Provide, based on needs assessment, limited support where feasible to faculty and infrastructure development i.e. support to the establishment of training laboratories and learning centers, libraries and the procurement of teaching materials to accommodate the large scale intake of new medical students.
• Monitor and evaluate the progress in the implementation of the medical doctors' education/training programs.
• Assist in the development, local adaptation and review of curricular/training materials and modules for pre-service education.
• Assist faculty and program managers in teaching and research, coordination, communication and networking for medical education in the existing and upcoming public universities providing medical education in Ethiopia.
• Assist Ethiopian medical education institutions in the development and effective application of different models of education and training, including community-based team training and information technology for distance learning–assisted approaches, standards-based education management and recognition, student assessment and evaluation procedures, faculty development, establishment and/or reinforcement of academic development centers in the universities/faculties.
• Coordinate all activities with all PEPFAR implementing partners on regional and central levels including FMOH and HAPCO thru established mechanisms.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3787.09

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: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 29747.09

Planned Funds: $333,000

Activity System ID: 29747

Activity Narrative: April 2009 Reprogramming:

Strengthening Pre-Service Training for Medical Doctors This is a new activity in response to the critical need and one of the highest priorities of the Ethiopian Federal Ministry of Health (FMOH) to scale up the training of medical doctors. Problem statement Recent assessments suggest that the shortage of medical doctors and other health professionals, poor performance, inequitable distribution of the available health workforce among regions and health facilities are root causes for poor service delivery of health care. The FMOH recognizes that with the existing levels of outputs from medical schools of medical doctors, surgical specialists, anesthesia professionals, midwives, dentists and mental health professionals it will have difficulties reaching the MDGs by 2020. While the FMOH recognizes the rapid need of medical specialties, it stated that the existing level of output for health extension workers, health officers, nurses, pharmacists and paramedics is sufficient and thus no major scale up is required.
The FMOH intends to scale up the number of medical doctors from the current 1,806 to 9,000 doctors in public service thru a number of ambitious interventions. These are as follows: 1. To expand medical training by increasing the number of medical schools from currently seven to twenty-one. Up to five teaching facilities such as hospitals or other medical teaching centers will be attached to each new medical school. Each of these teaching facilities will have an annual intake of 100 students. Thus, each new medical school is expected to have an annual intake of up to 500 new students. 2. To introduce a 4 year medical training program (for BSc holders) in addition to the existing six year program without compromising quality. 3. To identify hospitals with adequate patient flow to be upgraded as teaching centers. 4. Utilize appropriate Information Communication and Technology (ICT) to enhance the quality and efficiency of medical education.
The FMOH has repeatedly requested PEPFAR Ethiopia, both informally and formally, to assist, thru US-based universities, to scale up the training of medical doctors.
John Hopkins University (JHU) is a major US-based university partner for PEPFAR-Ethiopia. The regions in which JHU is operational with PEPFAR funding have currently two medical schools located in the cities of Awasa and Addis Ababa.
Thus, in FY09, major activities for JHU are to:
• Conduct needs assessment of Ethiopian public medical education institutions for implementing the accelerated medical doctors training program.
• Provide technical, material and financial support to the FMOH, MOE, HERQA, and Universities at the educational facility level in teaching materials development, review, publication and distribution activities as well as in supply of essential teaching/training materials for medical education.
• Provide, based on needs assessment, limited support where feasible to faculty and infrastructure development i.e. support to the establishment of training laboratories and learning centers, libraries and the procurement of teaching materials to accommodate the large scale intake of new medical students.
• Monitor and evaluate the progress in the implementation of the medical doctors' education/training programs.
• Assist in the development, local adaptation and review of curricular/training materials and modules for pre-service education.
• Assist faculty and program managers in teaching and research, coordination, communication and networking for medical education in the existing and upcoming public universities providing medical education in Ethiopia.
• Assist Ethiopian medical education institutions in the development and effective application of different models of education and training, including community-based team training and information technology for distance learning–assisted approaches, standards-based education management and recognition, student assessment and evaluation procedures, faculty development, establishment and/or reinforcement of academic development centers in the universities/faculties.
• Coordinate all activities with all PEPFAR implementing partners on regional and central levels including FMOH and HAPCO thru established mechanisms.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 683.09

Mechanism: ***

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 29749.09

Planned Funds: [redacted]

Activity System ID: 29749

Activity Narrative: April 2009 Reprogramming:

HIV/AIDS Costing Activity to support to the PEPFAR Ethiopia.

Activities will support a synthesis of current models on HIV/AIDS service and product costing to support COP10 development.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 19 - HVMS Management and Staffing

Total Planned Funding for Program Budget Code: $17,995,493

Program Area Narrative:

PEPFAR Ethiopia achieved most of the desired results, benchmarks, and deliverables in FY 2008. Our operating structure, including the Executive Council, PEPFAR Ethiopia Coordinator's Office, Collaborative Team, Technical Working Groups, and agency management were described in detail in the FY 2008 COP submission. Achievements, structural changes, and challenges for FY 2009 are as follows:

PEPFAR Ethiopia Coordinator's Office (PECO)
o Recent progress has been made in staffing PECO. The SI liaison and program support assistant positions have been filled. Though the coordinator's position has been vacant for the last year, a candidate has been selected and is in the clearance process.
o Our COP includes nearly 400 activity narratives. Managing the COP09 development and submission process required a dedicated special task force, imposing significant responsibility on program staff. Based on this experience, the Ethiopia team approved the addition of a COP coordinator for PECO. The incumbent will be responsible for coordination of all aspects of the COP.
Technical Working Groups (TWGs)
o The TWGs remain a key part of the Ethiopia structure. New TWGs have been proposed for some areas such as OVC, Laboratory, and Human Resources for Health. A Laboratory TWG has been piloted. The EC will soon make a final decision on this and other proposed TWGs.
Agency Management: Changes in Key Positions
o HHS/CDC has assigned Dr. Thomas Kenyon to Ethiopia as the Country Director/Chief of Party.
o Peace Corps has selected Ms. Nwando Diallo as the new Director for the Ethiopia Office. She is expected to report in January.
o DoD has selected a new Program Manager, Tesfaye Teka, who will manage the Department's PEPFAR portfolio. Mr. Teka will also serve on the Collaborative Team and the Prevention TWG.
o USAID assigned Ms. Meri Sinnitt as the Health Team Lead. The Health Team includes HIV/AIDS, malaria, and other priority health issues.
o HHS/CDC is reclassifying the TB/HIV position as an Associate Director for Prevention. This decision is based on an assessment of current priorities.

Action Cable on Interagency Coordination, Best Practices, and Lessons Learned through PEPFAR and PMI Phase I

What makes the interagency process work?
a. There is strong ambassadorial support for PEPFAR in Ethiopia. The Ambassador and DCM are fully engaged.
b. We have a well-defined operating structure. Management and oversight occur through a tiered interagency structure, composed of TWGs, a Collaborative Team, the Coordinator's Office (representing the DCM and Ambassador), and the Executive Council. Terms of Reference or tier descriptions have been developed for each level. Decisions are usually made by consensus. An alternate method seldom used is a majority vote. And on occasion, unilateral decisions are made by the Ambassador. DoD, DoS, HHS/CDC, Peace Corps, and USAID are the participating USG agencies represented at post.
c. We have accepted that there are cultural and administrative differences among the agencies represented at post. USAID and CDC management officials met to discuss some differences that have been raised by program staff. The management officials clearly understood and appreciated the differences. They were helpful in explaining the differences to program staff, emphasizing that neither approach was wrong.
d. The TWGs are critical to the success our program. Members are USG employees. They conduct joint reviews of implementation plans, participate in monitoring visits and identify and address programmatic gaps collaboratively. When appropriate, the TWGs make technical decisions and recommendations for consideration by the Collaborative Team. The TWG chair positions are designated to specific USG agencies as follows: Prevention – USAID; Care and Support – USAID; Treatment – CDC; SI – CDC; OPSS – USAID and CDC, and PD - DoS.
e. The Management TWG has not been stabilized. During FY 2009, EC will make a decision on the role of this TWG. Leading the Staffing for Results initiative may be assigned to this group.

Obstacles and efforts to resolve them:

a. We capitalized on agency core strengths in several areas. For example, the Ethiopia team relies on the expertise within USAID to lead activities related to orphans and vulnerable children. CDC serves as the lead for laboratory science. PRM works effectively with refugees. Peace Corps is effective at mobilizing communities at the grass roots level. And DoD has excellent relations with the uniformed services and uses those relations to move our PEPFAR agenda forward.
b. We have the opportunity to further capitalize on agency strengths to reduce redundancy. There are areas where we have similar activities being managed by different agencies and their partners. This is primarily due to the fact that we did not capitalize on core strengths early in the development of our program. We could benefit by designating agency leads by technical area. This does not mean that one agency would be responsible for all activities or funding in a particular area. A designated lead would be responsible for developing the strategy for a program area, identifying the appropriate agency (based on core strengths) to address various components of the strategy, and obtaining interagency support for the overall programmatic strategy, including leadership for the various components. Different agencies would be responsible for implementing complementary activities rather than duplicative activities.
c. This approach can also improve our ability to speak and act as "one USG." Based on the agency leadership designations, spokespersons would be readily identified. The programmatic leads or any other spokesperson would use the approved program strategy to address inquiries about USG programming.
d. One of the roadblocks to successful implementation of the agency core strengths approach is the tendency for agencies to focus on having a sufficiently large or even equal "piece of the action/funding" for any new initiative rather than on identifying the best agency to take the initiative forward. Usually, when new funds become available, they are divided equally between relevant agencies rather than risk conflict. We need to do a better job on thinking strategically and anticipate progress in this regard.

We recognize the advantages of the agency core strengths approach. After receiving the final OGAC recommendations in this area, the Executive Council will make specific recommendations for the Ambassador's approval.
PMI and PEPFAR
Malaria and HIV are two important health issues in Ethiopia. While biologic interactions between the two are recognized, there are still untapped opportunities for synergies. In COP 08, PEPFAR/Ethiopia began collaborating with the President's Malaria Initiative (PMI) in the areas of laboratory support, training of health professionals, pharmaceutical systems and communication/behavior change:
a. Laboratory support: To date, most of the laboratory strengthening in Ethiopia has been supported by PEPFAR and GFATM HIV grants. PMI will build upon the existing structures and mechanisms, developed and established through PEPFAR and GFATM, support to expand these to include malaria diagnosis. Thus, a previous PEPFAR partner is going to lead the implementation of malaria laboratory activities under a new PMI award, using many of the systems (e.g. training modules, supervisory checklists, staff, and equipment) established for the HIV/AIDS activities. Additionally, it is envisaged that, these laboratory activities will also include USAID/E funding for tuberculosis diagnosis and laboratory strengthening. Such coordination prevents duplication of systems, materials and fragmentation of laboratory services to support vertical program activities as well as maximize the USG's investments.
b. Pre-/in-service training: Currently pre- and in-service trainings in Ethiopia are implemented on an ad hoc basis, depending on programmatic needs and available funding. It is anticipated that training will be integrated addressing the training needs of all health teams of USAID/E. This will strengthen service delivery by providing trainees with a comprehensive platform of theoretical and practical knowledge as well as standardize systems and approaches (e.g. training modules for trainees and trainers).
c. Pharmaceutical systems strengthening: PEPFAR supports the development of the country-wide PLMP as well as several activities strengthening procurement, delivery, storage, dispensary and tracking of HIV and non-HIV drugs. PMI will build upon these activities, by adding anti-malarial drugs to the scope of work of these activities, enabling tracking of anti-malarial drugs within the existing system. Again, this will ensure that past, current and future USG investments are maximized and that existing mechanisms and approaches are not duplicated.
d. IEC/BCC: In collaboration with PEPFAR, PMI supports information education communication / behavior change communication (IEC/BCC) and mass-media campaigns that include HIV/AIDS and malaria-related interventions. Both PMI and PEPFAR plan to have IEC/BCC activities that achieve synergy between the programs to increase preventive interventions using a range of different community- and non-community-based approaches. Through PEPFAR support, community-based IEC/BCC interventions developed through PMI will be used by the implementing partner to increase ANC attendance as well as ANC/prevention-of-mother-to-child transmission of HIV service delivery.
e. One of the challenges of integrating PMI and PEPFAR is that PMI targets persons under the age of five years; PEPFAR prevention efforts generally target persons above five years of age. Also, PMI is limited to one region of the country, while PEPFAR programming is throughout the country.

Staffing for Results (SfR)
a. Early challenges in the implementation of SfR were addressed through better communication and collaboration among USG agencies and technical assistance from OGAC.
b. The PEPFAR Ethiopia team shares expertise across USG agencies. The sharing of expertise happens everyday within the TWGs. In FY 2008, the Ethiopia team started having technical experts review solicitations across agencies and having agency representation on technical review panels when possible.
c. The primary remaining challenge faced in implementation is the absence of a coordinator and designated management group to lead this initiative. The new coordinator reports in January. A priority for the EC in FY 2009 is to identify an interagency management group dedicated to SfR. This group will report to the EC. The group will be responsible for engaging agency headquarters and experts in refining the Ethiopia SfR process. They will also address LES staff development at a broader interagency level, submitting an interagency plan for consideration in FY 2010.
d. The FSN compensation package remains a challenge. Continued advocacy from OGAC and the US Mission in Ethiopia to improve the FSN compensation package to retain and recruit local professionals is needed.
e. Though there is a commitment to SfR by the Ambassador and the DCM, there does not seem to be a consistent commitment from all agency leadership. The commitment to an interagency approach must be top down.

Remaining unresolved issues

a. The TWGs tend to encounter conflict 1. when the established structure is by-passed, 2. by focusing on partners and funding rather than thinking strategically to address program gaps and needs through PEPFAR and 3. when agency rather than “one USG” agendas are pursued at the TWG level. As a result, the TWGs are often unable to resolve conflict within the groups. As we strive to strengthen our TWGs, attention must be given to orienting them on processes for problem solving and conflict resolution skills. Effective meeting and leadership skills are other skills development areas for TWG chairs.
b. TWG membership becomes an issue when COP decisions are being made. New members are added to TWGs during that time. After COP decisions have been finalized, they no longer attend meetings. This is an issue that can be addressed in the ToRs for the TWGs.
c. Though we have made progress, improved communication and appreciation of varied organizational cultures among USG agencies at post remains a challenge. The EC is considering various team building opportunities to address this issue. Options discussed range from a team building retreat to having staff shadow counterparts in other agencies. We will know that we have been successful in this area when each agency trusts the other to represent USG at various meetings rather than requiring all agencies (at least USAID and CDC) to be represented.
d. One of the more difficult challenges we face is budget allocation. A priority for the new coordinator will be to assess strategies used by other programs and make recommendations to the EC. We also need to reorient the entire PEPFAR team’s focus away from budget lines to a more strategic approach.
e. Agency specific evaluation and promotion criteria that involve the size of the budget or workforce managed may also impact interagency tensions. This should be reviewed at the agencies’ headquarters’ level.
f. The host government is only involved in the periphery of PEPFAR program planning. PEPFAR supports the host government plans. Our COP process includes minimal discussions with the host government up front and a presentation to them after it is completed, leaving little opportunity for their input during the process. More effort to obtain significant input from the host government upfront may result in a plan that is more supportive of their needs and requires fewer adjustments and emerging requests during implementation. The host government should have more input in our decision making, while maintaining our authority.
g. Agency leadership needs to be more engaged. It appears that PEPFAR is not a high priority for some agencies. This is evident by the fact that some members do not attend meetings regularly and others have designated agency representation to less senior staff. This impacts SfR, as well as other PEPFAR processes.
h. The host government often goes directly to USG implementing partners to request support for new initiatives. Though we have emphasized the importance of government to government communications with regards to new requirements, this continues to happen, placing our partners in a compromising position.

Concerns/ challenges related to funding increases under the reauthorization bill
a. Deliberate efforts to determine strategic priorities;
b. Identifying what approaches are needed;
c. Assessing where additional funding is needed based on the priorities and approaches required

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8181.09
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: Management and Staffing
Budget Code: HVMS
Program Budget Code: 19
Activity ID: 18758.29001.09
Planned Funds: $4,206,042
Activity System ID: 29001
Activity Narrative: CDC M&S

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

No change to activity. In COP’08 the budget of the canceled M&E position is not deducted. In FY’09 the planned budget reflects positions currently existing. Further note that some of the local benefits for USDH that are planned in last FY are excluded from this year's planned budget.

COP08 NARRATIVE

This activity represents the direct technical assistance which is provided to partners by CDC Staff. The amount represents the salary and benefit cost 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.

New/Continuing Activity: Continuing Activity
Continuing Activity: 18758

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18758	18758.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8181	8181.08	CDC-M&S	$4,196,946

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11954.09
Mechanism: ICASS - PEPFAR staff
Prime Partner: US Department of State
USG Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Budget Code: 19
Activity ID: 29261.09
Planned Funds: $69,919
Activity System ID: 29261
Activity Narrative: ICASS funding
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8142.09
Mechanism: DOD M&S
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Budget Code: 19
Activity ID: 5574.28053.09
Planned Funds: $172,000
Activity System ID: 28053

Activity Narrative: DOD M&S

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

The Military HIV/AIDS Program works in partnership with the Ethiopian National Defense Forces Health Services and implements planned activities in 41 sites. The DOD program manager will coordinate all PEPFAR activities with the ENDF including prevention, care, treatment and SI. In addition to coordination of PEPFAR military activities, the DOD Program Manager will assist with implementation of activities, and work with the DOD budget and contracts/grants office to manage funds.

COP08 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16714

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16714	5574.08	Department of Defense	US Department of Defense	8142	8142.08	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 3.3.19: Activities by Funding Mechansim

Mechanism ID: 7887.09

Mechanism: CDC-M&S

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 Budget Code: 19

Activity ID: 18760.28013.09

Planned Funds: $1,430,300

Activity System ID: 28013

Activity Narrative: CDC M&S

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Current Programmatic Position Impacted

• Associate Director HIV Service/Deputy for Programs (USDH)
• TB/HIV Advisor (USDH)
• Human Resource for Health Advisor (USDH)
• Organization Capacity Developer (LES)

While CDC Ethiopia proposes no new positions for COP Y09, we do propose to make the following adjustments in senior personnel to accommodate evolving needs and priorities.

AD HIV Services/Deputy for Programs: Propose AD Care and Treatment/ Deputy for Programs

The Position is currently responsible for focusing on care, treatment, and prevention activities as well as serving as deputy for programs for all technical areas. The proposal removes the prevention focus from this position, allowing the incumbent sufficient opportunity to address the care and treatment programmatic demands

AD Prevention; new position; replacing TB/HIV advisor

PEPFAR Ethiopia, including CDC, has significantly expanded its prevention portfolio in COP09. The focus of this position would be sexual prevention. To ensure long-term sustainability of PEPFAR programs, this position would work on the overall strategy for sexual prevention within USG and with the GOE to develop a similar host government strategy. The incumbent will be responsible for developing new and innovative approaches to address sexual prevention among MARPS, including design, implementation, and evaluation for pilot projects. Recruitment will focus on persons with expertise in behavioral science.

The budget has been adjusted to reflect costs associated with the Associate Director for Prevention

COP'08 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 Filed Epidemiology Training Program (FELTP) of 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 .

New/Continuing Activity: Continuing Activity

Continuing Activity: 18760

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18760	18760.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7887	7887.08	CDC-Management and Staffing	$673,720

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 118.09 **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 Budget Code: 19

Activity ID: 10659.27997.09

Planned Funds: $756,661

Activity System ID: 27997

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16609

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16609	10659.08	U.S. Agency for International Development	US Agency for International Development	7479	118.08	USAID M&S	$665,605

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 118.09

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 Budget Code: 19

Activity ID: 5573.27998.09

Planned Funds: $5,894,284

Activity System ID: 27998

Activity Narrative: USAID Management & Staffing

HVMS -- There has been no change in staffing from COP 08

Summary

In FY08, over the course of several months, a series of meetings were held to map existing skill sets across USG agencies to determine critical staffing gaps and avoid duplication. Country level consensus was reached through a three-tiered process (TWG, Collaborative Team, and Executive Council) in consultation with the Ministry of Health on where strategic staff additions were most needed. In COP 2008, we established a dedicated interagency task-force to address ongoing SfR implementation issues in consultation with the host country. Reviews of SfR have been linked to the annual progress reporting of results and modifications in staffing have considered by the SfR task force as needed. Approval of our COP08 occurred in April, 2008. No major changes in the USAID staffing pattern have occurred since the approval of COP08. The USG team has worked diligently on addressing staffing issues for the COP09 program.

Historically, USAID-managed activities under the PEPFAR program have rapidly expanded. In FY004, USAID managed a $27M program. By 2008, funding and the portfolio had grown to $215 million. The proposed FY09 USAID-managed budget continues to place increased demands on this dedicated team's contribution to the countries goal to provide universal access by 2010. USAID-managed programs have evolved and expanded geographically and technically to meet PEPFAR country objectives. USAID, with other USG colleagues, continue to be challenged by the complexity of the program, including the number of non-PEPFAR donors working in the same arena which require extensive coordination and continual adjustments to the PEPFAR program to ensure efficiencies in donor harmonization and overall country impact.

In February 2008, 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
- Strengthen linkages and referrals across health networks, including child survival, family planning and malaria programming
-Coordinate MCH activities with international donors, including Gates and Buffet Foundations
-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 FY09
In FY08, senior program management determined that it was essential to expand USAID staff to meet the needs of the rapidly growing program, and beginning June 2008 began hiring staff to meet the demanding program and targets and objectives.

The USAID team has structured itself into seven management clusters: 1) Logistics and Facility Readiness; 2) Capacity Development and Policy; 3) Strategic Information; 4) Prevention; 5) Family and Community Services; 6) Facility-based Clinical Care; and 7) HIV Extended Team. This management structure maximizes potential for wraparounds with USAID's technical specializations in economic growth, education, and PL480 Title II food assistance. A major emphasis has been building stronger linkages with other bilateral and multilateral donor programs and leverage non-PEPFAR USG development-assistance funding.

USAID's technical staffing will continue to:
-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

Activity Narrative: 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 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 and procurement activities, 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 PEPFAR Coordinator, who is the primary point of contact with the Office of the Global AIDS Coordinator and is the coordinator of activities and plays a critical role in the planning, implementation, and reporting of program performance of inter-agency programs.

The 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 PEPPFAR 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 on various interagency technical working groups.

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.

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 three Acquisition and Assistance Management Specialists, provides technical expertise for procurement and related aspects of the administration of contracts and assistance instruments.

The Program Officer works provides administrative and management oversight linking COP, Malaria Operational Plan (MOP), and the Operational Plan (OP). The Officer is also responsible for agency audits related to PEPFAR and managing coordination with the Ethiopia Ministry of Finance and Economic Development.

One Program Development Advisor sits 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.

Staffing in this section also supports five administrative/secretary support staff and five drivers.

Funding in this program area also includes $1,720,910 for office equipment and $112,000 for cost of doing business.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16608

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16608	5573.08	U.S. Agency for International Development	US Agency for International Development	7479	118.08	USAID M&S	$5,442,888
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 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8270.09
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 Budget Code: 19
Activity ID: 18837.27907.09
Planned Funds: $260,300
Activity System ID: 27907
Activity Narrative: Management and staffing (HVMS) Public Affairs Services for CDC Ethiopia

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
No change to activity. Budget has been adjusted to accommodate cost of labor increase.

COP'08 Activity Narrative:
Management and staffing (HVMS) Public Affairs Service 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 relations support services to effectively implement its programs.

New/Continuing Activity: Continuing Activity
Continuing Activity: 18837

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18837	18837.08	HHS/Centers for Disease Control & Prevention	Danya International, Inc	8270	8270.08	CDC-Ethiopia Public Affairs Services	$123,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8275.09
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 Budget Code: 19
Activity ID: 19567.28192.09
Planned Funds: $1,499,100
Activity System ID: 28192

Activity Narrative: Collaborative Office Building Renovation for Management & Staffing

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Global price escalation of food and oil, as well as shipping costs, has placed an unexpected burden on localized populations. Global demand for construction components - Portland Concrete Cement (PCC) and rebar, has increased the premia for such commodities. In conjunction with these external factors, internal forces have driven Ethiopian concrete prices and rebar prices higher, five and six times respectively over the past 18-24 months. Also, the rapidly growing foreign exchange shortage, especially US dollars, is also a contributory factor. And the importation of 1.4 million metric tons of PCC by the GoE highlights other internal constraints.

EHNRI continues to play a pivotal role in health systems strengthening activities within Ethiopia. Appropriate investment in infrastructure in which organizations empower its people to action for quality and effective health care delivery cannot be underestimated. Thus, the Collaborative Office building renovation will continue knowledge-transfer and systems strengthening needed for sustainability throughout Ethiopia.

FY 08 ACTIVITY NARRATIVE

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 & Nutrition Research Institute (EHNRI) compound that was renovated in collaboration with the Institute. The other half of 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.

New/Continuing Activity: Continuing Activity

New/Continuing Activity: Continuing Activity

Continuing Activity: 19567

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19567	19567.08	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	8275	8275.08	RPSO	$2,066,700

Emphasis Areas

Construction/Renovation

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 116.09 **Mechanism:** N/A

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 28849.09

Planned Funds: $14,300

Activity System ID: 28849

Activity Narrative: PRM M&S component

This is a new staffing request for FY09:

PEPFAR funded HIV/AIDS programs for refugees in Ethiopia have increased seventeen fold since FY06 (from $89,000 in FY06 to over $1,600,000 in FY08) to cover a wide range of services including PMTCT, VCT, OVC, prevention through AB and OP activities, and Care and Support for PLWH. Concurrent to the rapid expansion of refugee programs in Ethiopia has been a dramatic increase in workload for the US Embassy's Regional Refugee Coordination Office. The Refugee Assistant position is being expanded to a full time position so that 20% of the incumbent's time can be spent managing the PEPFAR portfolio. Currently, no portion of the Refugee Assistant position is funded through PEPFAR though the incumbent spends approximately 20% of her time managing the PEPFAR portfolio. The Regional Refugee Coordinator's Office would like to expand the position with the help of PEPFAR funds to enable better oversight of the refugee programs.

Refugee Assistant PEPFAR related responsibilities will include:
• Serving as the primary representative at USG PEPFAR fora including Collaborative Team meetings, Technical Workgroup discussions, COP preparation, and other US Embassy HIV/AIDS initiatives that include refugee programming;
• Conduct monitoring and evaluation of refugee PEPFAR programs and implementing partners in Ethiopia;
• Work with representatives from international organizations, NGO implementing partners, and the Government of Ethiopia's Agency for Refugee and Returnee Affairs in Addis Ababa to design refugee HIV/AIDS programs that meet the needs of refugees in Ethiopia;
• Provide administrative support such as maintaining project filing and tracking systems, coordinating travel, budget tracking, and managing annual and semi-annual reporting processes.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 116.09

Mechanism: N/A

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 5643.28056.09

Planned Funds: $576,887

Activity System ID: 28056

Activity Narrative: April Reprograming 2009

HVMS
COP ID: XXX
Project Title: PEPFAR Coordination Office Management and Staffing
Mechanism Name: NA
Mechanism Number: NA
Partner: Department of State
Funding: $576,887
Funding Agency: Department of State

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity from COP 08. In COP'09 correction is made to the staffing database removing all new regional, advisory and administrative positions that the coordination office proposed in COP 08. Currently, the office has four staff. The Pepfar Coordinator is now in place; other staffs are an Administrative Assistant, a Communication Specialist and SI Liaison officer. The coordination office also has moved to a larger office within the Embassy premises to accommodate the newly hired staff.

In order to manage the COP, the Coordination Office proposes a new COP manager position, who will also serve in the capacity of a Deputy Coordinator. The COP manager is responsible for developing COP calendar, the coordination, compilation, verification, revision and completion of the Country Operation Plan, and development, maintenance, and interpretation of various COP related information.

The proposed Management and staffing funds will be used to fund the currently approved staff and other management related costs 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 the PEPFAR annual meeting; and (e) equipment needed to fulfill the duties of the office.

COP 08 Activities

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.

Activity Narrative: 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 Band 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16612

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16612	5643.08	Department of State / African Affairs	US Department of State	7480	116.08		$343,886
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 3.3.19: Activities by Funding Mechansim

Mechanism ID: 5522.09
Mechanism: pc
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Budget Code: 19
Activity ID: 10662.28064.09
Planned Funds: $500,000
Activity System ID: 28064

Activity Narrative: Management and Staffing: Peace Corps
Peace Corps HVMS Program

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

Peace Corps Ethiopia is continuing its HVMS activities from FY08. Management and staffing funds will be used to continue to fund the contracts of currently approved staff and other operational management costs.

Peace Corps requests one new PEPFAR-funded position, a Language and Cross-Cultural Coordinator (LCC). This position will work with Peace Corps training staff to ensure that Volunteers' cross-cultural and language training is comprehensive and competency-based. This training is essential to Volunteers being able to work with host country community members to implement HIV/AIDS activities that meet local needs.

COP 08 ACTIVITY NARRATIVE

COP ID: 10662
Project Title: Peace Corps Ethiopia HIV/AIDS Project
Partner: Peace Corps
Funding: $521,000; requires early funding in the amount of $175,000
Funding Agency: Peace Corps
Early Funding Narrative:

Peace Corps Ethiopia (PC/ET) is seeking early funding of $175,000 in order to hire key support positions and the necessary equipment (computer and vehicles) to support the additional staff. During COP08 PC/ET will be doubling the number of PCVs to 88. The added positions are Associate Peace Corps Country Director (APCD) for Health, PCV Records Clerk, Driver/Mechanic and part-time Medical Officer. It will take six months to recruit and train these positions. The APCD will play a crucial role in developing 45 sites for the additional PCVs. These positions must be fully trained well in advance of the October 2008 intake. It will also take at lease six months to procure the two additional support vehicles and computer equipment that the Peace Corps office will need.

If the Peace Corps office does not have these positions and equipment in place before the arrival of the additional PCVs in October 2008 it will be detrimental to the program and the safety and security of the PCVs.

Activity Narrative:

This Peace Corps Ethiopia (PC/ET) activity relates to HIV-related palliative care (10582), prevention (New), treatment (10591), and HBHC (10582).

This is a continuation of activities from COP07.

In October 2008, PC/ET will receive 30 more EP-funded and 15 more Peace Corps-funded PCVs. This will bring the projected total of PEPFAR (EP)-funded PCVs to 60 and Peace Corps-funded PCVs to 25,a total of 85. In 2008, all the PCVs will continue to work in Amhara and Oromiya regions and PC/ET will explore other geographic areas for expansion of PCV placements. All PCVs receive EP funded HIV/AIDS training and have access to PCV activities support and training (VAST) funds to support community initiated HIV/AIDS activities.

In order to support the current number of 40 PCVs Peace Corps will need to continue to support 17 personal service contractor (PSC) positions, 1 executive secretary, 1 safety & security coordinator, 1 training manager, 1 emergency plan coordinator, 1 medical officer (USPSC), 1 medical secretary, 1 admin assistant, 1 voucher examiner, 1 IT specialist, 1 receptionist, 1general service manager, 1 general services assistant, 4 drivers, and 1 janitor. In order to support the additional group of PCVs, that will bring the total to 85 , the program will need to hire 1 additional Associate Peace Corps Director (APCD) for health, 1 part-time medical officer, 1 PCV records clerk, and 1 driver. Necessary office equipment such as furniture and computers will be procured. Peace Corps will purchase an additional vehicle to support the 4 new staff as well as a bus to transport the PCVs. Management and staffing funds will also be used to support technical assistance from key Peace Corps headquarters offices to assist in program expansion and implementation, PCV site development, and programmatic planning for future fiscal years as well as ICASS services.

This activity contributes to overall EP-funding to support the Government of Ethiopia (GoE) strategy for accelerated access to HIV/AIDS prevention, care and treatment in Ethiopia.
PC/ET's uniqueness 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 Volunteers live and work over a two year period. Peace Corps has a two-pronged approach to strengthen the linkages of EP program areas and other programs, including wrap-around activities. They are: 1) Where possible, Volunteers 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 Volunteers presence to promote information exchange and sharing of best practices. They will assist in creating networks among and between service providers and communites; and build local organiztional capacity. 2) Volunteers will work through zonal, woreda, or town health office HIV/AIDS units to strenghten the overall coordination of HIV/AIDS services and to strengthen the linkages between prevention, care and treatment services, including wrap-around activities.
In conclusion, all Volunteers will be tasked with bringing different programs (Prevention, OVC, HBHC, and Treatment) together to discuss linkages, referrals, and common goals.

PCVs will be assigned either to government Health Office, HIV/AIDS Unit or a NGO, FBO, or CBOs engaged in work targeting Home Based Care providers or services. PCVs will also work with PLWHA Associations, Iddirs, and Anti-AIDS Clubs engaged in Home Based Care services. PCVs will support home-

Activity Narrative: based care activities by working together with local institutions and community players by providing them with skills around strategic planning, scaling up outreach, developing a safe methodology for home-based care and developing a reporting system for tracking people served and sharing best practices.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16685

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16685	10662.08	Peace Corps	US Peace Corps	7505	5522.08	pc	$521,000
10662	10662.07	Peace Corps	US Peace Corps	5522	5522.07	pc	$555,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8268.09

Mechanism: CDC-ICASS

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 Budget Code: 19

Activity ID: 18833.28045.09

Planned Funds: $550,000

Activity System ID: 28045

Activity Narrative: CDC M&S

ACTIVITY UNCHANGED FROM FY 2008

COP08 ACTIVITY NARRATIVE
Management and staffing (HVMS) ICASS Charges CDC Ethiopia

The International Cooperative Administrative Support Service (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 reduced rate. The estimated cost of FY08 ICASS charges is $500,000. This amount includes service for 10USDH and PSC employees (including for PSC for the coordinator's office) along with FSN employees.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18833

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18833	18833.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8268	8268.08	CDC-ICASS	$550,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8269.09

Mechanism: CDC-CSCS

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 Budget Code: 19

Activity ID: 18835.28049.09

Planned Funds: $1,458,300

Activity System ID: 28049

Activity Narrative: CDC-M&S

ACTIVITY MODIFIED IN THE FOLLOWING WAYS:

In COP'09 correction is made to the staffing database to include a total of 87 desk positions and 21 non-desk positions in determination of the CSCS Charge. The USG leased office rent actual cost is $78,000 not $66,000. The financial implication of the correction to the database and office rent increases the COP'09 CSCS proposed charge to $1,458,300.

COP'08 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 cost of providing facilities for their staff. To achieve these objectives, the CSCS Program imposes a per capita charge for (a) each authorized existing overseas position in U.S. Diplomatic facilities and (b) each projected position above current authorized positions in those New Embassy Compounds (NEC s) 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
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

New/Continuing Activity: Continuing Activity

Continuing Activity: 18835

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18835	18835.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8269	8269.08	CDC-CSCS	$1,233,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8271.09

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 Budget Code: 19

Activity ID: 18838.28050.09

Planned Funds: $607,400

Activity System ID: 28050

Activity Narrative: CDC M&S

ACTIVITY MODIFIED IN THE FOLLOWING WAYS:

The COP'09 IRM cost is adjusted to reflect Global IT Upgrade Project as well as Regional Cost Sharing of IT Advisors for services provided by ITSO.

COP 08 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 Service 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 office located in each country and connecting them into the CDC Global networks, 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 infrastructures 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 Service
• E-mail
• Infrastructure Software
• Application Sarver Hosting
• IT infrastructure Security
• Networking Telecommunications
• Optional Services
• Remote Access
• Video Conferencing
• Special Projects

The FY08 estimated cost includes services for 121 workstations (includes staff and TDY workstations and laptops)

New/Continuing Activity: Continuing Activity

Continuing Activity: 18838

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18838	18838.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8271	8271.08	CDC-IRM	$387,200

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?		**Yes**	**X**	**No**
If yes, Will HIV testing be included?		Yes		No
When will preliminary data be available?				
Is an Demographic and Health Survey(DHS) planned for fiscal year 2009?		**Yes**	**X**	**No**
If yes, Will HIV testing be included?		Yes	X	No
When will preliminary data be available?				
Is a Health Facility Survey planned for fiscal year 2009?		**Yes**	**X**	**No**
When will preliminary data be available?				
Is an Anc Surveillance Study planned for fiscal year 2009?	**X**	**Yes**		**No**
If yes, approximately how many service delivery sites will it cover?		Yes		No
When will preliminary data be available?			4/30/2010	
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 2009?	**X**	**Yes**		**No**

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
Ethiopia Gender Program Narrative.doc	application/msword	11/14/2008	Ethiopia Gender Program Narrative	Gender Program Area Narrative*	EWecheffo
Ethiopia Salary Support Table.xls	application/vnd.ms-excel	11/14/2008	Ethiopia HCW Salary Report	Health Care Worker Salary Report	EWecheffo
AB Justification.doc	application/msword	11/14/2008	AB Justification	Budgetary Requirement Justifications	HTilahun
Ethiopia Human Capacity Development Program Narrative.doc	application/msword	11/14/2008	Ethiopia HRH Program Area Narrative	HRH Program Area Narrative*	EWecheffo
PECO Managment Chart.xls	application/vnd.ms-excel	11/14/2008	Department of State PEPFAR Coordination Office Staffing Structure	Other	RMathur
Ethiopia Public Partnership Table.xls	application/vnd.ms-excel	11/15/2008	Ethiopia PPP Table	PPP Supplement	JAhmed
Managment and Staffing BUDGET Table.xls	application/vnd.ms-excel	11/17/2008	Management and Staffing Budget Table	Management and Staffing Budget Table	RMathur
2009 COP Executive summary - Ethiopia.doc	application/msword	11/17/2008	This is the COP09 Executive summary for Ethiopia.	Other	HTilahun
Ethiopia PHE Progress Report.doc	application/msword	11/18/2008	This is the Ethiopia Public Health Evaluation Progress Report	Public Health Evaluation	HTilahun
Ethiopia Functional Staff Chart.xls	application/vnd.ms-excel	11/14/2008	Ethiopia Functional Staffing Chart	Other	RMathur
Ethiopia DOD Staffing Structure.doc	application/msword	11/14/2008	DOD Staffing Structure	Other	RMathur
Peace Corps Staffing Structure.xls	application/vnd.ms-excel	11/14/2008	Peace Corps Staffing Structure	Other	RMathur
USAID Staffing Structure.doc	application/msword	11/14/2008	USAID Staffing Structure	Other	RMathur
COP09 Target calculation summary for Ethiopia.doc	application/msword	11/18/2008	Ethiopia Summary Targets and Explanation of Target Calculations for COP09	Summary Targets and Explanation of Target Calculations	HTilahun
Table 3 Program Summary Targets - Ethiopia_18nov08.xls	application/vnd.ms-excel	11/18/2008	Program Summary Indicator Targets - Table 3	Summary Targets and Explanation of Target Calculations	VWright
Ambassador Letter.pdf	application/pdf	11/18/2008		Ambassador Letter	HTilahun
Ethiopia PRM Staffing Structure.doc	application/msword	11/14/2008	Department of State Bureau of Population, Refugees and Migration Office Staffing Structure	Other	RMathur
CDC Staffing Structure.doc	application/msword	11/14/2008	CDC Staffing Structure	Other	RMathur
Ambassador Letter.doc..rtf	application/msword	11/17/2008	The Ambassador Letter	Other	HTilahun
FY09 Budgetary Requirements Worksheet-November18.xls	application/vnd.ms-excel	11/18/2008	This is Budgetary Requirments Worksheet	Budgetary Requirements Worksheet*	HTilahun
Global Fund Supplemental-OGAC Ethiopia Final 17 nov 08.doc	application/msword	11/17/2008	GLOBAL FUND SUPPLEMENTAL - Ethiopia - FY 2009 COP The TOTAL FY 2008 COP TA for the Global Fund: $850,000 ($150,000 for CCM operational costs; $700,000 for GFATM TA and joint regional planning- see the document uploaded)	Global Fund Supplemental	HTilahun
2009 COP Executive summary - Ethiopia.doc	application/msword	11/18/2008		Executive Summary	HTilahun